

Brenchley Pre-School Limited

Child Profile

Child’s Name

|  |  |  |
| --- | --- | --- |
| Copy of Birth Certificate attached  This will be returned once your child joins us. | YES | NO |
| Will your child be eligible for Free For 2 (FF2) Funding?  (\*see criteria below) | YES | NO |
| Will your 3 year old child be eligible for Early Years Pupil Premium (EYPP)? (\*see criteria below) | YES | NO |
| Will your child be accessing the Government’s 30 Hour Free Childcare Extended Entitlement | YES | No |
| Does your child attend another Nursery/Setting? | YES | NO |
| Do you or your child access the Children’s Centre? | YES | NO |
| \*(i.e, are you on Income Support (IS), Employment Support Allowance, Child Tax Credit and with a household annual income of £16,190 or less in the tax year, Income based Jobseekers allowance, Support (Home Office subsistence vouchers or accommodation) For asylum seekers under part VI of the Immigration & Asylum Act 1999, The guaranteed element of State Pension credit) |  |  |

**FOR OFFICE USE ONLY:**

ALLERGIES: MEDICATION:

ETHNICITY: PERMISSIONS:

BIRTH CERTIFICATE SEEN AND REFERENCE NUMBER:



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|  |  | **Child’s Details** |  |  |  |  |
|  | Surname: |  |  | Preferred Name(s) |  |  |
|  |  |  |  |  |  |  |
|  | Forename(s): |  |  | Date of Birth: |  |  |
|  |  |  |  |  |  |  |
|  | Address: |  |  | Gender: | Male Female |  |
|  |  |  |  |  |  |  |
|  | Postcode: |  |  | Telephone No: |  |  |
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|  |  |  |  |  |  |  |
|  |  | Parent or Guardian 1 |  |  | Parent or Guardian 2 |  |
|  | Title |  |  | Title |  |  |
|  |  |  |  |  |  |  |
|  | Forename(s) |  |  | Forename(s) |  |  |
|  |  |  |  |  |  |  |
|  | Surname: |  |  | Surname: |  |  |
|  |  |  |  |  |  |  |
|  | Address if different from child |  |  | Address if different from child |  |  |
|  |  |  |  |  |  |  |
|  | Postcode |  |  | Postcode |  |  |
|  |  |  |  |  |  |  |
|  | Tel home |  |  | Tel home |  |  |
|  |  |  |  |  |  |  |
|  | Tel work |  |  | Tel work |  |  |
|  |  |  |  |  |  |  |
|  | Occupation |  |  | Occupation |  |  |
|  | Mobile |  |  | Mobile |  |  |
|  |  |  |  |  |  |  |
|  | Email |  |  | Email |  |  |
|  |  |  |  |  |  |  |
|  | Does child live with the named person | Yes No |  | Does child live with the named person | Yes No |  |
|  |  |  |  |  |  |  |
|  | Does this person have parental responsibility | Yes No |  | Does this person have parental responsibility | Yes No |  |

