



CRADLEY NURSERY

CHILD CONFIDENTIAL RECORD

PLEASE PRINT CLEARLY

Child's Forename: _____ Child's Surname: _____

Gender: Male / Female Date of Birth: _____

Religion (if practised): _____ Nationality: _____

Doctors Name: _____ Address of Surgery: _____

Telephone number of Doctors: _____

Health Visitor Tel No & Name: _____

Is your child up to date with immunisations? (you may be asked to provide a copy of your child's red book): _____

Child's preferred language: _____ Parents' preferred language: _____

Name of Parent/Legal Guardian 1: _____

Home Address of Parent/Legal Guardian 1: _____

Relationship to Child: _____

Name and Address of Employer: _____

Daytime Telephone No: _____ Mobile Telephone No: _____

E-Mail Address: _____

Name of Parent/Legal Guardian 2: _____

Home Address of Parent/Legal Guardian 2: _____

Relationship to Child: _____

Name and Address of Employer: _____

Daytime Telephone No: _____ Mobile Telephone No: _____

E-Mail Address: _____

Please state who has parental responsibility for your child: _____

Please state anyone who must not have contact with your child: _____

Password that can be used to verify the identity of someone picking up your child: _____

Other people authorised to collect your child from the nursery: (with password)

Full Name	Relationship to Child	Tel No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact (in the event the parents/carers cannot be contacted)

Name: _____ Relationship to child: _____

Address: _____

Tel No. Home _____ Tel No. Work _____ Tel No. Mobile _____

Name and contact number of previous/additional nursery attended: _____

Please confirm which sessions your child will attend:

	Morning 08:45 – 11:45	Morning & Lunch 08:45 – 12:45	Afternoon & Lunch 11:45 – 14:45	Afternoon 12:45 – 14:45	All Day 8:45 – 14:45
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Does your child have an Education, Health and Care Plan? YES NO

Does your child have any special requirements? (Disability, medical/with medication, religious and dietary needs). Please indicate below: _____

Does your child have a special diet? YES NO

If yes, please give details: _____

Please give details of any food, which your child MUST NOT HAVE: _____

Does your child have any allergies? YES NO

If yes, please give details: _____

Is your child taking any medication? YES NO

IF YOUR CHILD REQUIRES ANY MEDICATION DURING THEIR STAY WITH US PARENT/CARERS MUST COMPLETE A MEDICATION CONSENT FORM. STAFF ARE NOT PERMITTED TO GIVE NON-PRESCRIBED MEDICINE, SUCH AS CALPOL.

IF YOUR CHILD NEEDS AN INHALER A SPARE ONE SHOULD BE KEPT IN NURSERY AT ALL TIMES. THIS WILL BE KEPT IN A SECURE PLACE ALONG WITH FIRST AID.

ADDITIONAL INFORMATION FOR CHILDREN WITH ADDITIONAL NEEDS

PLEASE ANSWER CLEARLY THE FOLLOWING QUESTIONS TO ENABLE US TO PROVIDE THE SERVICE REQUIRED TO MEET YOUR CHILD'S INDIVIDUAL NEEDS:

- | | |
|---|----------|
| • Does your child use a wheelchair? | YES / NO |
| • Does your child use a buggy? | YES / NO |
| • Does your child use a frame? | YES / NO |
| • Does your child wear nappies? | YES / NO |
| • Does your child require help using the toilet? | YES / NO |
| • Does your child require help when feeding? | YES / NO |
| • Is your child fed by a tube? | YES / NO |
| • Does your child/family have a named social worker | YES / NO |
| • Does your child/family have a named Children's Centre Worker? | YES / NO |

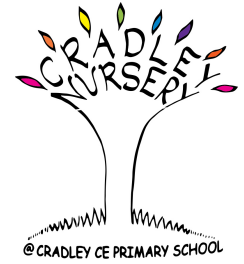
If yes can you please provide us with a name and telephone number:

Name of Social Worker: _____ Tel No: _____

Name of Children's Centre Worker: _____ Tel No: _____

Please let us know here if there is any further information you think we need to know to assess your child's needs: _____

TERMS AND CONDITIONS



I give consent for:

- My child to take part in short outings within walking distance of the nursery, into the local community.
- My child to take part in face painting activities.
- My child's photograph to be used, if required, in displays within the setting, for social media sites or for publicity.
- My child's name to be used alongside photos for publicity or on the school/nursery website.
- My child's art work (with their name) to be displayed in the setting.
- My child's photo being used in learning journeys of other children within the setting.
- Video footage of my child to be taken for training or developmental evidence.
- Staff to administer sun cream to my child in hot weather if I have not supplied any.
- Nursery staff to apply hypo allergenic plasters to my child in the event of an accident.
- Nursery staff to accompany my child to hospital in my absence, after every effort has been made to contact me, if there has been a serious accident.
- Nursery staff to authorise hospital staff to administer essential treatment until my arrival.
- The exclusion of my child from nursery if they are unwell.
- The designated member of staff for safeguarding to follow the guidance given by Herefordshire Safeguarding Children Board (HSCB) if they have any concerns for the safety and well-being of my child in their care.
- My child to have nappy cream applied when necessary.
- Staff to work on my child's Learning Journey from home, where necessary, for updating and assessing.
- My child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority.
- Students to work with my child and to add to their Learning Journey and assessment summaries, alongside my child's Key Person.

I agree that:

- Fees are invoiced at the start of each half term and that I must pay by the date shown on school money. Late payment with no prior discussion with the Manager incurs a cost of £5 per day and non-payment may result in my child being excluded from the nursery until such payment is made.
- Fees are subject to annual review.
- Fees are payable irrespective of forced closures due to weather for example or absences from nursery including sickness, holidays, except public or bank holidays.
- Collection of children after closure at 14.45pm pick-up will incur £4 cost payable to After School Club, £5 payable to Cradley Nursery if children are under 3 and are too young to attend ASC. Persistent lateness at pick-up times will be logged and will be fined accordingly.
- The Nursery Management Team reserves the right to terminate a child's place with immediate effect.
- I will give a half-term's notice if my child is to leave the nursery or if a shorter notice period is given I understand that I will be required to privately pay.
- I will make immediate arrangements to pick up my child from nursery should they become unwell whilst in nursery care.
- In the case of unforeseen absence of staff due to sickness or transport disruption I may be asked to remain with my child until alternative staff cover can be arranged.
- Staff can administer the recommended dose of Calpol in case of emergencies where a temperature is above 38 degrees and parents/carers cannot be contacted. I understand that a high temperature in small children could lead to a febrile convulsion and that a small child's health can deteriorate much faster than an adult.
- If I have a serious complaint to make, I will follow the Complaints Policy and Procedure, found on the school website. I will not use a Group Tapestry as a means for discussing school/staff issues.
- I will use social media sensitively. I will not use photos from Tapestry of any other child, apart from my own on any social media site. If I have a complaint to make, I will go through the correct procedure and will not use social media to air views which are personal to staff.
- If I want to use Breakfast Club and After School Club, I will book through school money using the Terms and Conditions of the club to ensure staffing is correct. I understand these facilities are separate to nursery and will be invoiced separately.

I agree with the conditions set out in this document and by signing this form I will follow and agree to the nursery ethos and all of its policies and procedures. If you do not agree with any of the above, please state your views clearly below:

Signed _____ Print Name _____ Date _____