





**7: ABOUT YOUR CHILD**

Has your child received the following immunisations?  
 (Please confirm and provide date of immunisations given)

2 months old	YES	NO	Date	d	d	m	m	y	y	y	y
<i>Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).                  Pneumococcal infection. DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)</i>											

3 months old	YES	NO	Date	d	d	m	m	y	y	y	y
<i>Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).                  Meningitis C (meningococcal group C). Diphtheria, tetanus, pertussis (whooping cough), polio and                  haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).</i>											

4 months old	YES	NO	Date	d	d	m	m	y	y	y	y
<i>Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).                  Meningitis C (meningococcal group C). Pneumococcal infection. DTaP/IPV/Hib and MenC and PCV</i>											

12 months old	YES	NO	Date	d	d	m	m	y	y	y	y
<i>DTaP/IPV (or dTaP/IPV) and MMR. Hib/MenC</i>											

13 months old	YES	NO	Date	d	d	m	m	y	y	y	y
<i>Measles, mumps and rubella (German measles). Pneumococcal infection. Measles, mumps and rubella                  (German measles). Pneumococcal infection.</i>											

3 years and 4 months or soon after	YES	NO	Date	d	d	m	m	y	y	y	y
<i>Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. DTaP/IPV (or                  dTaP/IPV) and MMR</i>											

Has the child's health record book been seen to confirm immunisation dates?

Does your child suffer from any known medical conditions or allergies,  
 or have any special dietary needs or preferences?

If so, please provide details: Creams, medication etc.

Has a risk assessment, if required, been completed?

Has a health care plan and agreement to administer medicine, if required, been completed?

Does your child have any special needs or disabilities?

If so, please provide details

Are any of the following in place for the child?

Early Years Action

Early Years Action Plus

Statement of special educational need

If so, please provide details

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/are spoken at home?

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

**8: DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD**

GP - Doctor

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Telephone

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Address


Postcode

Health Visitor (if applicable)

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Telephone

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Address


Postcode

Social Care Worker (if applicable)

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Telephone

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Address


Postcode

What is the reason for the involvement of the social care department with your family?  
 NB If the child has a child protection plan, make a note here, but do not include details.  
 Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

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**10: GENERAL PARENTAL PERMISSIONS  
EMERGENCY TREATMENT DECLARATION**



In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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**FOR INHALER/EPIPENS ONLY**



I give permission for a named member of staff who has been trained to administer the inhaler / Epipen or Anapen (supplied by me) to my child The named staff are:

Staff 1

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Staff 2

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Staff 3

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Signature		Date	D	D	M	M	Y	Y	Y	Y
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**SUNCREAM**



I give permission for staff to administer hypoallergenic suncream (supplied by me) to my child when necessary and to record its use.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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**SHORT TRIP - GENERAL OUTINGS**



I give permission for my child to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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**TEETHING GEL (BABIES)**



I give permission for teething gel (supplied by me) to be administered to my child when necessary - in accordance with manufacturer’s instructions - and for staff to record its use.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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**CALPOL AND SUDAFED**

I give permission for staff to administer paracetamol based products (e.g. Calpol) to my child in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.

Signature	
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Date	D	D	M	M	Y	Y	Y	Y
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**PHOTOGRAPHS**

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for my child to have her/his photo taken, or to be videoed, as per the above conditions.

Signature	
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Date	D	D	M	M	Y	Y	Y	Y
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**ANIMALS**

We may occasionally have supervised visits of animals to our setting and we have the following pets on site (please list all):


We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

Signature	
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Date	D	D	M	M	Y	Y	Y	Y
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**11: KEY PERSONS - INFORMATION FOR PARENTS**

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be:

Your child's 'back up' person will be

Has the settling-in process been agreed?

If so, detail:

**12: TO BE COMPLETED BY THE KEY PERSON/MANAGER**

Date starting at

Days and times of attendance

Are any fees payable? If so, note here

### 13: POLICIES AND PROCEDURES

Please sign below to confirm that you have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.

Parent 1

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Signature		Date	D	D	M	M	Y	Y	Y	Y
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Parent 2

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Signature		Date	D	D	M	M	Y	Y	Y	Y
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Key Person

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Signature		Date	D	D	M	M	Y	Y	Y	Y
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Manager

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Signature		Date	D	D	M	M	Y	Y	Y	Y
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**PLEASE READ CAREFULLY AND SIGN ONCE YOU HAVE AGREED TO THE TERMS BELOW**

Once signed this is a binding agreement to confirm your child's place at One World Nursery. You must give 4 weeks WRITTEN notice before leaving the setting; otherwise you will lose your deposit. No exceptions will be made.

One World Nursery has a staff meeting every last Friday of the month. I agree to collect my child before 5pm every last Friday of the month

As stated in the prospectus, if you wish for your child to start at 7:30am OR finish at 6:30pm then there will be an additional fee of £10.00 per session, however 24 hours notice must be given or late fees will apply.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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**EQUALITIES MONITORING FORM – to be completed by the provider**

Ethnicity, where collected, should be recorded according to the following categories:

<b>WHITE BRITISH</b>		<b>ASIAN OR ASIAN BRITISH</b>	
Irish		Indian	
Traveller of Irish Heritage		Pakistani	
Gypsy/Roma		Bangladeshi	
Any other White background		Any other Asian background	
<b>MIXED WHITE AND BLACK CARIBBEAN</b>		<b>BLACK OR BLACK BRITISH</b>	
Mixed – White and Black Caribbean		Caribbean	
White and Asian		African	
Any other mixed background		Any other Black background	
<b>CHINESE</b>			
Chinese			

**ANY OTHER ETHNIC BACKGROUND - Please state**

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
Early Years Action	<input type="checkbox"/>
Early Years Action Plus	<input type="checkbox"/>
Statement	<input type="checkbox"/>

**PROVIDERS SHOULD REFER TO THE SEN CODE OF PRACTICE FOR AN EXPLANATION OF THE TERMS ABOVE.**