

SCHOOL LANE, STERTH TR27 6HN

#### Record Card

Name of child					D.O.B		
Date child started			nursery				
Address							
			Contact Numbers				
Mother							
Father							
Allergies / Intolerances / Preferences							
Please note down any allergies, intolerances or preferences that your child has. Please also provide additional information below.							
Allergies (If your child has any allergies you must fill out a care plan)			Intolerance (If your child has any intolerances yo must fill out a care plan)		Prefere	ence	
Additional							
information (please provide essential information on care plan)							
Immunisation (please note here if your child has not been immunised against all the usual childhood illnesses)							



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Is your child registered of dentist? (Please delete)	ıt a	<sup>a</sup> Yes / No					
Name, address a contact number of dentist:							
Name, address a contact number of child's doctor:							
Please write down the emergency contact information for any other people that may collect your child from nursery.							
		Emergency Contacts					
Name		Number	Relationship to family				
Where persons coming to collect your child have not visited the nursery before, we will ask them for a password. Please write the password below. Please be aware that we will still require parents to inform us before their child is collected by someone other than themselves.							
Password							
Session/Place information Please specify your sessions below:							



Parent/Carer I (Main) details			Parent/Carer 2 details				
Full Name				Full Name			
DOB				DOB			
XX/XX/XXXX				XX/XX/XXXX			
Address				Address			
	Postco	de:			Postco	de:	
Mobile				Mobile			
Home				Home			
Work				Work			
NI num.				NI num.			
Relationsh	ip to			Relationsh	ip to		
child.			child.	•			
Parental				Parental			
responsibility?			responsibil	ity?			
Email		Email					
Please indicate if you would Choose an		Please indicate if you would like Choose an					
like us to use			item.	us to use your details to see if item.			item.
see if your child is eligible for EYPP			your child is	eligible to	r EYPP		
2 Year Funding Code( if applicable)							
30 hour funding code ( if applicable)							

Please note that it is your (parent/carer) responsibility to ensure that 30 hour codes are valid: every term, parents/carers **must** reconfirm their eligibility. Failure to do so may result in additional charges from the nursery (where funding cannot be claimed).



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#### Consent

We require consent for the following (Please tick):

Taking your child on outings in our minibus(es) (or on foot).	
Photos of your child being used for their online learning journal.	
Photos of your child being used in advertising materials (e.g. online using Facebook) We never use photos where children are identifiable (i.e. only the back of their heads).	
Giving emergency first aid treatment (this includes taking children to hospital where parents/carers are not contactable)	
Sharing yours and your child's data (including tapestry and contact details) to future nurseries/early years settings and/or schools for effective transition.	

We require 2 weeks notice or 2 weeks fees in lieu of notice should you wish to leave.

I agree to the outlined conditions in this contract and to all relevant policies and procedures at the nursery:

	Parent/carer	Staff (on behalf of The St Erth Nursery)			
Name		Name			
Signed		Signed			
Date		Date			

<sup>\*</sup>under certain conditions (for example child protection) we may share your information regardless of whether consent has been sought. See our Privacy Policy for further information.