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|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Middle names |  |
| Date of birth |  |
| Age |  |
| Home address |  |
| Postcode |  |
| NHS number |  |
| Ethnicity |  |
| Tax-Free Code |  |
| Funding Code |  |

Parent’s information:

|  |  |
| --- | --- |
| **Mother’s information** |  |
| First name |  |
| Last name |  |
| Marital status |  |
| Religion |  |
| Home telephone number |  |
| Mobile number |  |
| Work number |  |
| Occupation |  |
| Email address |  |
| NI Number |  |
| Date of Birth |  |
| Responsibilities | Parental responsibility YES/NO    Payment of fees YES/NO  Collect child from nursery YES/NO  Contact in emergency YES/NO |
| **Father information** |  |
| First name |  |
| Last name |  |
| Marital status |  |
| Religion |  |
| Home telephone number |  |
| Mobile number |  |
| Work number |  |
| Occupation |  |
| Email address |  |
| NI Number |  |
| Date of Birth |  |
| Responsibilities | Parental responsibility YES/NO    Payment of fees YES/NO  Collect child from nursery YES/NO  Contact in emergency YES/NO |
| **Emergency contact** |  |
| Name |  |
| Relationship |  |
| Contact number |  |
| **Doctors** |  |
| Doctors name |  |
| Telephone number |  |
| **Heath visitor** |  |
| **Start date** |  |
|  |  |

**Medical illness or regular medication to take or history that we should know about:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Childhood Illnesses |  |
| Immunisations |  |
| Position in Family, i.e., 1st or 2nd child |  |
| Siblings - Ages |  |

**Any special requirements, dietary or otherwise?**

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Extended Am**  **7.30am** |  |  |  |  |  |
| **Am session**  8.00 am – 1.00 pm |  |  |  |  |  |
| **Pm Session**  1.00 pm- 5.30 pm |  |  |  |  |  |
| **Full Day**  8.00 am – 5.30 pm |  |  |  |  |  |
| **15 Hours Funding**  (Over 3 days 8.30-1.30) |  |  |  |  |  |
| **30 Hours funding**  (Over 5 days 8.30-2.30) |  |  |  |  |  |

|  |  |
| --- | --- |
| Start date Request |  |

We/I give permission for Cheeky Monkeys Nursery to administer emergency first aid treatment in the event of an emergency and to seek advice from agencies such as NHS Direct or a Health Protection Agency.

We/I have read and accept Cheeky Monkeys Nursery terms and conditions & policies including the settling in period policy.

Password for special pickups please \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_