

Child information

Puss 'N' Boots Day Nursery

Child's Last Name	Child's Preferred Name	DOB	Boy/Girl
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Middle Name	Child's Legal Name(if different)	Legal reasonability (if applicable)
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Home Address	Billing Address (if different)
Postcode	

Home Number	Email
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Mother's Name	Father's Name
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Who is first to contact in an emergency & relationship to child

1 st Person	2 nd Person	3 rd Person information and relationship
Do they have parental reasonability	Do they have parental reasonability	
Workplace & hours	Workplace & hours	
1 st person occupation	2 nd person occupation	
1 st person work phone	2 nd person work phone	
Mobile	Mobile	
		4th Person information and relationship
		Collection password

It is assumed the above named persons will be allowed to collect your child

Allowed the following permissions without having to contact you first. Yes or no

Calpol	First aid	Outings	Photos	Hair check	Sugar in mouth when bleeding	Plasters	antihistamine	suncream	Nappy cream	Facepaint
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Doctor's name & number	Health visitor & number
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Vaccinations had:	Mumps	Rubella	MMR3	HIB	Polio	Tetanus	Diphtheria	Men C	W/cough	Pn'coccal
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Illnesses had:	Measles	Mumps	Rubella/german measles	Whooping cough	Scarlet Fever	Convulsion/fits
Chicken pox						

Religion	Ethnic Origin	First Language
Any special equipment or access	Allergies, medical or dietary requirements	

Please sign	Print name	Date
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