

# CHILD ENTRY FORM



**Child's full name:**

Please complete in BLACK INK and BLOCK CAPITALS

CHILD'S DETAILS			
Child's date of birth			
Child's start date at the nursery			
Gender	female	male	unspecified
PARENTS / GUARDIANS' CONTACT DETAILS			
Primary Carer 1 full name		Date of birth	
<i>Please confirm by signing that you have legal parental responsibility for the above named child. If you do not have legal parental responsibility for the above named child; please state your relationship to the child below.</i>		Primary Carer 1 Signature:	
Nature of relationship to child			
Primary Carer 1 mobile number			
Primary Carer 1 home number			
Primary Carer 1 work number			
Primary Carer 1 home email			
Primary Carer 1 work email			
Primary Carer 2 full name		Date of birth	
<i>Please confirm by signing that you have legal parental responsibility for the above named child. If you do not have legal parental responsibility for the above named child; please state your relationship to the child below.</i>		Primary Carer 2 Signature:	
Nature of relationship to child			
Primary Carer 2 mobile number			
Primary Carer 2 home number	<i>If different from above:</i>		
Primary Carer 2 work number			
Primary Carer 2 home email			
Primary Carer 2 work email			
Does either Parent/Guardian require any special arrangements to be made to allow them to gain access to the nursery building or to be contacted? (please specify)			
GENERAL PRACTITIONERS CONTACT DETAILS			
Name/Surgery			
Address			
Telephone			
HEALTH VISITORS CONTACT DETAILS			
Name			
Address			
Telephone			

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YOUR CHILD			
<b>Is your child's fostered/ adopted?</b>	fostered	adopted	N/A
<b>Does your child have a social worker?</b>	<b>Yes</b>	<b>No</b>	
<b>Social worker's full name</b>			
<b>Social worker's contact details</b>			
<b>Does your child have any addition needs, Special Educational Needs or disabilities?</b>	<b>Yes</b>	<b>No</b>	
<b>If yes please specify. Please ensure you provide us with full and updated information about your child in order that we can fully support their needs.</b>			
<b>Does or has your child had any professionals involved in their life? For example speech and language therapist, health visitors, dieticians?</b>	<b>Yes</b>	<b>No</b>	
<b>If so please give details</b>			
<b>Do you have any reports, assessments, statements written about your child?</b>	<b>Yes</b>	<b>No</b>	
<b>If yes please state the names of the documents here and provide us with a copy of each</b>			
<b>Does your child require any special arrangements to be made to allow them to gain access to the nursery building?</b>	<b>Yes</b>	<b>No</b>	
<b>If yes please specify</b>			
<b>I agree to update the nursery should my child develop or be assessed for any additional needs, Special Educational Needs, disabilities or health conditions.</b>	<b>Yes</b>	<b>No</b>	
ABOUT YOUR CHILD (voluntary information)			
<i>We ask for the information below to better support and get to know your child as well as your family during your time with us. Information you give about your child's family life, cultural background, religious beliefs and preferences are handled with sensitivity and processed in conjunction with our Privacy Policy which can be viewed via our website.</i>			
<b>Please specify below any information you would like to share with us that will help to support your child. For example your child's/families religious or cultural preferences, what languages are spoken at home, changes of circumstance (i.e. new baby, separated parents), and any other information that you feel would be significant to know during your child's time with us. You will be asked about your child's dietary and medical conditions later on in the form. You will be asked for detail about your child's routine when you settle your child into the nursery.</b>			
<b>Does your child have siblings?</b> (please specify how many and their ages)			
<b>Does your child have other regular carers</b> i.e. nurseries, schools, nannies, childminders, family members, neighbours etc. (please specify) <i>This information allows us to work in partnership with parents/guardians and other carers of your child</i>			
<b>Does your child have any pets?</b> (please specify)			
<b>Does your child have a comforter?</b> (please specify)			

