



[www.westmillnursery.co.uk](http://www.westmillnursery.co.uk)

Westmill Village Hall  
Westmill, Nr. Buntingford, Herts, SG9 9LJ  
Email: westmillnursery@tiscali.co.uk  
Tel: 01763 273005  
(outside hours, Lorraine 07791 170416)

### RECORD OF INFORMATION

*If you have any difficulty filling in this form please ask a member of staff.*

**CHILD'S FULL NAME:** .....

Child's Date of Birth: .....

Mother's full name: .....

Father's full name: .....

Mother's Address: .....

..... Postcode: .....

Home telephone No: .....

Mothers Email Address: .....

Father's Address: .....

..... Postcode: .....

Home telephone No: .....

Fathers Email Address: .....

Any siblings? Name and age would be useful for talking points with your child:

.....

Mother's place of work: .....

Work telephone number: ..... Mobile No .....

Father's place of work: .....

Work telephone number: ..... Mobile No .....

Name and address of additional contact in case of emergency (must be know to child):

.....

..... Tel No.....

If the child's parents are separated/divorced, can either parent collect the child? .....

.....

Child's first language: .....

Other language(s) spoken at home: .....

Name of child's Doctor: .....

Doctor's address: .....

.....

Doctor's telephone No .....

Has your child had all the recommended vaccinations? (if not please specify): .....

.....

Has your child had their 2 year 4 month check (by their Health Visitor)? .....

Please supply us with any further information that may affect your child's development at Nursery.

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Has your child ever been referred to any other Health Professional, ie. Speech & Language Therapist?  
(please provide further details) .....

.....

Is your child allergic to **anything**? .....

Has your child had any major illness/operation? .....

Has your child been in hospital recently? .....

Has your child any on-going health problems? .....

(should you need to elaborate please attach a sheet of paper)

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**Please complete the attached form for Emergency Treatment**

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Should my child require a plaster to cover a wound whilst at Nursery I give my permission for a hypoallergenic one to be used:

Signed: ..... Date of signature: .....

Name of parent/guardian: .....

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I give my permission for photographs of my child to be taken by Nursery staff or by local press I understand that only my child's first name will be used as identification

Signed: ..... Date of signature: .....

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I give my permission for my child to be taken on walks/to the park & local places of interest:

Signed: ..... Date of signature: .....

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I give my permission for Westmill Nursery to contact any previous setting my child has attended or a setting/nursery/school that my child will go to in the future:

Signed: ..... Date of signature: .....

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I give my permission for regular observations to be carried out by members of staff on my child to be used to support their on-going progress:

Signed: ..... Date of signature: .....

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To reduce the amount of paper that is sent home I would like to receive all newsletters, plans etc.

via Email: Yes Please/No Thank you (pls circle) Email Address .....

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Name(s) of persons authorised to collect child from Nursery.

..... Relationship to child: .....

..... Relationship to child: .....

..... Relationship to child: .....

(Please notify us in writing of any changes. No child will be released to an unauthorised person)

Special requests/requirements about religious observance, food, clothing, health or other matters which we should observe within our Nursery.

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What is your child's preferred drink at snack-time?

Organic Milk ..... Fruit juice ..... Water .....

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Background information on your child that may help us to understand him or her, e.g. any particular likes/dislikes, fears, special toys, pets, any recent family event which may have affected the child, any special words for e.g. toilet, (please feel free to discuss matters confidentially with a member of staff).

.....  
.....  
.....

(This information will be kept confidential)

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I have read the prospectus for Westmill Nursery, the Home/school agreement and the Non-Payment of Fees policy of which I have signed and enclose both. I understand that a complete set of policies are available for me to read.

Signed by Parent/Guardian: .....

Name printed: ..... Date: .....

# PARENTAL PERMISSION FORM FOR EMERGENCY TREATMENT

PLEASE PRINT IN BLACK OR BLUE INK

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency in Nursery or while out on an authorised outing, you need to complete, sign and date the declaration below.

Name of registered Nursery provision: **WESTMILL NURSERY**

Full Name of Child

Date of birth

Name of Parent/guardian

1.

2.

Please complete, sign and date the following declaration

## DECLARATION FOR EMERGENCIES

I agree to the registered person of Westmill Nursery (or deputy in charge) taking the necessary steps to ensure that my child ..... (pls insert name of child) receives the best and most appropriate care, attention and treatment should there be an emergency or accident in Nursery or while my child is on an authorised outing. I understand that the registered person (or deputy in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany by child ..... (pls insert name of child) to hospital in the case of a serious accident in my absence. I give permission for the registered person (or deputy in charge) to authorise hospital staff to administer essential treatment until my arrival.

Signed by parent/guardian

1.

Date

2.

Date

If you do not agree with any or all of the above declaration, please do not sign it but make your views know in the space below. The registered person in charge of Westmill Nursery (or deputy in charge) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child

..... (pls insert name of child) in the event of an emergency.

.....

.....

.....

Signed by parent/guardian

1.

Date

1.

Date