

Child's Details						
Surname:						
First name:	Known as:	Known as:				
Date of birth:	Gender:	Gender:				
Home address:						
House name / number:	se name / number: Post code:					
Street name:						
District:	Town:					
Child's ethnic origin:	Religion:					
Language spoken at home:						
Parent / Carer 1 with whom the child lives:						
Full name & title:						
Does this person have parental responsibility for this child? Yes No						
Contact details:						
Email:						
Home phone:	Mobile:					
Place of work:	Work phone:					
Parent / Carer 2 with whom the child lives (if applicable):						
Full name & title:						
Does this person have parental responsibility for this child? Yes No						
Contact details:						
Home phone:	Mobile:					
Place of work:	Work phone:					
Any parent with whom the child does	not live:					
Full name & title:						
Does this person have parental responsibility for this child? Yes No						
Home address:						
House name / number:	Post code:					
Street name:	1					
District:	Town:					
Contact details:						
Home phone:	Mobile:					
Place of work:	Work phone:					
Emergency contact (other than above)						
Full name & title:						
Relationship to the child:						
Contact details:						
Home phone:	Mobile:					
Place of work:	Work phone:					

Additional information						
People who may collect your child (other than those detailed on reverse):						
Title: Name:			Relationship	to child:		
Child's school (if applicab	ole):					
Child's Health Visitor (if applicable):						
Child's Doctor:						
Surgery name:		Telephone:				
Does your child have:						
Ongoing health problems?			Yes	No		
Special needs that staff should be aware of?			Yes	No		
Allergies or special dietary requirements?			Yes	No		
A Child Protection Plan or Social Worker?		Yes	No			
A CAF plan (Common Assessment Framework)			Yes	No		
If you have selected 'yes' to the above, please give details below						
(except for Child Protection Plan)						
First Aid Treatment						
Do you give permission for your child to receive first aid treatment from						
appropriately qualified staff? Yes No						
Do you give permission for your child to be taken to hospital and to be given						
treatment by paramedics / hospital staff in an emergency? Yes No						
Is your child allergic to pl	asters?		У	es No		
Sun protection						
Do you give permission for staff to apply sun cream to your child? Yes No						
Photographs & Videos						
Do you give permission for photographs and video recordings to be taken of						
your child for the followin	ig purposes?					
 Displays within the 	setting		Yes	No		
 Children's learning r 			Yes	No		
 Local paper / newsle 	etters.		Yes	No		
Signature and Declaration						
I have read and understand the information in Discovery Vine's Prospectus						
Parent/Carer 1 signature:			Date: _			
Dlagge nomember to tell us if on	<u> </u>					

Please remember to tell us if any of the above information changes whilst your child attends the setting. Should you decide you no longer need a place at Discovery Vine we will not retain the details on this form. Please see the Privacy Notice in our Prospectus for details of how the information provided will be used.