



The Tree House

Name of child _____

Preferred name _____

Admission Date _____

Name of Parents/ Guardians with whom the child lives

1 _____

Does this person have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____

Mobile _____

Name of parent with whom the child does not live

1 _____

Does this parent have parental responsibility? Yes/No (delete)

Address of this parent _____

Telephone _____

Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency Contact Details

Parent 1 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Details of any other adult to contact in case of an emergency _____

Name 1 _____

Telephone _____

Mobile _____

Name 2 _____

Telephone _____

Mobile _____

Persons authorised to collect the child other than parent or legal guardian (must be over 16 yrs of age)

Name _____

Relationship to child _____

Telephone _____

Mobile _____

Name _____

Relationship to child _____

Telephone _____

Mobile _____

Personal details of child

Immunisations

<u>Age due</u>	<u>Immunisation</u>	<u>Date Given</u>
2 months	Diphtheria/Tetanus/ Whooping cough/Polio And Hib	_____
3 months	Diphtheria/Tetanus/ Whooping cough/Polio And Hib	_____
4 months	Diphtheria/Tetanus/ Whooping cough/Polio And Hib	_____
12 – 18 months	Measles/Mumps/Rubella	_____
3 – 5 Years	Diphtheria/Tetanus/ Polio MMR Meningitis C Pneumo Cocal	_____ _____ _____ _____

Does your child have any special dietary needs or preferences? Yes/No (delete)

If yes please give details

Does your child have any allergies?

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support the child when settling-in

Does your child have any special needs or disability? Yes/No (delete)

Details

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when

Please state if your child has had any involvement with outside agencies and or any medical procedures that we should know about.

Names of professionals currently involved with your child

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____
Do you have a health visitor?		Yes/No (delete)	
Name	_____	Based at	_____
Telephone	_____		

Photography

There are times when taking pictures of your child would be advantageous. These pictures would be used for observational purposes and the pictures would be put in their personal pathway folders. The pictures may also be used for media releases i.e. press, website or promotional publications. Their names may also be used. Please indicate below your preferences and sign at the bottom.

I do/do not agree with my child's photograph been taken be a member of Tree House Staff and used for observational purposes.

I do/do not agree with my child's photograph being used for media releases.

I do/do not agree with my child's name being used in media releases.

Please make any further comments or requests in the space provided

Signed _____