

CHILDCARE APPLICATION FORM



Child's Name: _____

PARENT DETAILS **Parent (1)** *Parent one is the MAIN carer if the parents are separated.*

Parent's Name:

Relationship:

Parent Address:

Post Code:

Birth Place:

Telephone No.: STD Code: ()

Mobile No.:

Email Address:

Email address is used to communicate child's learning records / activities and daily diaries in accordance with the Early Years Foundation Stage criteria.

N.I. No.:

National insurance numbers are required as part of our I.D. check on parents.

EMPLOYMENT DETAILS **Parent (1)**

Company Name:

Company Address:

Post Code:

Telephone No.: STD Code: ()

FOR INTERNAL OFFICE USE ONLY

Parent (1) ID Check: Passport: Birth Certificate: Driving Licence: (Tick all that apply)

Proof of address seen? **YES / NO**

All details are held in the strictest confidence, we will not disclose the details held within these forms unless called on to do so by the Police, Social Services or a Court of Law.

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Child's Name: _____

PARENT DETAILS

Parent (2) *Parent two is the SECONDARY carer if the parents are separated.*

Parent's Name:

Relationship:

Parent Address:

Post Code:

Birth Place:

Telephone No.: STD Code: ()

Mobile No.:

Email Address:

Email address is used to communicate child's learning records / activities and daily diaries in accordance with the Early Years Foundation Stage criteria.

N.I. No.:

National insurance numbers are required as part of our I.D. check on parents.

EMPLOYMENT DETAILS

Parent (2)

Company Name:

Company Address:

Post Code:

Telephone No.: STD Code: ()

FOR INTERNAL OFFICE USE ONLY

Parent (2) ID Check: Passport: Birth Certificate: Driving Licence: (Tick all that apply)

Proof of address seen? YES / NO

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Child's Name: _____

CHILD DETAILS

Child's Name:

Child's D.O.B.:

Child's Address:
(Only if different to that of parent one above.)

Post Code:

Birth Place:

Medical History:
(Vaccinations, medical conditions etc.)

The medical history of your child could prove important should your child require emergency medical treatment.

Ethnic background:

Religion:

Is your child's first or main language English? YES / NO

If NO what is your child's first or main language?

The ethnic and religious background of your child helps the childcare setting to understand and maintain the child's cultural heritage and celebrate religious and cultural festivals. Understanding that a child's first language is not English helps the setting to plan their learning and development.

G.P. DETAILS

Doctor's Name:

Doctors Address:

Post Code:

Telephone No.: STD Code: ()

Your child's doctor's details may be required should your child require medical treatment.

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CONSENTS

In order that the childcare provider can care for your child to the best of their ability and to ensure the comfort of your child whilst attending the setting we need to ask whether you consent to allow the childcare provider to do any or all of the following at their discretion:

Please tick all that you consent to and sign the declaration below:

	YES	NO
* Parental consent to seek emergency medical treatment:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to administer first aid:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to administer a paracetamol based medicine at the recommended dose:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to administer other over the counter medicines:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to apply a teething gel:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to apply plasters to your child:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to apply sun lotion to your child:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to photograph your child:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to take your child on outings:	<input type="checkbox"/>	<input type="checkbox"/>
Consent for a qualified assistant to care for your child:	<input type="checkbox"/>	<input type="checkbox"/>
Consent to bath your child:	<input type="checkbox"/>	<input type="checkbox"/>

If your child is staying overnight or late into the evening then you may wish for your child to be ready for bed on collection, it may also be necessary to bath your child should they have an accident and soil themselves.

*** For parents who do not consent to emergency medical treatment please give an alternative procedure below:**

I _____ (parent name) give consent for the childcare provider to carry out the items that I have consented to (ticked YES to) above.

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ROUTINES, DISCIPLINE AND SPECIAL NEEDS

Routines:

(Routines may include the time your child takes a nap, the time they eat or drink etc.)

For overnight care:

(What time the child goes to bed, whether they have a story before bed, do they have supper and what do they usually have, does the child wake for a feed during the night etc.)

Keeping usual routines in place helps to keep continuity between the home and the childcare setting

Discipline:

(Discipline procedures may include sitting away from the group for a few minutes, sitting quietly, counting to 10 etc., discipline must be age appropriate)

The parent to call if the child is persistently unruly:

Discipline procedures help to keep continuity between the home and the childcare setting

S.E.N.:

(Use this space to provide details of any special educational needs that your child has including details of any equipment/apparatus that can be used, any expertise you can provide and any specialists that we need to speak to.)

S.E.N. requirements help to promote inclusivity in that special arrangements, equipment and adaptations to the premises can be made so that every child gets the opportunity to participate.

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Child's Name: _____

ALLERGIES AND DIETARY REQUIREMENTS

Allergies:

(Please list anything that your child is allergic to, this could be animals, foods etc.)

Dietary Can't Have:

(Please list anything that your child cannot eat, this could be dairy products because they are allergic to them, it could be meat because they are vegetarian, it could be food items because of cultural requirements, or it could be sweets, chocolate, fizzy drinks because you simply do not want your child to consume this type of food.)

Dietary Alternatives:

(This could be soya milk for allergy to dairy produce, Halal meat for cultural requirements or water instead of fizzy drinks for instance.)

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Child's Name: _____

FAVOURITE FOODS, FEARS AND FAVOURITE ACTIVITIES

Favourite Foods:

(The foods your child most likes to eat.)

Favourite foods help children to settle into their new surroundings quickly.

Fears:

(Fears could be a fear of animals, a fear of the dark, a fear of being left alone etc.)

For overnight care:

(Does the child suffer nightmares / bedwetting / sleepwalking etc.)

Knowing a child's fears helps to prevent unnecessary distress for the child.

