

## Child Entry Record



Please fully complete and return to the Nursery Manager. All applicable details are required in order to commence your child's place. Our Nursery Manager will be happy to answer any queries you may have and will request further details from you, if necessary. Please note, this Child Entry Record is mandatory and we may be unable to commence your place if this is not completed.

<b>Child's Full Name:</b>		
Preferred Name:		
Date of Birth: (est, if not yet born)	Male/Female	Religion:
Ethnic Origin:		
Child's first language:	Additional/Educational Needs or Requirements? (Y/N)	
Other language:	Please provide details	
Home Address:	Home Tel. Number:	
Postcode:	Email address:	
<b>Details of Person(s)/Carers</b>		
Relationship to Child		
Full Name		
Home Address (if different to child)		
Postcode		
Home Tel Number		
Mobile Number		
Work Address		
Postcode		
Telephone Number (inc ext no)		
Job Title (inc department)		
E-mail address		
Please tick the responsibility boxes that apply:	<input type="checkbox"/> Parental responsibility <input type="checkbox"/> Payment of fee's <input type="checkbox"/> Collection from Nursery <input type="checkbox"/> Emergency contact	<input type="checkbox"/> Parental responsibility <input type="checkbox"/> Payment of fee's <input type="checkbox"/> Collection from Nursery <input type="checkbox"/> Emergency contact
If applicable, please provide details of any court orders or restriction which legally limit or prohibit access to the child. Include the full name of the person who this applies to. The original court order, in order to be able to uphold any such details. (A copy of this will be held on file)		

Preferred Start Date: ...../...../.....					
	Mon	Tue	Wed	Thurs	Fri
Full Day					
Morning					
Afternoon					
Additional Extras / Other Requests:					

### Emergency Contact Details

The details included in this section, must be listed in order of priority of contact. This section must be completed in order for a place to be confirmed. Anyone other than parents/carers collecting your child would preferably be introduced to the team first, however in an emergency we ask for their full name and a password, if we are in any doubt your child will not be allowed to leave the nursery and we will seek contact to confirm who should be collecting your child. Password\_\_\_\_\_

In an emergency, please contact : (please note these must be different to the parents/carer details)			
Name	Relationship to child	Home Tel No	Mobile Tel No

### Medical Details

In order to ensure and protect the health of all children, parents and staff, we need to obtain current medical information, prior to your enrolment at nursery.

Please provide details of any medical conditions, or specific requirements, such as allergies, dietary exclusions, long term medication requirements, etc		
Inoculation Injections your child has received, such as MMR, Measles		Date administered
	Child's Doctor	Child's Health Visitor
Name		
Surgery Address		
Telephone Number		
Email Address		

**IF ANYTHING CHANGES ABOUT YOUR CHILD YOU MUST INFORM THE NURSERY IMMEDIATELY  
I.E. TAKING MEDICATION, ANY ALLERGIES OR INTOLERANCES**

**Other professionals supporting / caring for your child**

e.g. social/family support worker, speech and language therapist, child minder, pre-school, nursery

How long have you been accessing this service/s?

The latest report/s from other professional/s must be provided. Please detail who this/these are from:

Name		
Position		
Address		
Tel No		
Email Address		

Name		
Position		
Address		
Tel No		
Email Address		

Please use this space to provide us with any additional information you feel we could benefit from knowing.

## Consent Details

### DECLARATION AND CONSENT

Whilst caring for your child there are a number of matters for which we require specific consent for. Please take a moment to read the statements below.

If you are in agreement please complete the details required.

If you are not in agreement, please draw a line through the items which you do not wish to give consent to.

Should you require further explanation or would like to discuss these matters in more detail, please do not hesitate to contact the Nursery

The following consent is given in relation to my child:  
(enter your child's name)

Consents	Parents Signature
<p>I/We have received and read the Nursery prospectus, including the terms and Conditions.</p> <p>I/We am aware that 4 weeks written notice is required to request changes to my child's sessions or to terminate my child's place at Nursery.</p> <p>I/We will comply with all and any other reasonable conditions that may be introduced.</p>	
<p>I/We give consent for photos/videos to be taken of my/our child for purposes of nursery displays, newsletters, child record details in the setting, <b>*parental use*</b>, and so forth, also for marketing of the setting e.g. newspapers, leaflets and so forth.</p> <p>Please place a cross in the box if you <b>do not</b> wish for your child's pictures to be used for marketing purposes.</p> <p><b>*Please note:</b> parents/families are permitted to take photographs and videos during any organized events which parents are invited to attend – such as Graduation, Christmas Concerts, trips and Outings.</p>	<input type="checkbox"/>
I/We give consent to my child's image being included in another child's PLP, for example if a group activity has taken place.	
I/We give permission for my/our child to be taken out of the premises on organised visits to the park or local places of interest, in a vehicle either arranged by the company or public transport or on foot. You will be advised of any additional charges.	
I/We give consent for my/our child to be involved in all cultural events and religious festivals.	
I/We will update personal details as they are required or asked by Bright Starts.	
I/We give permission for sun creams/nappy creams/baby wipes/nappies/plasters/face paints to be applied to my/our child, when required.	
I/We give permission for my child to be assisted in toilet training i.e. bottom wiped if required.	
I/We give my consent to the setting consulting outside agencies, if relevant to my child's development. This will not occur without prior consultation with parents.	
I/We give consent for the setting to administer first aid, and to seek any necessary emergency medical advice or emergency treatment for my child.	
I/We understand any staff member who suspects that a child in their care may be at risk of any child protection or related safe guarding incidents has a duty to refer this to the appropriate bodies.	
I/We understand any arrangements made out with the nursery i.e babysitting are solely between parents and company employees. Bright Starts do not accept any liability for matters which may arise.	