

Child Record Form

To be completed and signed by the parent/carer and returned to the childcare provider.

Child's full name

Name child is known by

Address where child is resident

Child's date of birth

Nationality

Sex

Post Code

Child's first language

Telephone No

Religion

Details of Parent/Carer 1

Parent/Carer's name

Place of work

Home address (if different from child's residence)

Work address

Post Code

Work Telephone No

Home Tel No

Ext

Mobile No

Email address

Details of Parent/Carer 2

Parent/Carer's name

Place of work

Home address (if different from child's residence)

Work address

Post Code

Work Telephone No

Home Tel No

Ext

Mobile No

Email address

Where possible, more than two emergency contacts are needed. Please include any other emergency contacts that I can contact if I am not able to get in touch with either Parent / Carer 1 or 2.

Details of Additional Emergency Contact 1

Name and relationship to the child

Home Telephone Number

Address

Work Telephone Number

Mobile Telephone Number

Details of Additional Emergency Contact 2

Name and relationship to the child

Home Telephone Number

Address

Work Telephone Number

Mobile Telephone Number

Who has parental responsibility?

Name

Relationship to Child

Mobile No (if different from above)

Home Tel No (if different from above)

Name

Relationship to Child

Mobile No (if different from above)

Home Tel No (if different from above)

Legal Contact Information if applicable

Childcare provider to have a copy of any such orders.

Contact Details and Consent for collection

I/we understand that if I/we am unavailable to collect my child I/we will notify the childcare provider of the person authorised to collect them. I/we understand that if any person attempting to collect my child is not listed below the childcare provider WILL NOT release my child without seeking my permission.

Contact 1

Name

Telephone Number

Address

Mobile Telephone Number

Contact 2

Name

Telephone Number

Address

Mobile Telephone Number

Contact 3

Name

Telephone Number

Address

Mobile Telephone Number

Password to be used by the authorised people (this will confirm identification if person is not already known to the childcare provider).

Place photographs here of persons authorised to collect your child if it is not possible for the childminder to meet them beforehand.

Alternative Contact Details if Parent/Carer(s) are unavailable

Name

Telephone Number

Address

Relationship to child

Name

Telephone Number

Address

Relationship to child

Name

Telephone Number

Address

Relationship to child

Name of Child's Key Person (To be completed by childcare provider)

Details of Family Doctor, Health Visitor

Doctor's name

Telephone Number

Doctor's address

Health Visitor's name (if applicable)

Health Visitor's contact details

Telephone Number

Details of Child's Dentist

Dentist's Name

Telephone Number

Address

Immunisations

Please list all immunisations that your child has received and the dates they were given.

Please list any allergies, medical conditions or special dietary needs:

Please note: Food allergy and intolerance are medical conditions; they must have been diagnosed by a qualified medical professional or a dietitian.

Is your child allergic to anything?

Is your child intolerant of any foods?

Please read through the following stages of food consistency and tick the box below to confirm which stage of weaning your child is currently at.

Stage 0 – Thin Liquid	<input type="checkbox"/>	Stage 4 – Extremely thick liquid/pureed food	<input type="checkbox"/>
Stage 1 – Slightly thick liquid	<input type="checkbox"/>	Stage 5 – Minced, mashed and moist food	<input type="checkbox"/>
Stage 2 – Mildly thick liquid	<input type="checkbox"/>	Stage 6 – Soft and bite sized food	<input type="checkbox"/>
Stage 3 – Moderately thick liquid/liquidised food	<input type="checkbox"/>	Stage 7 – Regular, easy to chew food	<input type="checkbox"/>

Has your child had any major illnesses / operations?

Has your child been in hospital recently?

Has your child any on-going health problems?

Does your child have any special educational needs that you are aware of?

Are they in receipt of an EHCP (An Educational Health and Care Plan)?

Please list any other relevant information

i.e., other spoken languages, comforters, special routines etc.

Please list any special requirements

i.e. about religious practices, food, clothing, health, or other matters which should be observed whilst in the care of the childminder.

Parent/Carer(s) should notify the childminder of any changes to the details on this form as soon as possible.

Parent/Carer's signature

Date

Parent/Carer's signature

Date