

Glen Urquhart Childcare Centre

Drumnadrochit, IV63 6XA

01456 450679

Scottish Charitable Incorporated Organisation SC024692

This information on this form is processed electronically for administrative purposes and is subject to the terms of the Data Protection Act 1984.

PLEASE COMPLETE IN BLOCK CAPITALS

Forenames						
Surname						
Nationality & mother tongue language						
Date of Birth					Sex (M/F)	
Brothers and sisters at Glen Urquhart Childcare Centre (if any)				Childs Place in family		
Name(s)						
Parents/Guardians living at child's home address						
Relationship to child	Eg Mother			Eg Father		
Title						
Fore Names						
Surname						
Can be contacted in an emergency During the day	[] yes [] no (please tick)			[] yes [] no (please tick)		
If yes, give whereabouts						
Daytime Telephone Number						
Mobile						

Child's Home Address		
	Post Code	
	Home Telephone Number	
E-mail address if appropriate		Can receive e-mails regarding bills/Centre news etc Yes/No please circle
Other emergency contacts (excluding parents/guardians)	Give names, daytime telephone numbers and relationships to child eg neighbour, aunt	
Surname		
Can be contacted in an emergency During the day	<input type="checkbox"/> yes <input type="checkbox"/> no (please tick)	<input type="checkbox"/> yes <input type="checkbox"/> no (please tick)
If yes, give whereabouts		
Daytime Telephone Number		
Mobile		
Medical Details		
Doctor's name		Telephone Number
Address		
<p>To enable staff to respond to a child's needs, it is important that our medical information is kept up-to-date. Please list below details of any medical information which you feel the Centre should know about such as asthma, allergies or sensitivities to penicillin, food, bee stings etc.</p>		
<p>Similarly, please list below any special dietary requirements such as diabetes.</p>		

Additional parental contacts

*For the purposes of the Centre records, a child's parent is defined as his/her natural parent and any other person who is his/her guardian, who has custody of or who is likely to collect your child from the Centre.

Please add below anyone who comes into this category but who is not included overleaf.

Relationship to child eg Mother, Father		
Title		
Initials		
Surname		
Can be contacted in an emergency during the day	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no (please tick)	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no (please tick)
If yes, give whereabouts		
Daytime Telephone Number		
Address		
Postcode		
Telephone Number		
If Anyone has special requirements with regard to who collects their child/children from the centre Please let us know		

<p>Nursery parents / carers only to complete In order to assist staff settling your child as quickly as possible, please complete the following</p>	
<p>List any other pre-school your child attends.</p>	
<p>What help if any does your child require when going to the toilet?</p>	
<p>What help if any does your child require with outdoor clothing, shoes etc?</p>	
<p>Has your child any like / dislikes staff should know about</p>	
<p>Does your child like to be comforted? Does he / she have a comforter?</p>	
<p>Please note your child's favorite toy / activity.</p>	

<p>I declare the information on this form to be correct to the best of my knowledge.</p> <p>Signed (Parent/Guardian) Date</p>
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