

Little Elves and Fairies Woodland Nursery Admissions Form

Child's Name: Date of Birth:

Gender: Password:

Parent/Guardian's Name(s):

Address(es):

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Telephone Numbers:

Home:

Mobile:

Work:

..
Email address(es):

Are the Parents: Living together? Separated? Divorced? Widowed?

Who does the child live with?..... Who has access to the child?.....

Names and ages of any siblings:

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Emergency Contact Numbers other than parent/carer's, and their relationship to child:

Name	Relationship	Home Tel. No.	Mobile No.
1
2.....
3.....

Doctor's Name:

Address:

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Telephone No:

Any Medical Conditions/Food or Drug Allergies etc.? **Yes No**

If answer is **Yes** to above, please specify:

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Any Dietary Needs? **Yes No**

If the answer is **Yes** to the above, please specify:

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Permissions

Child's Name: Gender: Date of Birth:

For the permissions we seek below, please delete appropriately.

I give permission for a member of staff, qualified in First Aid, to treat minor injuries: **Yes No**

I give permission for staff to seek emergency advise or medical treatment if I am unable to be contacted: **Yes No**

I give permission for a blood transfusion to be made if needed: **Yes No**

I agree to abide with the procedure to be followed as stated in the handbook "Information for Parent/Carer's" if no one has been able to pick up my child from the nursery after a reasonable amount of time has passed at the end of the day: **Yes No**

In the interests of my child's wellbeing, I give permission for them to remain in the care of a member of staff at the end of the day, if all attempts to collect my child on time have failed. This may involve them accompanying the member of staff to their home. If a reasonable length of time has passed and still no one is able to collect my child, I agree to the member of staff following the procedure stated in the "Information for Parent/Carer's" handbook. **Yes No**

I give permission for staff to record observations made on my child's progress: **Yes No**

I give permission for my child to be involved in 'child-care' studies carried out by students: **Yes No**

I give permission for my child to be photographed for their observation and assessment folders **Yes No**

I give permission for my child to be photographed taking part in activities for our wall display: **Yes No**

I give permission for my child to be photographed for the purpose of nursery advertising, brochures **Yes No**

I give permission for my child to be photographed /videoed for our website and Facebook page: **Yes No**

I give permission for my child to be photographed /videoed for TV, newspapers, magazines etc. **Yes No**

I give permission for the nursery to share information about my child with all other childcare provisions that he/she attends: **Yes No**

I give permission for a DBS checked member of staff to deal with any "intimate care" that my son / daughter may need help with e.g. toileting, nappy changes, help changing clothes when necessary: **Yes No**

Medical Information and Natural Remedies

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

Name of Family Doctor: Surgery Tel. No.....

Address:

Does your son/daughter suffer from any of the following:

Asthma or Bronchitis	Yes	No
Sight or Hearing Disabilities	Yes	No
Heart Condition	Yes	No
Fits, Fainting or Blackouts	Yes	No
Severe Headaches	Yes	No
Diabetes	Yes	No
Allergies to any known drugs	Yes	No
Any other allergies, e.g. material, food, medicine, pollen, dust	Yes	No
Other illness or disability	Yes	No
Sleep walking	Yes	No
Travel sickness	Yes	No

If the answer to any of the questions above is **Yes**, please give details in the space below, including details of any medication needed:

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To your knowledge, has your son/daughter been stung by a bee or wasp? **Yes No**

To your knowledge, is your son/daughter allergic to bee or wasp stings? **Yes No**

Has your son/daughter been vaccinated against Tetanus? **Yes No**

Please indicate whether you would like staff to do the following when needed:

- Remove a splinter **Yes No**
- Remove a tick **Yes No**
- Give your child a hug when they are distressed or unwell **Yes No**

As we spend some of our time in an outdoor environment, if your child has injured themselves and has a cut or graze, it would be sensible to cover the wound with a plaster. This would help prevent an infection from setting in. Please indicate whether we can use plasters when necessary: **Yes No**

We are aware that many parent/carers use natural remedies when their child is unwell, distressed etc. It is not usual for staff in a nursery setting to use these remedies but if you would like us to do so we are happy to administer them.

