

■ CHILDS DETAILS

First Name Middle Name
 Last Name Known Name
 Male Female Date of Birth / / DNI/ PASSPORT
 Required Start Date / /

Are there any celebrations or festivals that you would like us to celebrate as part of your culture?

.....

Nationality
 First Language
 Spoken at home English Other (please specify)
 Who has parental responsibility for the child?

 Does your child attend any other setting or child minder?
 If yes please name

■ PRIMARY CARER

Relationship to child
 First Name
 Last Name
 Email Address
 Address
 Postcode
 Employer Name Work Tel
 Fixed Term End Date (if applicable) Mobile
 Home Tel DNI/ PASSPORT

■ 2nd CONTACT

Relationship to child
 Emergency contact? Yes No DNI/ PASSPORT
 First Name
 Last Name
 Email Address
 Address
 Postcode
 Employer Name Work Tel
 Fixed Term End Date (if applicable) Mobile
 Home Tel Mobile

■ IN CASE OF EMERGENCIES

In case of an emergency please provide two alternative contacts who you authorise to collect your child

Name Relationship to child Tel
 Name Relationship to child Tel

■ DOCTORS DETAILS

Name of Doctor

Surgery

Address

Postcode Tel

■ PERMISSION GRANTED FOR (please tick ✓)

- Outings Photo in brochure Administer Medication Face painting Prescribed Medication
- Sun Cream Sudocrem Emergency Medical attention Nappy cream Hypo allergenic sticking plasters

I do / do not give my permission for appropriate images of my child to be printed for use within **Hopscotch** as a record of their learning and to be displayed within the preschool. I understand that electronic copies of images will be destroyed once no longer relevant. I do / do not give my permission for appropriate images of my child to be used in the press, in promotional material, Hopscotch website, social media (including the company's Facebook and Instagram accounts).

I do / do not give permission for sharing information with other agencies about my child's wellbeing or health.

I do / do not give permission for sharing information with other providers if my child attends more than one setting.

■ ALLERGIES (please list)

.....

.....

■ DIETARY

Please list any special requirements

Any other special needs / preferences of which we should be aware?

■ MEDICAL

My child has no known medical conditions

My child has the following medical conditions (please list)

.....

.....

■ IMMUNISATIONS

My child's immunisations are up to date: Yes No Date of last immunisations

*Waiver form if necessary

■ SESSIONS

Please choose the sessions you require in the grid below

	Mon	Tues	Wed	Thu	Fri
AM					
PM					
Full day					

Signed

Name Date / / 20
