****

|  |  |
| --- | --- |
| 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/NOCollect 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/NOCollect 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:**

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| --- |
|  |

|  |  |
| --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_