



# Brenchley Pre-School Limited

## Child Profile

Child's Name

Copy of Birth Certificate Attached (This will returned once your child joins us)	Yes	No
Is your child eligible for FF2 (Free for Two Funding) *(Universal Credit)	Yes	No
Is your child eligible for Early Years Pupil Premium (EYPP) *(Universal Credit)	Yes	No
Will your child be accessing the Government 15 hour funding	Yes	No
Will your child be accessing the extended up to 30 hour funding	Yes	No
Does your child attend another Nursery/Setting  Name of Setting	Yes	No

### Office Use Only

Allergies	Medication
Ethnicity	Permissions
Birth Certificate Seen and by whom	Birth Certificate Refence

# Child's Details

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<b>Surname</b>		<b>Preferred Names(s)</b>	
<b>Forenames</b>		<b>Date of Birth</b>	
		<b>Gender</b>	
<b>Address</b>			
		<b>Postcode</b>	
		<b>Telephone No</b>	

<b>Religion</b>		<b>Ethnic Origin</b>	
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<b>What language(s) are spoken at home</b>	<b>Family Connections (cultures in your child's life – eg Welsh grandparents)</b>
<b>Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and you would like to see acknowledged and celebrated in our setting</b>	

## Parent/Guardian 1

## Parent/Guardian 2

<b>Title</b>		<b>Title</b>	
<b>Forename</b>		<b>Forename</b>	
<b>Surname</b>		<b>Surname</b>	
<b>Address if different to child</b>		<b>Address if different to child</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Tel (home)</b>		<b>Tel (home)</b>	
<b>Tel (work)</b>		<b>Tel (work)</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Email</b>		<b>Email</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Does child live with the named person</b>	<b>Yes</b>	<b>No</b>	
<b>Does this person have parental responsibility</b>	<b>Yes</b>	<b>No</b>	

Password

Please nominate an Emergency Contact

Name: ..... Contact no .....

People who may collect your child

Please list below the people that the preschool may allow to collect your child. Please note authorised persons MUST be over 18 years of age unless they have parental responsibility.

Photo

Photo

Forename			Forename	
Surname			Surname	
Telephone No			Telephone No	
Relationship to child			Relationship to child	

Photo

Photo

Forename			Forename	
Surname			Surname	
Telephone No			Telephone No	
Relationship to child			Relationship to child	

## GP Details

Name Of Doctor	Practice	Address	Telephone Number

Health Visitor: .....

## Vaccinations and Immunisations

## Other Medication Information

## Allergies

Signed

Can we administer Boots Soltan hypoallergenic suncream?

YES/NO

Can we administer nappy barrier cream

YES/NO

## Dietary Details

Please read the following statements carefully. Please sign next to each item to signify your agreement. If you do NOT agree to any item, please write PERMISSION WITHHELD in the space provided for your signature

<b>I Accept the place for my child</b>	<b>Signature</b>
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<b>Preschool Membership</b> I confirm my application for membership of Brenchley Preschool Limited, which i/we understand is a Registered Charity No: 1103545 established as a company limited by guarantee  I agree to be bound by the Memorandum and Articles of Association of Brenchley Preschool Limited until such time as my child leaves preschool.	<b>Signature</b>
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<b>Accidents and/or Emergencies</b> In the event of an accident I give permission for Brenchley Preschool to administer First Aid. Should further medical assistance be required an ambulance will be called. I am also in agreement for my child to receive treatment including anaesthetic. If my child has severe nappy rash, as an emergency I agree to Sudocrem being applied	<b>Signature</b>
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<b>Sharing Information</b> I agree that the Preschool can share information about my child with other Settings/child minders/carers and other agencies.	<b>Signature</b>
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<b>Photographs</b> I give permission for my child to be photographed and for them to be uploaded onto Tapestry  I give permission for my child to be photographed and for them to be used by the preschool in displays within the preschool.  I give permission for my child to be photographed (no name) and for them to be used in the local magazine/newspaper/our private Facebook page and our own website	<b>Signature</b> <div></div> <div></div> <div></div>
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<b>Specialist Teaching Service/Health Visitors</b> The role of the Specialist Teacher (early Years SENCO/Health Visitors) is to assist and advise the staff to support all children in the setting. From time to time we may need to speak to them about your child.	<b>Signature</b>
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<b>Outings</b> I give permission for Brenchley Preschool to take my child on short outings (local amenities)	<b>Signature</b>
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<b>Preschool Rules</b> I confirm I have read and understood the Preschool Rules	<b>Signature</b>
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