Favourite Activities:

(The activities that your child most likes doing.)

Favourite activities help children settle into their new surroundings quickly.

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EMERGENCY CONTACTS AND ADMISSIONS & COLLECTIONS

Emergency Contacts:

IMPORTANT: Please provide emergency contacts who are willing and able to collect the child in the event of an emergency should we be unable to contact a parent.

For overnight care please ensure you have consulted these people beforehand, it could be that we need to ring them in the middle of the night, please indicate that it is a nighttime callout.

Name:	Relationship:	Tel. No.:	Mobile No. / Work No.:	Day Night Any

You do not need to provide 8 emergency contacts, you may need the space to provide some daytime callouts and some nighttime.

Admissions & Collections:

Providing a password to people who will be dropping off and collecting your child helps us to identify people we are unfamiliar with.

Name:	Relationship:	Password:

(It is always better for the childcare provider to meet in person anyone who will be collecting your child, alternatively a photograph is the next best thing.

We will not allow anyone to take your child if they are unsure. The childcare provider will ring a parent to ask that they verify the identity of any person they are unsure of.

We would rather refuse to hand over a child and risk offending someone than hand a child over to a stranger.)

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HOURS AND DEPOSIT RECEIPTS & REFUNDS

IMPORTANT: Please read the notes to the side and look at the examples before completing the hours you require.

Hours:

(When completing the hours please allow yourself sufficient travelling time to and from your place of work, college etc.

The 'From:' time is the earliest time that you will be dropping your child off at the setting.

The 'To:' time is the latest time that you will be collecting your child from the setting.)

	A.M.		P.M.	
	From:	To:	From:	To:
Mon:				
Tue:				
Wed:				
Thu:				
Fri:				
Sat:				
Sun:				

(This space is reserved to calculate childcare fees based on the hours provided.)

Example 1:

(A full day.)

	A.M.		P.M.	
	From:	To:	From:	To:
Mon:	08:00	_____	_____	17:30

You should record a full day if you intend to leave your child in childcare without any interruptions to the service.

Example 2:

(A split shift.)

	A.M.		P.M.	
	From:	To:	From:	To:
Mon:	08:00	09:00	11:30	17:30

You should record a split shift if your child attends school, nursery, kindergarden or other setting for part of the day.

Anticipated Start Date:

This is the date that you intend to start work, return to work, begin college etc. and require the childcare to commence.

Deposit Receipts and Refunds: (Please leave this section blank, it will be completed by the childcare provider.)

Deposit Received: £

Signed: (Provider)

Deposit Refunded: £

Signed: (Parent)

Deposits are retained that usually equate to ONE WEEK'S fees if the parent pays weekly or ONE MONTH'S fees if the parent pays monthly.

A PHOTOCOPY OF THIS PAGE WILL BE GIVEN TO THE PARENT TO BE RETAINED BY THE PARENT AS A DEPOSIT RECEIPT.

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ESSENTIALS CHECKLIST

NOTE: The childcare provider will complete the following in conjunction with the parent.

Depending on your child's age, their length of stay at the setting, the time of their stay (e.g. overnight, evenings etc.), development needs (e.g. teething), additional needs (e.g. after school clothing), special needs (e.g. educational or physical), medical needs (e.g. long or short term medicinal requirements), and the weather (e.g. sunhats or wellies), some of, all of or more than the following will need to be provided by the parent to ensure that we are able to meet your child's needs and ensure their comfort whilst with us.

	Tick required:	
Ready prepared baby milk, enough bottles for length of stay:	<input type="checkbox"/>	Needed mainly for babies.
Boiled water / baby juice:	<input type="checkbox"/>	
Baby foods, enough jars for length of stay:	<input type="checkbox"/>	
Nappies, adequate amount for length of stay:	<input type="checkbox"/>	Needed mainly for toddlers.
Baby wipes, adequate amount for length of stay:	<input type="checkbox"/>	
Nappy rash cream:	<input type="checkbox"/>	Needed usually for everyone
Bibs:	<input type="checkbox"/>	
Teething lotion, e.g. bonjella, clearly labelled with child's name:	<input type="checkbox"/>	
Teething ring and teething foods, e.g. rusk:	<input type="checkbox"/>	
Soother / comforter:	<input type="checkbox"/>	Needed for overnight stays.
Appropriate age paracetamol based medicine, e.g. Calpol, clearly labelled with child's name:	<input type="checkbox"/>	
Toothbrush and toothpaste:	<input type="checkbox"/>	
Change of clothing suitable for weather, including spare underwear for accidents:	<input type="checkbox"/>	
Sun lotion factor 50 or above, clearly labelled with child's name:	<input type="checkbox"/>	
Pyjamas or baby grows:	<input type="checkbox"/>	
Slippers, vest and dressing gown:	<input type="checkbox"/>	
Overnight bag; flannel, towel, soap, medicines, soother, cuddly toy etc.:	<input type="checkbox"/>	

Other: _____

The items identified in this list are the minimum requirement for your child's stay and will ensure that your child is comfortable and provided for. The items will inevitably change as your child grows and develops. A photocopy of this completed page is to be given to the parent for retention.

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PERSONS LIVING AT THE CHILDCARE SETTING OR CONTACT WITH CHILDREN

Persons living at the childcare setting:

Childcare providers must inform parents of all the people who live at the childcare premises that will be in regular contact with your child during their stay, a list of these people is provided below:

Angela Wallace (Registered carer), Registration No. EY101031

Paul Brooks (Registered carer), Registration No. EY242825

Megan Brooks (Residing)

Samuel Brooks (Residing)

Other persons in regular contact with children:

The setting employs a number of childcare assistants, their details will shared with you during interview. Each assistant has been thoroughly vetted to ensure their suitability to care for children.

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