



FAMILY DETAILS

Who does the child live with?			
Contact details 1 (including emergency information):			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parent NI number		(for funding purposes only)	
Contact details 2 (including emergency information):			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parent NI number		(for funding purposes only)	
Contact details 3 (including emergency information):			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Email			
Home address			
Work address			
Does this parent have parental responsibility for the child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parent NI number		(for funding purposes only)	



Other person(s) with legal contact. *To be completed where those persons with parental responsibility are separated and/or an S8 Order is in place.*

Name			
Address			
Contact telephone numbers			
Relationship to child			
<i>Please give details of the legal contact arrangements that we need to be aware of:</i>			

ETHNICITY DATA

Gathered for monitoring purposes only. Parents are not obliged to give this information. Ethnic origin is classified as special category of data under data protection legislation, and we require your consent in order to process and store this information. The Privacy policy explains how the data provided in this form will be processed and explains your rights with respect to the information given.

I confirm that I have received a copy of the Privacy Notice and give my consent to the processing of special category data.

Signed: _____ Date: _____

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other (please state)
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>	
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>	
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>	

COLLECTION PERMISSION AUTHORISATION (other than parents)

Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.

Authorised Person 1 (parent/carer) – Name

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

Authorised person 2 (other family member) - Name

Relationship to child



Full address

Daytime/work telephone

Home telephone

Mobile

Authorised person 3 (other family member)- Name

Relationship to child

Full address

Daytime/work telephone

Home telephone

Mobile

Password for the collection of child by authorised persons

No Access – Name

Full address

Relationship to the child

Reason: e.g. court order or other?

Evidence seen Yes No

Copy provided Yes No

EMERGENCY CONTACT DETAILS (2 named adults)

If parents are not available, only those over the age of 16 years can be named as emergency contacts. Please ensure emergency contacts are local and their consent has been given.

Contact 1 - Name

Relationship to child

Address

Daytime/work telephone

Home telephone

Mobile

Contact 2 - Name

Relationship to child

Address

Daytime/work telephone

Home telephone

Mobile



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, and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed _____ Date _____

Name _____

For inhalers/auto-injectors (e.g., 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 _____ *(name of child)*.

Signed _____ Date _____

Printed name _____

MEDICAL DETAILS

Has your child received the following immunisations, this enables us to effectively manage any special education, health or medical needs of your child (please confirm and date);

Two months	5-in-1 (DTaP/IPV/Hib) vaccine – diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib); Pneumococcal (PCV) vaccine; Rotavirus vaccine; Men B vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three months	5-in-1 (DTaP/IPV/Hib) vaccine, second dose; Men C vaccine; Rotavirus vaccine, second dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Four months	5-in-1 (DTaP/IPV/Hib) vaccine, third dose; Pneumococcal (PCV) vaccine, second dose; Men B vaccine second dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
12 to 13 months	Hib/Men C booster, given as a single jab containing meningitis C (second dose) and Hib (fourth dose); Measles, mumps and rubella (MMR) vaccine, given as a single jab; Pneumococcal (PCV) vaccine, third dose; Men B vaccine third dose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Eligible pediatric age groups	Children’s flu vaccine (annual)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months to five years	Measles, mumps and rubella (MMR) vaccine, second dose; 4-in-1 (DTaP/IPV) pre-school booster, diphtheria, tetanus, whooping cough (pertussis) and polio	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

For internal use: Has the child’s health record book been seen to confirm immunisation dates? Yes No



HEALTH & DEVELOPMENT

Was your child born prematurely, if so, how many weeks early?

Special notes: _____

Does your child have any on-going medical conditions? If so, please specify: _____

If yes, please specify which external agencies are involved e.g., paediatrician, consultant, dietician, speech and language therapist, etc: _____

Does your child require a health care plan? Yes No

Special notes

If yes, complete health care plan with parents.

Does your child have care or mobility needs that may mean they are eligible for, or are in receipt of Disability Living Allowance? Yes No

Special notes: _____

Do you have any concerns about your child's learning and development? Yes No

If yes, special notes: _____

Is your child known to have any allergies or food intolerances? If so, please specify: _____

Special notes: _____

A risk assessment is completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

What are your child's dietary requirements? Please specify: _____

Is our usual practice to provide both a meat and vegetarian option. If this is not in keeping with your child's dietary requirements, please discuss this with the setting manager to ensure that we are working in partnership with you to meet your child's needs. Please refer to our nutrition procedures.

DETAILS OF PROFESSIONALS INVOLVED WITH YOUR CHILD

GP

Name _____ Telephone _____

Address _____

Health Visitor (if applicable)

Name _____ Telephone _____

Address _____



Social Care Worker (if applicable)

Name _____ Telephone _____

Special notes _____

Dentist (if applicable)

Name _____ Telephone _____

Address _____

Any other professional who has regular contact with the child

Name _____ Role _____

Agency _____ Telephone _____

Address _____

TWO-YEAR-OLD PROGRESS CHECK/INTEGRATED HEALTH CHECK

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and to share it with your child's health visitor. Please note that where a local authority has arrangements in place, we complete an integrated check with you and your child's health visitor.

If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child?

