



EMERGENCY BOOK:

DATE _____ SIGNATURE _____

READ AND CHECKED BY

: _____

Castle Day Nursery Child Record Form

START DATE :

Does your child currently receive:

2 years funding	yes	no
3/5 years 15 universal hours	yes	no
3/5 years 15 hours additional hours	yes	no

EYFS Statutory Guidance pg 27/3.71 Providers must record the following information

Child's full name _____
Date of birth _____ / _____ / _____
Home address _____

Telephone number _____
Email address _____

Details of Parents/Guardians/Carers

Who has parental responsibility? _____
Who has legal contact with the child? _____

Which Parent/Carer does the child normally live with? _____

1. Parent/Guardian/Carer's Name

Address _____
(if different from above) _____

Place of work _____
Telephone number _____
Mobile number _____

2. Parent/Guardian/Carer's Name

Address _____
(if different from above) _____

Place of work

Telephone number

Mobile number

3. Emergency contact (other than parent/guardian/carer)

Name

Relationship

Emergency Contact telephone details

Any other contact details

Collecting a child from setting:

Name of person who usually collects the child

Other person(s) who may collect the child

Password

Child's Doctor

Name

Address

Telephone number

Immunization/Vaccination

Has your child been fully immunized against: Diphtheria Whooping Cough
Tetanus Polio Measles Mumps Rubella Hib Meningitis

Health Clinic _____
Health visitor _____
Social worker _____

Please note that you should notify Castle Day Nursery immediately of any change of details regarding Social worker e.g. if any is assigned to your child at later date.

Allergies / Special Diet / Health Problems / Childhood Illnesses / Asthma

Does your child have any special educational needs/disabilities?

Has your child ever seen any specialist / doctor concerning any health or special educational needs/disabilities?

Information about your child

Any previous setting attended _____
If yes, please give dates _____
Language spoken at home _____
Child's religion/culture _____
If English is an additional language, what key words can be used by staff e.g. toilet, hello, goodbye, yes or no _____

Names of family members/ significant people _____

Routine at home (sleep, food, likes, dislikes, fears, comfort items, special words)

Any particular play interest or particular toy he/she likes to play with?

Is there any particular interest your child likes to talk about?

Is your child used to being with / playing with other children?

How does he/she respond to new situations or people?

Do you think your child's communication and language is developing well?

Is there a particular toy/game which could help her/him to settle?

Any changes to your child/family life (i.e. Separation /moving home /New Baby which may impact on your child's behaviour)

Any of the above information would help us to settle your child in the best possible way.

Any additional information _____

Sessions:

Please tick sessions required:

Memorial Hall					
Morning:	9:00am-12:00pm				
Afternoon:	12:00pm- 3:00pm				
Lunch:	12:00pm-1:00pm				
Monday - Friday					
Sessions	Mon	Tues	Weds	Thurs	Fri
Morning					
Afternoon					
Lunch					

Parent/ Guardian/ Carer (print your name):

Signature: _____

Date: _____

Parents check list:

Copy of passport/birth certificate enclosed	Yes	No
Registration fee enclosed	Yes	No
Signed page of Parents/Carers contract enclosed	Yes	No
Copy of utility bill for proof of address	Yes	No

Parents/carers are responsible to inform Castle Day Nursery regarding any changes to your personal details i.e. address, phone numbers and emergency contacts.

What is your child Ethnic origin?

<p>White</p> <p>_____</p>	<p>British</p> <p>Irish</p> <p>Traveller of Irish Heritage</p> <p>Gypsy/Roma</p> <p>Any other white background (please indicate below)</p>
<p>Mixed</p>	<p>White and Black Caribbean</p> <p>White and Black African</p> <p>White and Asian</p> <p>Any other mixed background (please indicate below)</p> <p>_____</p>
<p>Asian or Asian British</p>	<p>Indian</p> <p>Pakistani</p> <p>Bangladeshi</p> <p>Any other Asian background (please indicate below)</p>

Black or Black British	Caribbean African Any other Black background (please indicate below)

Chinese	Chinese
Any Other Ethnic Background _____+	
I do not wish an Ethnic Background to be recorded _____	

Castle Day Nurseries

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