**09.1c Personal detail form**

Personal Detail form

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| Child’s Name(s): | Surname: |
| Child known as: |
| Child’s full address: |
| Gender: | DOB: | Birth certificate seen and copy made **Yes No**  |
| Hair colour: | Eye colour: | Language(s) spoken: |
| Nationality: | Religion: |
| **FAMILY DETAILS**Name of parent(s)/carer(s) with whom the child lives (home address should be as above) |
| **Contact details 1** (including emergency information): |
| Parent/carer full name: |
| Relationship to child: |
| Home Tel: no: | Mobile no: |
| Email address: |
| Work name & address:Work Tel: |
| Does this parent have parental responsibility for the child? **Yes No** Does this parent have legal access? **Yes No** |
| **Contact details 2** *(including emergency information):* |
| Parent/carer full name: |
| Relationship to child: |
| Home address: |
| Home Tel: | Mobile no: |
| Email address: |
| Work name & address:Work Tel: |
| Does this parent have parental responsibility for the child? **Yes No** Does this parent have legal access**? Yes No** |
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| **Other person(s) with legal contact***To be completed where those persons with parental responsibility are separated and an S8 Order is in place.* |
| Name: |
| Address: |
| Contact Tel: numbers: |
| Relationship to child: |
| What are the contact arrangements that we need to be aware of? |
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| **Emergency contact details with permission to collect if parents are not available***Emergency contacts must be local.**Manditory – two emergency contacts must be provided.* |
| **Emergency Contact 1** |
| Name |
| Relationship to child |
| Address: |
| Home Tel: | Mobile no: | Work Tel: |
| **Emergency Contact 2** |
| Name |
| Relationship to child |
| Address |
| Home Tel: | Mobile Tel: | Work Tel: |
| **Password** |
| Password for the collection of child by authorised persons: |
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| About your child |
| The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.Does your child have previous experience of attending a childcare setting? If so, please specify where and when: |

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| ***Health and development***Has your child received the following immunisations? *Please confirm and provide date of immunisations given.* |
| **Two months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes No  | Date: |  |
| Pneumococcal (PCV) vaccine. | Yes No  | Date: |  |
| Rotavirus vaccine. | YesNo | Date: |  |
| **Three months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes No | Date: |  |
| Meningitis C vaccine. | Yes No  | Date: |  |
| Rotavirus, second dose. | YesNo  | Date: |  |
| **Four months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | Yes No  | Date: |  |
| Pneumococcal (PCV) vaccine, second dose. | YesNo | Date: |  |
| **Between 12 and 13 months old** | Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose. | Yes No  | Date: |  |
| MMR vaccine – mumps, measles and rubella. | Yes No | Date: |  |
| Pneumococcal (PCV) vaccine, third dose. | Yes No  | Date: |  |
| **Two to three years** | Flu vaccine | Yes No  | Date: |  |
| **Three years and four months or soon after** | MMR vaccine, second dose – mumps, measles and rubella. | Yes No  | Date: |  |
| 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. | YesNo | Date: |  |
| Does your child have any on-going medical conditions? If so, please specify: |
| If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc: |
| Is your child known to have any allergies or food intolerances? If so, please specify: |
| *A risk assessment will be completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.* |
| What are your child’s dietary requirements? Please specify: |
| Does your child have any special needs or disabilities? If so, please specify: |
| Are any of the following in place for the child?  |
| SEN action plan **Yes No**Education, Health and Care Plan **Yes No** |
| What special support will he/she require in our setting? |
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| **Two year old progress check – children aged 24 – 36 months** |
| If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? **Yes No**  |
| Name of Setting completing check: Date: |
| As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you. |

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| **Cultural background** |
| How would you describe your child's ethnicity or cultural background?  |
| What is the main religion in your family (if applicable)? |
| 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? |
| 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 |
| Does your child need a bilingual support plan? | Yes | No |
| If so, discuss and agree with the key person how we can work together to support your child when settling-in: |
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| **General information** |
| What is your child’s usual sleep pattern? |
| Does your child have any food preferences? | Yes | No |
| Does your child have a pacifier i.e. dummy or thumb? | Yes | No |
| Does your child have a special toy or object they might bring with them? | Yes | No |
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| **Details of professionals involved with your child** |
| Doctors Name:  |
| Practice address:Tel: no: |
| Health Visitors Name: |
| Practice address:Tel: no: |
| Social Care Worker: |
| AddressTel: no: |
| What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.* |

