

Greenfields Childcare Application Form

Please complete in BLOCK capitals

Child's Name: _____ Date of Birth: _____ Sex: M / F

Child's Address: _____

Parent/Guardian's name: _____ Relationship to child _____

Address: _____

e-mail: _____ Mobile Number: _____

Workplace Address: _____

Work Contact Number: _____ (for emergency use)

Parent/Guardian's name: _____ Relationship to child _____

e-mail: _____ Mobile Number: _____

Address: _____

Workplace Address _____

Work Contact Number: _____ (for emergency use)

Collection Details:

Who will collect/drop the child? _____

Designated people to collect child (**Other than Parent/Guardians listed above**)

Name: _____ Name: _____

Tel No: _____ Tel No: _____

I confirm that the above persons have been informed by me that their details have been shared with the service:

Signed: _____

In the event of my absence, I acknowledge unless I have spoken to the Manager, my child cannot be collected by any other person.

Emergency Contact Details:

If parents/guardians are not available who may be contacted in an emergency?

Nominated **Emergency Contact Person*** Name: _____

Address: _____ Tel No: _____

I have sought permission from* _____ to be nominated as an emergency contact for my child in the event of an emergency situation where I am not accessible:

Signed on behalf of the whole family: _____ Date: _____

Child's Personal Details:

Family Doctor: _____ Tel No: _____

Surgery Address: _____

	BCG	6 in 1	Men C	PCV	MMR	HIB
Birth						
2 mths						
4mths						
6mths						
12 mths						
13 mths						

Please attach a copy of your vaccination printout, available from your GP:

Attached: Yes/No

OR

I confirm my child has been vaccinated on the above dates but I am unable to obtain a copy of the vaccination printout :
Signed _____

OR

I confirm my child has not been vaccinated: Signed _____

Please note: you will be required to sign a disclaimer form if your child has not received all their vaccinations.

Has your child been diagnosed by their GP with any medical conditions and/or allergies?
If yes, please give details below. (You will be required to fill in an additional allergen information sheet)

Does your child suffer from any sight, hearing and/or speech difficulties?

Does your child have any additional special needs? Note, you may be required to complete separate care plans in respect of your child relating to their additional/special needs

Does your child have any specific dietary requirements?

Additional information that might help us to get to know your child better:

Does your child have any siblings? If so, please give names and ages:

1. _____ 2. _____ 3. _____

Booking Details:

Please tick the days and times you would like.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day, 9:00 – 6:00					
Mornings, 9:00– 12:15					
Mornings, 9:00 - 1:00					
Breakfast Club, 8:00 - 9:00					
Morning, 9:00 – 1:30 (includes dinner)					
Afternoon, 2:30 5:30					

Preferred Start Date: _____, 20____ (year)

Please note: Once you submit your completed application form your details will be placed on a waiting list in order of the date received. Our year starts in September. In March/April of each year, the Manager will be in touch with you, to offer available places for September of that year. We will try to accommodate all applications but it is not always possible.

If you have not been contacted by May, please contact the office to find out if a place is available.

Any remaining places are offered throughout the year as they become available.

A copy of the allocations policy is available on request.

Please remember to update us if your contact number changes so we can contact you.

Thank you for considering Greenfields Childcare

If you have any questions or queries about your application or Greenfields Childcare, please don't hesitate to contact the manager.

PERMISSION SLIPS

Child's Name: _____

OUTINGS

I/we hereby give permission for the above named child to partake in walks and other outings outside the nursery grounds on the understanding that the adult/child ratio as recommended by the insurance company will be adhered to at all times.

ACCIDENT AND/OR EMERGENCY CONSENT FORM

I/we hereby give permission to the management of Greenfields Childcare Centre to act on my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of the child name above. This decision to be taken by the person in charge at the time of the emergency.

PERMISSION TO BE PHOTOGRAPHED OR VIDEO RECORDED WHILE IN THE CARE OF THE CHILD CARE STAFF.

I/we give permission for the above named child to be photographed or video recorded, under the supervision of the childcare manager.

Please note: This is for display purposes only, eg. birthday chart, coat hooks, arts & crafts, school play, parents evenings, etc

PERMISSION FOR OBSERVATIONS TO BE MADE ON YOUR CHILD.

I/We give permission for observations to be made for the above named child:

Please note: To assist with your child's development, staff will make notes of your child's achievements, milestones, general development, reactions etc. This information allows staff to plan activities that encourage the development of your child. Information recorded is kept confidential and shared only with the child's parent/guardian.

PERMISSION FOR THE APPLICATION OF SUN CREAM.

I/We give permission for sun cream to be applied by a staff member onto my child. .In order to avoid allergic reactions, parents will be asked to provide sun-cream for their child which will only be used on their child.

Signed: _____ Parent/guardian

Date: _____

Social Media (Optional)

*I also give permission for Greenfields to upload photos on Facebook and Greenfieldschildcare.com
Please note, we never tag individual children*

Signed: _____ Parent/guardian

Date: _____