Yes No

Setting completing check _____ Date completed _____

PARENTAL PERMISSIONS

E:safety (staff and children)

There are procedures in place that govern the use of IT equipment on site. Where ipads or similar are used by staff to record children's learning and development or as a management tool, a risk assessment is completed and only equipment owned by the Alliance is used. Visitors to the setting using IT equipment, such as Ofsted or Social Care, are advised of the procedure for its use and must seek prior permission from the setting manager. In some instances, children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed	_____	Date	_____
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Teething gel (babies)

I give permission for staff to administer teething gel (supplied by me) to my child when required in accordance with the manufacturer's instructions and to record and inform me of when it was administered			
Name of child:		_____	
Signed	_____	Date	_____



Nappy Cream

I give permission for non-medicated nappy cream (supplied by me) to be administered to my child when required in accordance with manufacturer's instructions. If medicated nappy cream is supplied by me, I give permission for it to be applied as above and to record its use and inform me of when it was administered.			
Name of child:			
Signed		Date	

Paracetamol or Ibuprofen based medicine (e.g., Calpol or Nurofen for babies under two years old only)

I give permission for staff to administer paracetamol or ibuprofen-based products 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 policies and procedures.			
Name of child:			
Signed		Date	

Suncream

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

Short trip - General outings e.g., Buggy Walks

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 and are available for me to see as required.			
Name of child:			
Signed		Date	

Photographs and videos

To record aspects of our curriculum and for children's individual development records, staff often take photographs or videos of children during their play. Only equipment supplied by us is used for this purpose and images taken are for display and for your child's learning records. We may be able to supply duplicates if requested although this might incur a small charge to cover our costs. Images are saved and stored on our equipment securely, and only kept for the period your child is with us. If we wish to use any images of your child for publicity or marketing purposes, we will seek your written consent for each image we wish to use.

I give permission for my child to be photographed/recorded as per the conditions above.

Name of child:			
Signed		Date	



Animals

We may occasionally have supervised visits of animals to our setting or have pets on site. We will ensure that our pets are healthy and are inoculated as appropriate and that animals showing any signs of disease are treated. Risk assessments will be carried out for visiting animals and will be made available to parents on request. Please state here any known allergies or aversion your child has to animals

Name of child:			
Signed		Date	

Inclusion Support Team (where applicable)

It is important that information is shared with all professionals involved with your child so everyone is aware of difficulties and can support/help your child within their particular area.

I consent to the involvement of the EYIS Team in my child's Early Years Setting. I consent to my child being discussed with professionals and agencies involved.

Name of child:			
Signed		Date	

Key person

Your child will have a key person assigned to them. It is the key person's responsibility to ensure your child receives the best possible care and attention and to ensure that their records are kept up to date whilst they are with us. Your child's key person may change as they progress through the setting, but you will be notified of these changes in advance. The key person should be the first point of contact for anything you wish to discuss about your child.

Your child's key person is:	
Your child's back up key person is:	



ABOUT YOUR CHILD

The following information will tell us a little more about your child.

Does your child have previous experience of attending a childcare setting? If so, please give details:

Does your child have difficulty with walking, talking, or socialising? If so, please give details:

Is your child disabled? Yes No

Does your child require a care plan? Yes No

What languages does your child speak at home?

What religion does your family follow (if applicable)?

How would you describe your family's cultural background?

Are there any religious or cultural festivals that your child takes part in?

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)?

Yes No

Does your child have any food preferences?

Yes No

Does your child have a pacifier i.e. dummy or thumb?

Yes No

Does your child have a special toy or object they might bring with them?

Yes No

What sort of things does your child enjoy doing at home, i.e., drawing or cooking?

Is there any other background information about your child that may be useful for us to know? For example, how do they prefer to be comforted when they are upset?



Transfer of Records

With your consent we will transfer your child's records to the receiving school when they leave our setting. This will enable the school to continue to effectively manage any special education, health, or medical needs, and to continue with their development.

I agree for my child's records to be transferred to their receiving school

Name of child:			
Signed		Date	

Further Information

I confirm that information about the setting's policies and procedures has been made available and explained to me, and I understand I can find more information as to how my personal data is handled through the Privacy policy. For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign this form on your behalf. The agreement would therefore be between the setting, you, and the guarantor.

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

Parent's name:

Signed

Date

Guarantor's name (if app)

Signed

Date

Relationship to the child

Daytime/work telephone

Mobile

Email

Home address

Key person's name:

Signed

Date

Setting manager's name:

Signed

Date

Please note that the information on this form is stored and maintained confidentially at all times.



PARENT AGREEMENT

I have read the Parent Information Pack and in signing this agreement I confirm that;

- I have read and understood the Parent Information Pack
- I agree to adhere to the nursery's policies and procedures.
- I have read and understood the service's Privacy Notice.
- I understand that Tigers Childcare is a business name owned by Tiger Time Limited.
- I understand that a booking deposit equivalent to one month's fee is payable to secure my child's place.
- I understand that by booking deposit will not be refunded if my child does not commence at the service.
- I understand that my booking deposit will not be refunded if I change the date on which my child commences at Tigers Childcare.
- I understand that my booking deposit cannot be transferred to another child.
- I understand, once my child commences at Tigers Childcare that my booking deposit will not be refunded if I remove my child from Tigers Childcare without giving 30 days written notice.
- Unless otherwise agreed, I agree to pay my fees in advance on the first of each month via direct debit.
- I understand that an administration fee may be charged if I do not pay my fees via direct debit.
- I understand that Tigers will be entitled to terminate service with immediate effect if any payment stands overdue by seven days or more and such termination will be without prejudice to Tigers' right to enforce all of its entitlements herein to include payment
- I understand that Tigers may charge an additional fee of £10.00 per day for each day that I am late in paying my fee.
- I understand that a registration administration fee of £30 is payable at the time of enrolment and is non-refundable.
- I understand that if I am late in collecting my child, a fee of £10.00 per minute, or part thereof, will be charged until such time as my child is collected.
- Although my child's homework may be completed in Tigers, I understand that it is my responsibility to check that it is done and signed.
- I have read the rules of behaviour management and understand that constant disruptive behaviour can lead to my child being excluded.
- I understand that staff at the service have a responsibility to report any child welfare concerns.

Signed: _____

Print Name: _____

Date: _____