Please indicate whether you would like staff to administer the following remedies when they are needed:

- | | | |
|-----------------------|------------|-----------|
| • Arnica cream | Yes | No |
| • Arnica tablets | Yes | No |
| • Rescue remedy | Yes | No |
| • Calendular ointment | Yes | No |
| • Anthisan cream | Yes | No |
| • Pyrethrum | Yes | No |
| • Colloidal silver | Yes | No |
| • Sun cream | Yes | No |
| • Aloe vera | Yes | No |

Walks in the Woods and on the Farm

The children spend their time between the building which houses the nursery, the farm in which the nursery is set and the surrounding woodland. We will go for walks in these woods and the surrounding fields, and we will spend time on the village green, both depending on the weather conditions. We will also visit the farm, and the animals which are kept and looked after there. When we move from one venue to another, we will follow our strict safety procedure that has been put in place and ensure we have enough adults to safely support and look after the children.

Please indicate whether you are happy for your child to spend their time in these different venues and to make the transfer from one venue to another.

Yes **No**

Personal Information

Child's Name: Preferred Name:

Gender: Date of Birth: Language spoken at home:

Has your child already attended nursery or been looked after by a child minder? **Yes No**
Does your child have any difficulties separating from their main carer? **Yes No**

Favourite Toys:

Favourite Songs:

Favourite Games:

Do you have any pets? **Yes No**

If so, what are they and what are their names?

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Is your child breastfed? If so, will you be providing bottled breast milk?
(Sturts Farm Community only – will you be breastfeeding your child at nursery during the day?)

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If your child has formula milk, please indicate which brand you use and how many times per day /
how much you would like your child to receive whilst in our care.

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Is your child weaning from a milk only diet? **Yes No**

Food preferences / dietary requirements / allergies and how this is given e.g. puree / finger food etc:

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Pregnancy and Early Months.

Is there any additional information about your pregnancy or early months of your child’s life that you would like to share with us or feel would be beneficial for us to know?

For example: a pregnancy that did not go to full term and a premature arrival of your baby, a traumatic birth for you and your child, a period of time in a Special Care Baby Unit, or any health issues for either yourself or your baby that may have resulted from this time.

Please be reassured that any information you provide will be shared only with the practitioners caring for your child and that we will always be available to talk to you about any of the above.

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Any other information including comforters and sleep routines, important family celebrations, etc.

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Abilities

Personal Skills	Working on	Mastered	Play Skills	Working on	Mastered
Using fingers to feed self			Able to sit unaided		
Using a spoon or fork			Crawling		
Showing an interest in putting on clothes			Pulling up to stand		
Recognising they are wet or soiled			Taking first steps around furniture		
Trying out a potty			Using push-along walkers		
Toilet trained			Taking first steps unaided		
First sounds / words			Enjoying simple games		

Occasionally we may find ourselves short of staff at the nursery e.g. due to illness.

Would you be interested in occasionally volunteering at the nursery? **Yes No**

Would you be interested in being a regular volunteer? To be a regular volunteer it would be necessary to have a DBS check done, references obtained etc. **Yes No**

Do you have any skills that may be of use to us at the KG, that you would be happy to share occasionally on a voluntary/paid basis e.g. woodwork, building, gardening, hand crafts? **Yes No**
If so, please tell us about them:

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Do you have any knowledge/skills that could be shared with the children? **Yes No**
If so, please tell us about them:

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Parents / Guardians Signatures.

As a parent/guardian of the child named above, I fully understand and am satisfied with the details supplied regarding activities, First Aid etc. and wherever I have given my consent, I agree to a competent member of staff carrying them out.

Signed..... Relationship to child: Date:

Signed..... Relationship to child: Date: