

# The Green Wellie Day Nursery Ltd, Application Form & Child's Entry Record

Child's name:	Date of admission to nursery:
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## Required sessions of attendance- (Am, Pm, or full day)

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:

Child's date of birth:	Sex:	Religion:	Ethnic origin:
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Child's first language:	Does your child have a disability:
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Child's home address:	Home telephone number:
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Mother/ Carer name: Mobile number: Work telephone and address:	Father / Carer name: Mobile number: Work telephone and address:
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- Please name person(s) holding parental responsibility:
- Please attach a copy of your child's Birth Certificate
- Please give information about any person who does NOT have legal access to the named child above:

Please give the names of people who will drop off and collect your child (e.g. Nanny, Grandma, Grandad, Friend) as these people may be asked to sign forms such as Accident/Incident forms on your behalf and pass the relevant information on to you.

## Medical Information-

<u>Important medical conditions</u> e.g. Allergies such as latex gloves, nuts, dairy and egg etc	<u>Immunisations received including dates:</u>
<u>Special dietary requirements:</u>	<u>Milk Type:</u> Breast/bottle/cows/goats/soya/other

<p><b><u>Child's Doctor</u></b></p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p>	<p><b><u>Child's Health Visitor:</u></b></p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p>
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**Permission to:**

- Be photographed: **Yes/No**
- Use photographs in promotions and the Green Wellie Website: **Yes/No**
- Position in family: 1<sup>st</sup> child/ 2<sup>nd</sup> child/ 3<sup>rd</sup> child/ 4<sup>th</sup> child/ 5<sup>th</sup> child
- Apply nursery sun cream: **Yes/No**
- Take my child out of nursery to the village Post Office, park, recycling centre, duck pond, village shop etc: **Yes/No**
- Splinter disclaimer: To **remove/not to remove** if my child has a splinter (as this is now required by law)
- Apply wasp sting cream if my child has been stung whilst at The Green Wellie; **Yes/No**
- Share my child's 'Learning Journey' records with other providers including schools, particularly at points of transition. **Yes/No**

Additional contacts for emergency use: (additional to parents/carers)		
Name:	Relationship to child:	Telephone number:
		<i>Work tel:</i>
	<i>Home tel:</i>	<i>Mobile tel:</i>
		<i>Work tel:</i>
	<i>Home tel:</i>	<i>Mobile tel:</i>
		<i>Work tel:</i>
	<i>Home tel:</i>	<i>Mobile tel:</i>

**Parental Permissions:**

- I give my consent to my child receiving any medical treatment, which is urgently necessary.
- I also understand that The Green Wellie Management may contact the Children's Services/ Suffolk Police, without our knowledge, if they suspect that a child in their care may have been abused or neglected.
- I agree to inform The Green Wellie of any changes in our circumstances that may affect our child.
- By giving these permissions to The Green Wellie, I accept responsibility in respect of my/our child. Where applicable the Mother/father is also aware of these permissions.
- I agree that the Green Wellie can share information about any additional needs my child has and child development summaries can be passed on to the next provider/school (copies will be given to parents)

**Allergies:**

- If a child has an allergic reaction whilst at The Green Wellie due to an unknown allergy, permission is given to allow The Green Wellie to administer their Piriton syrup. We will inform you at once if this was ever administered to your child.

(Piriton is only administered for the over 1 year olds this is a fast relief from symptoms such as skin, pet and food allergies.) We were advised to do this by an allergy specialist.

Please sign & date for the parental permissions, and to confirm that all the above information is true and correct:

Mother/ Carer sign:.....Date:.....

Father/ Carer sign:.....Date:.....

*The Green Wellie is here to serve our children and their families. We will listen, and keep private what you say to us. However we have to inform the appropriate agencies if we are concerned about the care a child is receiving.*