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PHYSICAL DEVELOPMENT			
Please provide below, as detailed as possible, information to support the nursery in preparing your child to settle in.			
<b>Stage of physical development?</b> (i.e. does your child sit up, crawl, walk etc.)			
<b>At what age did your child acquire these skills?</b>			
<b>Are there any concerns regarding hearing?</b>			
<b>Are there any concerns regarding your child's vision?</b>			
<b>Do you or your health visitor/GP have any concerns regarding your child's physical progress?</b>			
<b>Have there been any investigations or referrals relating to your child's physical development?</b>			
DIET & MEDICAL HISTORY			
<b>Does your child have milk feeds?</b>	<b>Yes</b>	<b>No</b>	
<b>If yes, please list times</b>			
<b>What type of milk does your child drink?</b>	cows milk	formula	Other
<b>If 'other' please specify</b>			
<b>Does your child use a bottle or a beaker?</b>	bottle	beaker	
<b>Has your child begun to wean onto solid foods?</b>	<b>Yes</b>	<b>No</b>	
<b>Has your child been completely weaned onto solid foods?</b> <i>Once your child has been weaned they will transfer onto our full menu.</i>	<b>Yes</b>	<b>No</b>	
Food related allergies / Vegetarian / Religious preferences			
<b>Does any of the above apply to your child?</b> (please specify below) <i>Should your child suffer from a food related allergy you will be given a detailed allergy care plan to complete and the Nursery Manager will discuss your child's needs in greater detail with you. Please see your welcome pack for more details.</i>			
<b>Could your child's food allergy require urgent medical attention?</b>	<b>Yes</b>	<b>No</b>	
NON food allergies			
<b>Does your child have any NON food allergies?</b> (please specify below) <i>Should your child suffer from a NON food related allergy you will be given a detailed allergy care plan to complete and the Nursery Manager will discuss your child's needs in greater detail with you. Please see your welcome pack for more details.</i>			
<b>Could your child's allergy require urgent medical attention?</b>	<b>Yes</b>	<b>No</b>	
MEDICAL HISTORY			
<b>Please state below any past/current medical history/conditions that your child has had.</b> <i>Should your child suffer from a medical condition you will be given a detailed medical care plan to complete and the Nursery Manager will discuss your child's needs in greater detail with you. Please see your welcome pack for more details.</i>			

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Does your child have any regular medication? (specify below)	<b>Yes</b>	<b>No</b>

**ILLNESS**

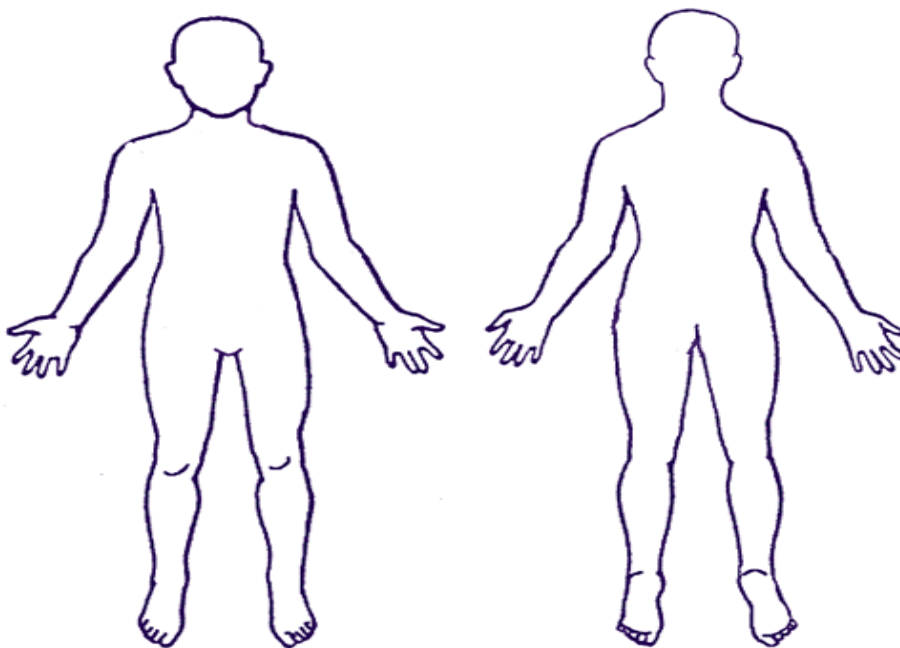
**Has your child suffered from any of the following illnesses?**

	Yes	No		Yes	No
Asthma	Yes	No	Hay fever	Yes	No
Chickenpox	Yes	No	Measles	Yes	No
Convulsions	Yes	No	Mumps	Yes	No
Ear trouble	Yes	No	Scarlet fever	Yes	No
Eczema	Yes	No	Tuberculosis	Yes	No
Febrile convulsions	Yes	No			
German measles	Yes	No			

**Does or has your child have or have they suffered from...**

Sickle cell/ Thalassaemia	Yes	No			
Diabetes	Yes	No			
Epilepsy	Yes	No			
Other (please specify)					

Please indicate below areas of birth marks e.g. Mongolian blue spots, scars and any other permanent markings. Please indicate accurately using an 'X'. Please add any comments using the comment box below.



