Child Application Form

Personal Details

|  |  |  |
| --- | --- | --- |
| Name of child |  | |
| Date of birth |  | |
| Home address  Postcode |  | |
| Position in family |  | |
| Hair colour |  | Eye colour |
| Religion |  | |
| Ethnic origin |  | |
| Nationality |  | |
| Language(s) spoken at home |  | |
| Intended medium of education, e.g. English, Welsh |  | |
| Details of any special educational needs/disabilities |  | |
| How did you hear about [ *Tammy’s Tiny Tots nursery*]? |  | |
| Preferred start date |  | |

About your family

|  |  |
| --- | --- |
| Mother/carer |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| Home address  Postcode |  |
| Home tel number |  |
| Mobile |  |
| Home email |  |
| Work address  Postcode |  |
| Work tel number |  |
| Work email |  |
| Hours worked |  |
| Responsibilities  (Tick all that apply) | Parental responsibility Payment of fees  Collect child from nursery Contact in emergency |

|  |  |
| --- | --- |
| Father/carer |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| Home address  Postcode |  |
| Home tel number |  |
| Mobile |  |
| Home email |  |
| Work address  Postcode |  |
| Work tel number |  |
| Work email |  |
| Hours worked |  |
| Responsibilities  (Tick all that apply) | Parental responsibility Payment of fees  Collect child from nursery Contact in emergency |

Other contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact one | | | | |
| Title | |  | | |
| First name | |  | | |
| Surname | |  | | |
| Relationship to the child | |  | | |
| Password | |  | | |
| Address  Postcode | |  | | |
| Tel number |  | | Mobile |  |
| Responsibilities  (Tick all that apply) | | Collect child from nursery Contact in  emergency | | |
| Contact two | | | | |
| Title | |  | | |
| First name | |  | | |
| Surname | |  | | |
| Relationship to the child | |  | | |
| Password | |  | | |
| Address  Postcode | |  | | |
| Tel number |  | | Mobile |  |
| Responsibilities  (Tick all that apply) | | Collect child from nursery Contact in  emergency | | |

Medical details

|  |  |  |
| --- | --- | --- |
| Does your child have any allergies? | Yes / No (please circle) | |
| If yes, please give details of the cause and reaction | | |
| Does your child have any special dietary requirements? | Yes / No (please circle) | |
| If yes, please give details | | |
| Has your child had any of the following immunisations?  Please tick and date | Immunisation | Date of immunisation |
| BCG |  |
| Diphtheria |  |
| HIB |  |
| MMR |  |
| Meningitis C |  |
| Poliomyelitis |  |
| Tetanus |  |
| Whooping cough |  |
| Any other immunisations |  | |
| Name of GP |  | |
| Name of surgery |  | |
| Address  Postcode |  | |
| Telephone number |  | |
| Health visitor details | | |
| Name |  | |
| Address  Postcode |  | |
| Telephone number |  | |
| Other agency details | | |
| Name |  | |
| Address  Postcode |  | |
| Telephone number |  | |
| Any other details that we should know about? | | |

Sessions

Please indicate your preferred sessions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | Mon | Tues | Wed | Thurs | Fri |
| Full day |  |  |  |  |  |
| Extended morning  (Terms and Condition applies) |  |  |  |  |  |
| Extended evening  (Terms and Condition applies) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funded sessions | Mon | Tues | Wed | Thurs | Fri |
| 0 sessions |  |  |  |  |  |
| 1 session |  |  |  |  |  |
| 2 sessions |  |  |  |  |  |

Temporary session amendment form

Please complete this form if you require a temporary amendment to your child’s sessions at Tammy’s Tiny Tots**.**

Name of parent ..........……………………………………………………………………….

Name of child …………………………………………………………………………………

Room …………………………………………………………………………………………..

Date(s) if amended sessions ………………………………………………………………

Additional session(s) required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| Full day |  |  |  |  |  |

Cost of additional sessions ..........…………………………………………………………

Signed …………………………………………… Date ……………………………………

Office use only

Manager’s authorisation ……………………………………………..…………………….

Additional staff required (to meet ratios)? Yes/No

Staff name ……………………………………………………………………………………

Input into nursery administration system (tick when complete) on (date) ……......

Input by……………………………………… Position ……………………………………..

Payment method …………………………………………………………………………….

Permanent session amendment form

Please complete this form if you require a permanent amendment to your child’s sessions at Tammy’s Tiny Tots.

As per our terms and conditions, six week notice must be given if the number of sessions is to be reduced.

Name of parent ..........……………………………………………………………………….

Name of child …………………………………………………………………………………

Room …………………………………………………………………………………………..

Start date for amended sessions

…………………………………………………………………………………………………..

Please complete the sessions’ form with the new sessions required and attach it to this amendment form.

Signed …………………………………………… Date ……………………………………

**Office use only**

Manager’s authorisation ………………………………………………………….

Additional staff required (to meet ratios)? Yes/No

Staff name …………………………………………………………………………………….

Input into nursery administration system (tick when complete) on (date) ……......

Input by ……………………………………Position ………………………………………

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of Tammy’s Tiny Tots which I have read and fully understand.

Signed……………………………………….. Date …………………………………………

Print name…………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

Signed…………………………………………Date………………………………………….

Print name…………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

Office use only

Input into nursery administration system (tick when complete) on (date) ……......

Input by ………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Actual start date ………………………………………………………………………………

Room …………………………………………………………………………………………..

Key person ……………………………………………………………………………………

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

**Communication Plan**

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monitoring form

|  |  |  |  |
| --- | --- | --- | --- |
| Take up/usage | | Ethnic origin | |
| 1 – 15 hours per week |  | White |  |
| 16 – 30 hours per week |  | British |  |
| 31 – 50 hours per week |  | Irish |  |
|  | | Traveller |  |
| Work/training | | Other |  |
| Children in lone parent family |  |  | |
| A parent working full time (35 hours +) |  | Mixed |  |
| A parent now working more than 16 hours |  | White and black Caribbean |  |
| A parent now working less than 16 hours |  | White and black African |  |
| A parent now in higher/further education |  | White and Asian |  |
| A parent taking skills for life or step into learning |  | Other |  |
| Parent(s) are not working/training |  |  | |
|  | | Asian or Asian British |  |
| Financial support | | Indian |  |
| Parents access CTC |  | Pakistani |  |
| Parents access WTC |  | Bangladeshi |  |
| Parents access HE childcare access fund support |  | Kashmir |  |
| Parents access Care 2 Learn support |  | Other |  |
| Place sponsored by regeneration scheme e.g. SRB |  | Black or black British |  |
| Financial support from employer |  | Caribbean |  |
| Receipt of 2 year old funding |  | African |  |
| Receipt of 3 and 4 year old funding |  | Other |  |
|  |  |  | |
|  | | Chinese |  |
| Additional needs | | Chinese |  |
| Cognition and learning difficulty |  | Other |  |
| Behaviour, emotional and social development needs |  |  | |
| Communication and interaction needs |  | Other |  |
| Sensory and/or physical needs |  | Other ethnic group |  |
| Other/combination of needs |  |  | |

PLEASE ENSURE THAT YOU HAVE EXTERNAL MEDICAL PLANS AVAILABLE FOR INDIVIDUAL CHILDREN WHO HAVE THEM. THERE SHOULD BE TRAINING AVAILABLE FOR ALL STAFF WHO ARE MANAGING CHILDREN WITH SPECIFIC MEDICAL NEEDS

For Your child’s file please bring along the following documents to be copied:

* Your Child’s Red Book
* Photo of parents/carers and all who can collect your child.
* Birth certificate