

GREAT LINFORD VILLAGE PRE-SCHOOL

Memorial Hall, Marsh Drive, Great Linford, Milton Keynes, MK14 5AX

Registered Charity No. 1027557

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DAY CARE RECORD

CHILD'S NAME:

DATE OF BIRTH:	START DATE:
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MOTHERS NAME AND ADDRESS:
POST CODE:
HOME TEL:
CONTACT EMAIL:

FATHERS NAME AND ADDRESS:
POST CODE:
HOME TEL:
CONTACT EMAIL:

With whom does the child live normally?

(In an emergency parents/carers with parental responsibility (PR) will be contacted first)

	FIRST NAME:	SURNAME:	RELATIONSHIP TO CHILD:	PHONE NUMBER:	PR?
1					
2					

IS THERE ANYONE WHO HAS NO LEGAL ACCESS TO THE CHILD? IF YES – HAS LEGAL DOCUMENTATION BEEN PROVIDED?

DOCTOR'S NAME:	ADDRESS:	PHONE NUMBER:
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HEALTH VISITOR:	ADDRESS:	PHONE NUMBER:
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CHILD'S NHS NUMBER:

DOES YOUR CHILD HAVE ANY ONGOING MEDICAL PROBLEMS?
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DOES YOUR CHILD TAKE REGULAR MEDICATION? E.G. AN INHALER?

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES?
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DOES YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS?
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DO YOU CONSENT TO YOUR CHILD RECEIVING FIRST AID OR MEDICAL TREATMENT IF NEEDED?
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DO YOU CONSENT TO YOUR CHILD BEING TREATED WITH A PLASTER IF NECESSARY?

	VACCINATION DATE:	ILLNESS DATE:		VACCINATION DATE:	ILLNESS DATE:
Polio			Scarlet Fever		
Tetanus			T.B.		
Whooping Cough			Small Pox		
Chicken Pox			Diphtheria		
Mumps			Convulsions		
Measles			Fits		
German Measles			Other		

DO YOU CONSENT TO YOUR CHILD BEING PHOTOGRAPHED AND HAVING WRITTEN OBSERVATIONS MADE ABOUT THEM DURING PRE-SCHOOL SESSIONS?

(N.B. SUCH OBSERVATIONS WILL BE FOR TRAINING PURPOSES, TO MONITOR CHILDREN'S INDIVIDUAL PROGRESS AND TO EVALUATE THE SESSION AS A WHOLE)

DO YOU CONSENT TO YOUR CHILD'S PHOTOGRAPH BEING INCLUDED ON THE GREAT LINFORD VILLAGE PRE SCHOOL WEBSITE?

DO YOU CONSENT TO YOUR CHILD PARTICIPATING IN EXCURSIONS AROUND THE LOCAL AREA?

(N.B. THESE EXCURSIONS WILL BE RELATED TO PRE-SCHOOL ACTIVITIES SUCH AS A BUG HUNT OR COLLECTING LEAVES AND 1:2 ADULT TO CHILD RATIOS WILL BE ENSURED OUTSIDE OF PRE-SCHOOL)

DO YOU OR YOUR CHILD ATTEND A CHILDRENS CENTRE, IF YES, WHICH ONE?

WHAT IS YOUR CHILD'S RELIGION?

HOW WOULD YOU DESCRIBE YOUR CHILD'S RACE OR CULTURAL ORIGIN?

DOES YOUR CHILD CELEBRATE RELIGIOUS FESTIVALS OR CULTURAL CELEBRATIONS? IF SO WHICH:

WHAT IS THE MAIN LANGUAGE SPOKEN AT HOME?

MY CHILD'S GENDER IS:

IS YOUR CHILD REGISTERED DISABLED OR HAVE ANY SPECIAL NEEDS?

(PLEASE DISCUSS ANY REQUIREMENTS WITH THE MANAGER BEFORE YOUR CHILD STARTS PRE-SCHOOL, SO THAT ANY NEEDS CAN BE MET)

PARENT / GUARDIAN'S SIGNATURE:

DATE:

PARENTS AND CARERS

In the event that you may be helping in a session or attending an event at the pre-school, do you have any medical conditions that you feel we should be aware of? If the answer is yes, please give details and emergency contact below. Thank you.

Y/N

Details:

Emergency Contact and telephone number:

SIGNATURE:

DATE:

Please sign below to confirm that you agree to adhere to the Pre-school policies & procedures. (Copies of which can be found in the folder labelled 'Operational Plan' on the parents table in the hall)

Signature:

Date:

Name:

(Please print name)