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| Dentist name: |
| Address:Tel: no: |
| **Any other professional who has regular contact with the child** |
| Name 1: | Role: |
| Agency: | Tel: no: |
| Address |
| Name 2: | Role: |
| Agency: | Tel: no: |
| Address: |
| Name 3: | Role: |
| Agency: | Tel: no: |
| Address: |
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| **General parental permissions** |
| *Emergency treatment declaration*In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by a qualified member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. |
| Signed: | Printed: | Date: |
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| **For inhalers/auto-injectors (e.g. Epipens) only** |
| I give permission for a named member of staff who has been appropriately trained to administer the inhaler/ Epipen or Anapen (supplied by me) to ………………………………………………………………………………………………. (child’s name) |
|
| The named staff are: |
| 1 |
| 2 |
| 3 |
| Signed: | Printed: | Date: |
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| **Nappy cream** |
| I give permission for nappy cream (supplied by me) to be administered to: Child’s name:  |
| Signed: | Printed: | Date: |
| **Suncream** |
| I give permission for staff to administer hypoallergenic suncream (supplied by me) to: *Child’s name* when necessary. |
| Signed: | Printed: | Date: |
| **Plasters** |
| I give permission for staff to apply plasters and clean minor wounds when necessary. |
| Signed: | Signed: | Signed: |
| **Short trip - general outings** |
| Occasionally we may take a small number of children out of our setting. The venues used are detailed here:* *Queen Emma’s Primary School grounds*
* *Local shopping parade*

I give permission for ………………………………………………………………… (child’s name) to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any **planned** outings, I understand I will be informed and my specific consent obtained. |
| Signed: | Printed: | Date: |
| **Photographs** |
| As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting’s computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use. Your child’s photo may appear in another child’s play plan if they are playing together. |
| I give permission for ……………………………………………………………………………………… (child’s name) to have her/his photo taken, or to be videoed, as per the above conditions. |
| Signed: | Printed: | Date: |
| **Animals** |
| We may occasionally have supervised visits of animals/pets to our setting.  |
| *1 ) Zoolab* | *2 ) Staff pets* |
| We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed. |
| Please state below any known allergies or aversion …………………………………………………………………. ……. (name of child) has to animals |
| Signed: | Printed: | Date: |
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| **Policies and procedures** |
| I have been provided with details of Little Oak Pre-school (Witney) Ltd early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.**Social networking sites and mobile phones**I agree to abide by the policies and procedures endorsed by the pre-school regarding the use of social network sites and mobile phones concerning my child/family in connection with anything to do with Little Oak Pre-School (Witney) Limited.Please **do not** post any pictures of Little Oak-Pre-School building or staff on social media.  Please **do not**share any information or pictures of any other children who attend and when posting pictures of your own child, please be sure that our logo is **not** shown. These rules do not apply to our own closed Facebook page.  |
| Signed: | Print: | Date: |
| **Facebook** |
| We like to use our “closed” facebook page to show parent’s/carer’s the children’s artwork and photo’s of the children, encouraging comments/discussions – all positive. We ask parents to join our closed facebook group and parents are removed from the group once their child has left the setting. We ask that all parent’s are kind and considerate with their comments to other parent’s, carer’s and staff. Please sign below to indicate that you agree to photo’s and comments of your child being shown on our closed facebook page. |
| Parent signature | Print: | Date: |
| **Website** |
| Occasionally, we may like to use a photo of your child, or a comment from you or your child on our website. Please sign below to indicate that you agree to photo’s/comments being shown on our website page. |
| Parent signature | Print: | Date: |

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| **Parents agreement** |
| This is an agreement between Little Oak Pre-School (Witney) Limited and (parent/carer’s name).Payment - I agree to pay Little Oak Pre-School (Witney) Limited as per the terms of their invoice. I am aware that if I do not pay my fee’s as requested I risk forfeiting my child’s place at pre-school.There is no reduction in Fee’s if your child is absent (eg sickness or holidays).*Notice* – I agree to give four weeks termination of this agreement or pay the equivalent fee’s in full, in lieu of notice.I confirm that all above information is accurate and correct and I agree to inform pre-school of any changes as they arise. |
| Parent signature | Print: | Date: |
| **Online safety** |
| Sometimes we would like to use the internet, with children, for research (eg: looking at creatures that live under the sea).Please give your permission below to allow a member of staff to access the internet, with your child, ensuring only safe and appropriate information is retrieved. |
| Parent signature: | Print: | Date: |



Rosalind Hambidge (Director) Date: 24/2/2023

Signed on behalf of Little Oak Pre-school (Witney) Ltd

Policy review due: October 2023