<b>Comments</b>			
Primary Carer full name printed		<b>Date</b>	
Primary Carer signature		<b>Date</b>	
Manager/Room Leader full name printed		<b>Date</b>	
Manager/Room Leader signature		<b>Date</b>	

# CHILD ENTRY FORM



Child's full name:

<b>DECLARATION AND CONSENT FORM</b>		
<i>Should you tick 'No' to any of the below, a meeting will be arranged between you and the Nursery Manager to discuss your concerns and requirements.</i>		
	Please tick	
	Yes	No
<b>Urgent Medical Treatment</b>		
I give consent for the nursery's first aiders to give urgent medical treatment to my child if necessary.		
<b>Policies and Health &amp; Safety Information</b>		
<b>I confirm that I have read and understand Dicky Birds Nurseries Policy for:</b>	Yes	No
Our policies can be viewed here <a href="http://www.dickybirds.co.uk/South-London-Nursery-pdf">http://www.dickybirds.co.uk/South-London-Nursery-pdf</a>		
Allergies policy		
Immunisations policy		
Sickness and illness policy		
Medication policy		
Non solicitation of staff policy		
Babysitting policy		
Parents and Visitors Personal Belongings policy		
Safeguarding and Child Protection policy		
Nut Free policy		
I confirm that I have read the <u>Health &amp; Safety</u> section of Dicky Birds Nurseries website.		
<b>Administering Calpol</b>	Yes	No
I give consent for the nursery's medicine trained members of staff to administer Calpol to my child if they have a temperature of 37.5°C (99.5°F) or above, following the instructions and dosage relating to my child's age on the Calpol packaging. I understand that it will not be given for any other reason, unless prescribed.		
<b>Administering Piriton (For when my child is OVER ONE YEAR OF AGE ONLY)</b>	Yes	No
I give consent for the nursery's medicine trained members of staff to administer Piriton, following the instructions and dosage relating to my child's age on the Piriton packaging.		
<b>Administering Bonjela teething gel</b>	Yes	No
I give consent for the nursery's medicine trained members of staff to administer Bonjela teething gel to my child if they show signs of teething.		
<b>Social Services</b>	Yes	No
I understand that a member of nursery staff who suspects that a child in their care may have been abused or neglected has a duty to report their concerns to the Social Services Department.		
<b>Sun block/cream</b>	Yes	No
I give consent for staff to apply sun block/cream when necessary.		
<b>Outings (0-2 years old)</b>	Yes	No
I give consent for my child to be taken on outings either by foot, buggy/six seater buggy bus.		
<b>Outings (for 2 plus years olds)</b>	Yes	No
I give consent for my child to be taken on outings (i.e sports sessions, activities, and visits to local attractions) by MPV (Multi-purpose Vehicle) and public transport. I understand that I will be notified in advance of any outings taking place by MPV or public transport. The nursery MPV's will always include age appropriate car seats.		
I <b>do not</b> need prior notification of my child attending sports sessions, walks or visits to local attractions that will be reached by foot buggy/six seater buggy bus.		
<b>Woodland Explorer sessions (3 plus years old)</b>	Yes	No
<i>Woodland Explorer factsheet</i> <a href="https://www.dickybirds.co.uk/South-London-Nursery-Services-Children">https://www.dickybirds.co.uk/South-London-Nursery-Services-Children</a>		
I give permission for my child to attend a course of Woodland Explorer sessions. I understand that I will be notified in advance when my child is able to attend the course and of the dates that the course will take place on.		
I give permission for my child to attend ad-hoc Woodland Explorer sessions as and when places are available. I understand that the nursery will contact me the day before/on the day of the session to advise me that my child will be attending. This will be by telephone or email and if I cannot be reached a message will be left with me to confirm my child will be taking part the session.		
I give permission for my child to travel to Woodland Explorer sessions by nursery MPV (Multi-purpose Vehicle) or public transport. The nursery MPV's will always include age appropriate car seats.		
When attending Woodland Explorers, I give consent for staff to apply age appropriate insect repellent when necessary, following the instructions relating to my child's age on the packaging. A member of staff will inform me of the brand of repellent.		

