



Child's Name _____ Date of Birth _____

	Parent / Carer 1	Parent / Carer 2
Name		
Address		
Home		
Job title and contact no.		
Mobile		
E-mail		
Confirmation of Parental Responsibility?	Yes/No	Yes/No
Lives with...	Yes/no	Yes/no
Additional information where necessary		

Emergency Contact *(in the event that we are unable to contact Carers 1 or 2)*

Name	Contact Number	Relationship

Please include details of at least one contact

Designated Persons Allowed to Collect Child *(in addition to Carers 1 & 2)*

Name	Relationship

Sessions Required _____ Start Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					



Medical Information

Doctor's Name &
address

Telephone

Health Visitor

Telephone

Dentist

Telephone

Details of any Allergies:

Details of any Dietary requirements:

Details of any Medical Conditions/Immunisations/ Medical Family History:

Sensitive Information

Home Language

Religion

Place of Birth

Nationality

Ethnicity

Social Service
Involvement

Please bring in an original form of identification for your child.

(For Office use only: Seen and document number: _____)

I confirm that all the information provided on this form is correct and agree to inform Les Enfants of any illness or conditions which may adversely affect any adults or children at Les Enfants. **I have read and agree to abide by Les Enfants' policies and procedures.**

Parent / Carer 1

Parent / Carer 2

Signed

Date

Print Name