

CHILD RECORD FORM

To be completed and Signed by the parent, guardian/carer and given to Jingle Jungle Nursery.

Child's name _____ Date of birth _____

Home address _____

_____ Telephone number _____

DETAILS OF PARENTS/GUARDIANS/CARERS

Parent's/Guardian's/Carer's Name _____

Address (if different from above) _____

Place of work _____ Work number _____

_____ Mobile _____

Parent's/Guardian's/Carer's Name _____

Address (if different from above) _____

Place of work _____ Work number _____ Mobile _____

Emergency contact (other than parent/guardian/carer) _____

Name of person who usually collects the child _____

Other person(s) who may collect the child _____ Password _____

Other person(s) who may collect the child _____ Password _____

Further information (if necessary) _____

CHILD'S DOCTOR

Name Address _____

_____ Telephone Number _____

Immunisations/Vaccinations Has the child been fully immunised against:

Diphtheria ☐ Whooping Cough ☐ Tetanus ☐ Polio ☐ Measles ☐ Mumps ☐ Rubella ☐ Hib Meningitis ☐

Health clinic _____

Health visitor _____

Allergies/ Special diet/ Health problems/ Childhood illnesses _____

Language spoken at home _____ child's religion/culture _____

Anything else your Pre-School should know about your child e.g. likes dislikes, fears, comfort items, special words

Parents should notify Jingle Jungle of any changes to these details immediately. Details of any accidents that occur while the child is in the care of Jingle Jungle Pre-school should be recorded in the Accident Incident and Medication Record Book/Folder and signed by the parent/guardian/carer.

Jingle Jungle Pre-School
5 Alton Street, Poplar
E14 6BZ

Parent/Guardian/Carer

Signature

Date