



Child's name.....

Date of birth.....

Ethnic origin.....

Address including post code.....

.....

Telephone number(s).....

Email address .....

Names of parents (those who have legal responsibility) .....

.....

Contact numbers and places of work.....

.....

Contact name and number e.g. friend/neighbour/relative.....

.....

Doctor's name and surgery.....

Details of any allergies.....

.....

Is child up to date with inoculations? **Yes/no**

Please give any medical details which you think we should know and or any other relevant information

.....

.....

Signed by parent/carer.....dated.....

**Could you please also provide a copy of your child's birth certificate as nursery education funding cannot be claimed without it.**



## Fleckney Baptist Pre-school

### Continuity of care

Is your child already attending another pre-school or nursery as well as this one? Or are they moving from another pre-school or nursery?

If so, please could you let us have any relevant documentation regarding their learning and development.

Has your child has their two year assessment with the health visitor **yes/no**

Name of health visitor .....

Are you and your child currently involved with any other professionals e.g. speech and language therapist, nutritionist, outreach worker?

.....  
.....  
.....  
.....

Please fill this in together it will help us to get to know your child better and help them to settle in



My favourite toy is

My favourite story is

My favourite TV programme is

I like to be called

My comforter is called

Please draw a picture of your family here and tell us something about them



## Fleckney Baptist Pre-school - Parental consent form

Name of child-----

In the interests of safe-guarding children we will need your consent for the following -

### Medication and emergencies

Should your child need medication administering to them during the time they are with us for example if your child needs to use a ventolin inhaler, then you will need to give your permission for us to do this. Also if your child needs sun cream applying to protect them during outdoor play we will administer our own if none is provided by yourselves. In the event of an emergency we need your permission to call out the emergency services. Please sign below to give your consent.

I give the staff of Fleckney Baptist Pre-school permission to administer any medicine which I (the parent) will provide and hand over to the staff for safe keeping. Should this become necessary I will ensure that proper instruction is given to the staff on how and when to administer such medication. I also give permission for the staff to administer their own sun cream if I do not provide any and I agree to them contacting the emergency services and for any emergency treatment to be given should it be deemed necessary.

Signed-----(parent)      date-----

### Photographs

Photographs are regularly taken of the children enjoying the activities on offer as this is useful evidence for us to use when we have Ofsted inspections and to put on our own website. Photographs are also taken to put in the children's Learning Journeys and are helpful for staff to make observations and assessments, they are also a lovely record of your children's learning. Please sign below if you are happy with this practice.

I give permission for the staff of Fleckney Baptist Pre-school to take photographs of my child.

Signed-----(parent)      date-----

### Outings

From time to time we take the children on local outings to help them to develop in their knowledge and understanding of the world. These outings are only local ones such as trips to the library or to the duck pond. There is always a ratio of one staff member to six children and great care is always taken when crossing the roads. Please sign below if you are happy for your child to be taken out by the staff.

I give permission for the staff of Fleckney Baptist Pre-school to take my child on outings within the local community.



Signed-----(parent) date-----

**Parent/Carer Information- Sharing Consent Form**

**This parent/carer consent form gives permission for Fleckney Baptist Pre-school to share relevant discussions, assessments, records, reports and other information with appropriate professionals eg. health visitor, speech therapist, outreach worker, teacher etc.**

I/We (please circle)

Parent/Carer's Name:.....(Please print)

Parent/Carer's Name:.....(Please print)

give my/our consent to appropriately share relevant information about my/our child

Child's full name:.....

Date of Birth:.....

with other professionals involved in working with him/her.

Parent/Carer's Signature.....

Relationship to child:.....

Date:.....

Parent/Carer's Signature.....

Relationship to child.....

Date.....

You have the right to withdraw your consent to share information at anytime.

Consent withdrawn: Signed.....Date.....