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|  | | | | | | |  | | |  | | | **Child’s details** | | |  |
| People who may collect your child | | | | | | |  | | | Surname | | |  | | |  |
|  | | | | | | |  | | |  | | |  | | |  |
| Please list below the people that the pre-school may allow to collect your child. Please note authorised persons MUST be over 18 years of age unless Parental Responsibility. | | | | | | |  | | | Forename(s) | | |  | | |  |
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| Authorised Person 1 | | | | | | | | | | | Authorised Person 2 | | | | | |
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| Forename(s): | | |  | | |  | | | | | Forename(s): | | |  | | |
|  | | |  | | |  | | | | |  | | |  | | |
| Surname: | | |  | | |  | | | | | Surname: | | |  | | |
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| Telephone No | | |  | | |  | | | | | Telephone No | | |  | | |
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| Relationship to Child | | |  | | |  | | | | | Relationship to Child | | |  | | |
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| Authorised Person 3 | | | | | | | | | Authorised Person 4 | | | | | | | |
| Forename(s): | | |  | | |  | | | | | Forename(s): | | |  | | |
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| Surname: | | |  | | |  | | | | | Surname: | | |  | | |
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| Telephone No | | |  | | |  | | | | | Telephone No | | |  | | |
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| Relationship to Child | | |  | | |  | | | | | Relationship to Child | | |  | | |
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| Emergency Contacts | | | | | | | | | | | | | | | | |
|  | Please nominate anyone who is involved with the day to day care of your child eg Nanny/Childminder or Grandparents | | | | | | | | | | | | | | |  |
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| Title: | | | |  | | | |  | | | | Title: | | |  | | |
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| Forename(s): | | | |  | | | |  | | | | Forename(s) | | |  | | |
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| Surname: | | | |  | | | |  | | | | Surname: | | |  | | |
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| Tel Home: | | | |  | | | |  | | | | Tel Home: | | |  | | |
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| Tel Work | | | |  | | | |  | | | | Tel Work | | |  | | |
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| Mobile: | | | |  | | | |  | | | | Mobile: | | |  | | |
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| Relationship to Child | | | |  | | | |  | | | | Relationship to Child | | |  | | |
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| Child’s details | | | | | | Health Visitor’s details | | | | | | | | | |  |
|  | **Surname:** | |  | | | |  | **Name:** | | | | |  | | |  |
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|  | **Forename(s)** | |  | | | |  | **Tel No:** | | | | |  | | |  |
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|  | GP details | |  | | | |  | **Address:** | | | | |  | | |  |
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|  | Name: | | |  | | | | | Other Medical Information | | | | | | |  |
|  |  | | |  | | | | |  | | | | | | |  |
|  | Address | | |  | | | | | Please list all known pre-existing conditions or any childhood illnesses including any current medication | | | | | | |  |
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|  | Telephone No | | |  | | | | |  | | | | | | |  |
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|  | | **Vaccinations & Immunisations** | | | | | | |  | | | | | | |  |
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| Allergies - Please give details  Can we administer Boots Soltan hypoallergenic suncream? **YES/NO** | | | | | | | | | | | | Dietary details  Please provide details of any special dietary requirements that your child needs | | | | |
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| **Child’s details** | | | |  | | | **Ethnic Origin** |  |
|  | | | |  | | |  |  |
|  | **Surname:** | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  | **Forename(s)** | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  | **Nationality** | |  |  |  |  |  |  |
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| **Language**  Please tick this box if English is NOT the child’s first  language | | | | |  | | |  |
| What language(s) is/are spoken at home? | | | | | **Family Connections**  Are there any nationalities or other cultures that are part of your child’s life eg Welsh grandparents | | |  |
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| **Religion**  What is the main religion in your family | | | | | **Culture**  Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting. | | |  |
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| Permissions | | | | | | |
| Child’s details | | | | | | |
| Surname: | |  | Forename(s) |  | | |
|  | |  |  |  | | |
| 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 | | | | | | |
| **Accidents** | | | | | | |
|  | In the event of an accident, I give permission for Brenchley Pre-School 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. | | |  | **Signed:** |  |
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| **Sharing Information** | | | | | | |
|  | I agree that the Pre-School can share information about my child with other Pre-Schools/Nurseries/child-minders/carers and other agencies. (This is a legal requirement under the Early Years Foundation Stage). | | |  | **Signed:** |  |
|  |  | | |  |  |  |
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| **Photographs (I understand that only authorised personnel may take photos in the pre-school)** | | | | | | |
|  | I give permission for my child to be photographed and for them to be used by the pre-school to record significant moments and put in their learning journals/Tapestry.  I give permission for my child to be photographed (with first name) and for them to be used by the pre-school in displays within the pre-school.  I give permission for my child to be photographed (with no name) and for them to be used in the local magazine/newspaper/our private Facebook page and our own website. | | |  | **Signed:**  **Signed:**  **Signed:** |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| **Specialist Teaching Service/Health Visitors** | | | | | | |
|  | 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 wish to speak to a Specialist Teacher or Health Visitor about your child. We will of course always feedback any information to you. | | |  | **Signed:** |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| **Outings** | | | | | | |
|  | I give permission for Brenchley Pre-School to take my child on short outings Eg local amenities | | |  | **Signed:** |  |
|  |  | | |  |  |  |
| **Suncream** | | | | | | |
|  | I agree to suncream being applied to my child as and when necessary. We use Boots Soltan hypoallergenic suncream. | | |  | **Signed:** |  |
|  |  | | |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Child’s details | | | | | | |
| Surname: | |  | Forename(s) |  | | |
|  | |  |  |  | | |
| 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 | | | | | | |
|  | | | | | | |
|  | I ACCEPT THE PLACE FOR MY CHILD | | |  | **Signed:** |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| **Pre-School Membership** | | | | | | |
|  | I confirm my application for membership of Brenchley Pre-School 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 Pre-School Limited until such time as my child leaves the Pre-School. | | |  | **Signed:** |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| **Monthly Newsletters** | | | | | | |
|  | I would like newsletters sent to me by email  YES/NO  E-Mail Address: | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| **Pre-School Rules** | | | | | | |
|  | I confirm I have read and understood the Pre-School Rules. | | |  | **Signed:** |  |
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