

RECORD OF INFORMATION ABOUT A CHILD

THIS FORM MUST BE COMPLETED BEFORE ANY CHILD IS ACCEPTED AT STREETS BROOK CHILDCARE

Child's full name Gender M F

Name to be used at club Date of Birth

Home Address

..... Post Code Home Telephone No

Child's First Language What other languages does your child speak at home

Place in Family of Religion

Is there a Court Order for the child? Yes No Please give details

Name of Health Visitor (if under 5) Tel no

Are you working with any agencies or professionals i.e. Family Support Worker/Social Worker? Please give details:-
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Name of principal Parent/Carer Parental Responsibility?

Relationship to Child Mobile tel no

Work Place of Contact Work tel no

Email address

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Please state the name of the person the child normal resides with

Name of any other person/s who are authorised to collect the child other than those listed:-
..... Relationship to child (if relevant) – Confirm over 16 years of age
..... Relationship to child (if relevant) – Confirm over 16 years of age

Please provide a password which will be requested from those persons listed above or in an emergency when somebody not authorised arrives to collect your child and are unfamiliar to staff.	PASSWORD:
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Emergency Contacts (different to Parents details who we will contact in first instance)

1. Name Tel no: Relationship to child.....
2. Name Tel no: Relationship to child

In order for us to provide a fully inclusive service for your child, please provide the following information

White British		Irish		Gypsy/Roma		Traveller of Irish Heritage	
Any other white background							
Mixed – White and Black Caribbean		White and Black African		White and Asian		Any other mixed background	
Asian or Asian British		Indian		Bangladeshi		Pakistani	
Any other Asian background							
Black of Black British		Caribbean		African		Any other Asian background	
Chinese							
Any other ethnic background:							
Does your child have any Special Education Needs that we should be aware of?							
Any other information regarding special needs							

PARENTAL CONSENT– Do you give permission (please tick box to state you consent) :-

For us to take photographs of your child for displays/internal publicity?		For us to use these photographs on the school website and leaflet information?	
I do not wish my child to be photographed			
For your child to watch DVD's with a PG rating?		For your child to have their face painted (using a reputable brand)?	
I confirm I will administer a high factor, single use sun cream to day long protection		In the event of a cut or grace, I agree for first aid plasters to be used	

Emergency Medical Treatment

This form must be taken with the child in the event of hospital treatment

Name of Child Date of Birth

Child's Doctor / Address / Tel No

Any Particular Health or Medical Conditions / Allergies

Special Dietary Requirements

Any medical procedures prohibited by family beliefs?

Additional information about your child that you would like staff to be aware of.....

EMERGENCY TREATMENT CONSENT

As parent/carer of (children's name)

I give permission for my child to receive emergency treatment if necessary whilst in the care of "Streetsbrook Childcare". I understand that staff will, if possible, have tried to contact me prior to this action.

Name of Parent/carer..... Signature Date