

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:	
Child's first language:		Does your child have a disability:		
Child's home address:		Home telephone number:		
Mother/ Carer name:		Father / Carer name:		
Mobile number:		Mobile number:		
Work telephone and address:		Work telephone and address:		
Name of person(s) holding parental responsibility:				
Information about any person who does NOT have legal access to the named child above:				

Medical Information-

<u>Important medical conditions</u> e.g. Allergies such as latex gloves, nuts, dairy and egg	<u>Immunisations received including dates:</u>
<u>Special dietary requirements:</u>	<u>Child's Health Visitor:</u> Name: Address: Telephone:
<u>Milk Type:</u> Breast/bottle/cows/goats/soya/other	<u>Child's Doctor</u> Name: Address: Telephone:

Permission to:

Be photographed: Yes/No

Use photographs in promotions: Yes/No

Position in family: 1st child/ 2nd child/ 3rd child/ 4th child/ 5th 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

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)

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

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

Splinter disclaimer:

The law now states that we cannot remove splinters without permission.

Permission is given for the staff at The Green Wellie to remove/ not to remove a splinter from my child.

Parent/ Carers signature:.....Date:.....

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.

Parent/Carers signature:.....Date:.....

(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.