

Start Date _____
Dep Paid:- _____
Dep Ret:- _____

Placement Form

Child's Name _____
Date of Birth _____
Name of Parents _____
Home Address _____

Telephone No. _____

Mother's Work Address

Father's Work Address

Tel: _____	Tel: _____
Mob: _____	Mob: _____

Emergency Contact

Name: _____	Name: _____
Address: _____	Address:; _____
Tel: _____	Tel: _____

People Authorised to Collect Child

Name: _____	Name: _____
Tel: _____	Tel: _____
Relationship: _____	Relationship: _____
Password: _____	Password: _____

Attendance Details

AM (7.30AM-1PM)

PM (1PM-6PM)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Medical Details

Doctor's Name	Health visitor
Address:	Address:
Telephone No.	Telephone No.

**Important Medical Conditions please specify fully
(insert YES/NO OR NONE KNOWN**

Allergies (please be specific):
Treatment in emergency:
Special requirements:
Disabilities:
Serious Illnesses:
Medication needed:

Injections Received and dates:

Siblings and position in the family:
Special Dietary Requirements:
Religious practice:

Parent's Consent

I give/do not give consent to my child being taken out of the Nursery on outings to local library/parks/shops. Adequate supervision will be provided at all times.

Signed _____ Date: _____

Any Social Work/Outside Agency or Additional support involved