Please ensure you inform the nursery of any changes to your child's circumstances

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# CHILD ENTRY FORM



**Child's full name:**

Photography/ Filming	Yes	No
I agree that unless for safe guarding/child protection reasons, that my child may be photographed/filmed for the use of Learning Journal, the weekly electronic newsletter 'The Chirp', nursery activities, group photos, nursery events, nursery displays, excursions. I understand that the nursery cannot accept responsibility for my child being photographed out in the community or during public events.	<input type="checkbox"/>	<input type="checkbox"/>

Communication Permissions via email	Yes	No
I give my permission for Dicky Birds Nurseries to communicate with me by email. This includes the newsletter (The Chirp), important messages about the day-to-day running of the nursery such as weather warnings/train service issues (Chirp Alerts), admissions & accounts updates and upcoming events messages. I understand that can change my mind at any time and stop receiving these communications by clicking the unsubscribe link in the footer of any email I receive, or by contacting <a href="mailto:GDPR@dickybirds.co.uk">GDPR@dickybirds.co.uk</a> .	<input type="checkbox"/>	<input type="checkbox"/>

General Data Protection Regulations	Yes	No
I understand that by signing this document that I agree that my and my family's data is processed in accordance with Dicky Birds Nurseries Privacy Policy and Terms.	<input type="checkbox"/>	<input type="checkbox"/>

Infection Control	Yes	No
I agree to notify the nursery should my child have any common childhood illnesses.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to notify the nursery regarding any family members or authorised collectors that may be at higher risk of any common childhood illnesses.	<input type="checkbox"/>	<input type="checkbox"/>
I give consent for my child to handle and feed any pets within the nursery. I understand that my child's hands will be washed thoroughly when they have finished touching the animals.	<input type="checkbox"/>	<input type="checkbox"/>

Vaccinations	Yes	No
Has your child been given the following routine childhood vaccinations? If so, please tick 'Yes' below. You are required to update this section accordingly. It is highly recommended by Public Health England that you have your child vaccinated with vaccinations as listed below should you wish your child to attend a group setting. If you are considering not immunising your child against any of the below vaccinations, please tick 'No' and a meeting will be arranged between you and the Nursery Manager to discuss your concerns and requirements. <i>Our Immunisation Policy can be viewed here <a href="http://www.dickybirds.co.uk/South-London-Nursery-pdf">http://www.dickybirds.co.uk/South-London-Nursery-pdf</a></i>		

Age	Vaccination Name	Yes	No
8 weeks	6-in-1 (DtaP/IPV/Hib/HepB) vaccine, Pneumococcal (PCV) vaccine, Rotavirus vaccine, MenB vaccine	<input type="checkbox"/>	<input type="checkbox"/>
12 weeks	6-in-1 (DtaP/IPV/Hib/HepB) vaccine 2 <sup>nd</sup> dose, Rotavirus vaccine 2 <sup>nd</sup> dose	<input type="checkbox"/>	<input type="checkbox"/>
16 weeks	6-in-1 (DtaP/IPV/Hib/HepB) vaccine 3 <sup>rd</sup> dose, Pneumococcal (PCV) vaccine 2 <sup>nd</sup> dose, MenB 2 <sup>nd</sup> dose	<input type="checkbox"/>	<input type="checkbox"/>
1 year	Hib/MenC booster, given as a single jab containing meningitis C 1 <sup>st</sup> dose and Hib 4 <sup>th</sup> dose, Measles, mumps and rubella (MMR) vaccine, given as a single jab. Pneumococcal (PCV) vaccine 3 <sup>rd</sup> dose, MenB Vaccine 3 <sup>rd</sup> dose	<input type="checkbox"/>	<input type="checkbox"/>
2, 3 and 4 years	Children's flu vaccine (annual)	<input type="checkbox"/>	<input type="checkbox"/>
3 years and 4 months, or soon after	Measles, mumps and rubella (MMR) vaccine 2 <sup>nd</sup> dose, 4-in-1 (DTaP/IPV) pre-school booster, given as a single jab containing vaccines against: diphtheria, tetanus, whooping cough (pertussis) and polio	<input type="checkbox"/>	<input type="checkbox"/>

At Dicky Birds we strongly recommend that children are vaccinated in accordance with the government's health policy and their age. We make all parents aware that some children may not be vaccinated in the nursery, due to their age, medical reasons or parental choice. Our nursery does not discriminate against children who have not received their immunisations and will not disclose individual details to other parents. If you have decided not to give your child one or more of the above routine childhood vaccinations, please sign the declaration below. If you are unsure about the above please speak to your GP. <i>We take our immunisation information from:</i> <a href="http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx">http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx</a>
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Vaccination Declaration	Yes	No
It has been my choice <b>not to</b> give my child one or more of the above routine childhood vaccinations and I understand that other parents at the nursery will be made aware that there is a child within the setting who has not received the vaccinations.	<input type="checkbox"/>	<input type="checkbox"/>

<b>I have read and understood this Child Entry Form and completed it to the best of my knowledge and agree to update the form if my child's circumstances change.</b>			
Primary Care 1 signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Primary Carer 2 signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>