



# Aardvark Preschool

Telephone number 07961 765919

E-mail [aardvarkpreschool@hotmail.co.uk](mailto:aardvarkpreschool@hotmail.co.uk)

Child's Name ..... Date of Birth..... Sex .....

Child's NHS Number .....

Child's Home Address .....

Postcode..... Birth certificate seen Yes/No

Religion .....First Language Used .....

E-mail .....

Parent/Carer Information	Parent/Carer Information
Mother's Name .....	Father's Name .....
Home Address .....	Home Address .....
.....	.....
Home Phone No: .....	Home Phone No: .....
Mobile No: .....	Mobile No: .....

Parent/Carer Work Details	Parent/Carer Work Details
Mother's Occupation .....	Father's Occupation .....
Employer .....	Employer .....
Work Address .....	Work Address .....
.....	.....
Work Phone No: .....	Work Phone No: .....
Work Mobile No: .....	Work Mobile No: .....

### Additional Emergency Contact Information

Full Name: .....

Home Address: .....

.....

Home Phone: ..... Work Phone: .....

Relationship to Child: .....

### Family Background

Child's Position in family: ..... No.s of Brothers and Sisters: .....

Names and Ages of any Siblings: .....

.....

### Doctors Details

Doctors Name.....

Doctors Address.....

Contact Number.....

Is your child allergic to anything that you are aware of?

Does your child have asthma, eczema, hayfever?

Other:

Has your child attended any other settings?  
(e.g. nursery, playgroup etc) Please provide name of setting s

## Personal Needs

Does your child have any special dietary needs?

Do you have a dietary preference for your child?

Does your child have any food intolerances?

What are your child's toileting needs?

Does your child have any physical difficulties?

Does your child enjoy going on outings?

Is there anything else you would like to tell us about which may be helpful to us while caring for your child?  
(e.g. phobias about dogs, scared of loud noises etc)

What does your child enjoy playing with at home?

Does your child have a favourite toy/character?

### **Nursery Social & Educational Trips**

I give/do not give permission for my child to take part in short educational trips on the school grounds whilst attending **The Nursery**. I understand that I will be informed, in detail, of the longer day trips as and when they occur.

**Name (Please print)** .....

**Signed** ..... **(parent/guardian)** ..... **Date**

### **Photography**

From time to time we may take photographs or video the children as a record of their successes and achievements. In addition, for evidence of good practice and training some activities will be recorded and used for assessment for publicity.

I do/do not give permission for my child's photograph to be taken for these purposes.

**Signed** ..... **(parent/guardian)** ..... **Date**

# Aardvark Nursery

In the event that I am not available, or have been or will be delayed, it is my wish that, in my absence, the person in charge of Aardvark Nursery should make any decision regarding my child \_\_\_\_\_ to ensure prompt and appropriate treatment in the event of sickness or accident until I arrive.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Please tick preferred days or sessions stating how many sessions you prefer?

Monday morn	9-12	afternoon	12-3	all day 9-3
Tuesday morn	9-12	afternoon	12-3	all day 9-3
Wednesday morn	9-12	afternoon	12-3	all day 9-3
Thursday morn	9-12	afternoon	12-3	all day 9-3
Friday morn	9-12	afternoon	12-3	all day 9-3

I would like my child to attend \_\_\_\_\_ sessions if possible.