



**CHILD RECORD FORM**

**Child's full name:** ..... **Start date :** .....

**Address :** .....

**Home telephone number:** ..... **Mobile:** .....

**D.O.B.** ..... **Male**..... **Female**..... **Age**.....

**1<sup>st</sup> Carer Details :**

**Relationship to child:** .....

**Mr/Mrs/Ms/Dr: Name** ..... **Surname:** .....

**Home address(if different to above):** .....

**Post code:** .....

**Home telephone number:** ..... **Mobile:** .....

**Email address:** .....

**Employer name:** ..... **Telephone:** .....

**2<sup>nd</sup> Carer Details :**

**Relationship to child:** .....

**Mr/Mrs/Ms/Dr: Name** ..... **Surname** .....

**Home address (if different to above):** .....

**Postcode:** .....

**Home Telephone number:** ..... **Mobile:** .....

**Email address:** .....

**Employer name:** ..... **Telephone:** .....

**3<sup>rd</sup> Carer Details :**

**Relationship to child:** .....

**Mr/Mrs/Ms/Dr: Name** ..... **Surname** .....

**Home address (if different to above):** .....

**Postcode:** .....

**Home Telephone number:** ..... **Mobile:** .....

**Email address:** .....

**Employer name:** ..... **Telephone:** .....

**Child's Doctor**

**Name:** ..... **Address:** .....

**Telephone:** ..... **Email:** .....

**Child's Health Visitor**

**Name:** ..... **Address:** .....

**Telephone:** ..... **Email:** .....

**My child has been IMMUNISED for the following (please circle):**

Measles	Mumps	Rubella	Whooping cough	Diphtheria
Polio	Tetanus	Hib	Meningitis C	Pneumococcal

**My child has HAD the following (please circle):**

Measles	Mumps	Rubella	Whooping cough	Diphtheria
Polio	Tetanus	Hib	Meningitis C	Pneumococcal

**Please specify any known illness:**.....

**Please specify any known allergies:**.....

**Name of medication if required:**.....

**Special Dietary requirements:**.....

**Other: Does your child have any additional needs or receive any SEN support? YES/NO**  
**If YES please give details** .....

**Please list any other information you think we should know about your child/family/carers:**

.....  
.....  
.....  
.....

**PERMISSION GRANTED FOR: (Please circle all that apply)**

<u>Outings</u>	<u>Administer Calpol/Calgel</u>	<u>Prescribed medication</u>	<u>Sun cream</u>	<u>Emergency medical attention</u>
<u>Nappy cream</u>	<u>Sudocream</u>	<u>Vaseline</u>	<u>Baby bath/talc</u>	<u>Hypo allergenic sticking plasters</u>
<u>Fluoride toothpaste</u>	<u>Change of clothes</u>	<u>Treat's(e.g.chocolate, birthday cake)</u>	<u>Photographs used for marketing purposes</u>	<u>Video recorded performances</u>
<u>Exchange of information with other childcare professionals</u>	<u>Reheating food from home</u>	<u>Under 2's: preparing formula milk from home</u>	<u>Reheating prepared food on nursery premises</u>	<u>Face painting</u>

**ADDITIONAL CONSENT FORMS WILL BE REQUIRED WITH ASSOCIATED ACTIVITIES AS REQUIRED.**

**PLEASE INDICATE DAYS REQUIRED**

**FULL DAY CARE 7.30am-6.00pm (please circle)**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
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**PART TIME CARE 7.30am-1.00pm or 1.00pm-6.00pm(please circle)**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
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**SCHOOL DROP OFF/COLLECTION : Name of school.....**

<u>Days required</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Drop off time</u>					
<u>Collection time</u>					

**Wrap around care for Jolly Pirates Pre-School ( government funded places, please circle days and hours required.)**

<u>7.30am-9.30</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>12.00pm-2.00pm</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>12.00pm-6.00pm</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

**AUTHORISATION FOR COLLECTION OF CHILD BY**

**1<sup>ST</sup> NAMED.....**

**2<sup>ND</sup> NAMED.....**

**3<sup>RD</sup> NAMED.....**

**Signed : .....Dated:.....**

**Names of person not permitted to collect your child:**

**1<sup>ST</sup> NAMED.....**

**2<sup>ND</sup> NAMED.....**

**3<sup>RD</sup> NAMED.....**

**Signed:.....Dated:.....**

A deposit is required to guarantee the place. I enclose my deposit of £..... (4 weeks fees or subject to agreement by management).

Does this child have a sibling at Jolly Rodgers Day Nursery ?(YES/NO)

I have enclosed my direct debit mandate, signed and dated.( YES/NO)

Are you happy to receive correspondence by email ? (YES/NO)

How did you hear about us? Recommendation.....Web Search.....Yellow Pages.....Other.....

I will provide my child's original birth certificate and a recent utility bill, during my child's first induction session and I/We agree to copies being held for reference purposes.

This information is for the sole use of the nursery in its administration and will be treated as confidential . Account information will only be used for the purpose of collection of monies by an approved third party (e.g. BANK) or their agents. All information will be retained and used in accordance with the terms of the Data Protection Act and will not be passed to any third party unless the Nursery is legally required to do so by extant UK legislation in the course of carrying out its statutory duties under such laws.

**I/WE HAVE READ AND ACCEPT THE TERMS AND CONDITIONS ATTACHED TO THIS REGISTRATION FORM (PLEASE DO NOT DETACH, A COPY WILL ALSO BE SENT TO YOU WITH YOUR CONFIRMATION LETTER.)**

Signed 1<sup>st</sup> Carer.....Name.....Date

Signed 2<sup>nd</sup> Carer.....Name.....Date

(Office use only)

Deposit received .....Date.....

Bank Mandate received.....Date.....

Birth certificate received.....Date.....

Confirmation letter.....Date.....

Terms and conditions.....Date.....

**Jolly Rodgers Day Nursery Ltd  
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**email:info@jollyrodgers.co.uk**