



**Smiles Montessori Preschool**  
**Unit 1 The Fairway, Bush Fair, Harlow, Essex CM18 6LY**

**CHILD INFORMATION FORM**

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**Personal Details**

Full Name of Child:.....

Date of Birth:.....

Please provide proof of age i.e. Birth Certificate or Passport.

Address:.....

.....

Post Code.....

Mothers Name:..... Fathers Name.....

Home Tel: Home Tel:

Business Tel: Business Tel:

Mobile: Mobile:

Mothers Address (if different from above).....

Fathers Address (if different from above).....

E Mail Address.....

**Medical Details**

Name and Address of Child's

G.P.....

.....Tel

No:.....

Please provide details of allergies or disabilities your child has or is suspected of having:.....

.....

Please list immunisations that your child has had to date:.....

.....

**Dietary Details**

Please provide details of any foods that your child should not be given on the following grounds: -

Medical:

Religious:

**Permissions**

I /We give consent for Smiles staff to apply hypoallergenic sun cream to my child’s arms, hands, face and neck – without further notice (cream supplied by Smiles).

Signed.....

I /We give consent for Smiles staff to apply nappy rash cream and Vaseline in the normal course of cleaning, changing and caring for my child – without further notice.

Signed.....

I/We agree to Smiles staff seeking any necessary emergency medical advice or treatment if necessary, including escorting my child to hospital via emergency services if a serious accident were to occur.

Signed.....

I/We give consent for my child to be taken on outings e.g. nature walks.

Signed.....

I/We give consent for photographs/videos to be taken of my child.

Signed.....

I/We give consent for photographs to be used to update Smiles website and Face book page.

Signed.....

I/We give consent for observations to be taken of my child.

Signed.....

I/We give consent for observations to be taken of my child in the setting by Health Visitors or Senco, should the need arise.

Signed.....

I/We know that Smiles use a CCTV system to protect children and staff's safety whilst at Smiles Montessori.

Signed.....

I/We give consent for my child to meet nursery Pets

Signed.....

I/We give consent for Smiles to provide my child with an emergency Calpol dose in the event of a high temperature.

Signed.....

Is there anything else we should know about your child? Please give details

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### **COLLECTION OF YOUR CHILD**

Please provide us with a PASSWORD for authorised collection of your child. No child will be permitted to leave the premises with any person unknown to staff who cannot provide the password. The password can be altered when necessary. It should be noted that any person who has regularly delivered or collected your child to and from Smiles will be deemed fit to do so until such time that you inform us of a change in collection arrangements.

The Password is.....

Please let us know in advance that a person unknown or vaguely known is collecting. Persons collecting must be a least 16 years old.

## EMERGENCY CONTACTS

Although we will always try to contact Parents in the first instance, please provide telephone numbers of a friend or relative that can be contacted should an emergency arise.

Name.....	Name.....
Address.....	Address.....
.....	.....
.....	.....
Tel No:.....	Tel No.....
Relationship to Child.....	Relationship to Child.....

Please let us know of any changes to the above details immediately they occur.

## UNIFORM

I would like to order	Polo shirts priced at £6.35 each
I would like to order	Sweatshirts priced at £9.25 each
I would like to order	Dresses priced at £13.95 each
I would like to order	Cardigans priced at £10.35 each

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(Office use only)

Class allocated.....

Sessions agreed.....

Start Date.....