

HAPPY HOURS PRE-SCHOOL INFORMATION FORM



Child's Name.....Date of Birth..... Male/Female.....

Name(s) of Parent(s)/Carer with whom the child lives.

(1)

Does this parent/carer have parental responsibility? Yes/No (delete)

(2)

Does this parent/carer have parental responsibility? Yes/No (delete)

Address.....

.....

Telephone.....Mobile.....

Email Address.....

Name of parent with whom the child does not live with

Address of this parent

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Telephone.....Mobile.....

Does this parent have parental responsibility? Yes/No (delete)

Does this parent have legal access to the child? Yes/No delete)

Persons authorised to collect the child (must be over 16yrs of age)

(1) Name.....Tel.....

Relationship to child.....

(2) Name.....Tel.....

Relationship to child.....

Password to be used if another person is collecting your child

Health Visitor.....

Family Doctor.....

Address.....

Telephone.....

Family Dentist

Telephone.....

Has your child any special needs/allergies/medical conditions we should be aware of?

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Are we able to apply BandAid/Plasters to your child?.....

Dietary needs? Vegetarian/Halal)

Are your child's immunisations currently up to date?.....

How would you describe your child's ethnicity or cultural background?

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What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?.....

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Language(s) spoken at home.....