

(a)CHILD DETAILS FOR BUSY BEES

Child's Name:

Please indicate if you shorten name:

Your Address:

.....
.....

Your Tel.No:mob:.....

Child's D.O.B.:

When you would like your child to start:.....

Preference of mornings you would like your child to attend: M T W TH F

Mother's Name:Father's Name:.....

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

Name of person bringing child:.....

Relationship to child:.....

Name of person collecting child:.....

Relationship to child:

Doctors name and address:

.....
Tel No:..... Preferred primary school:

Health visitors name:.....

Emergency contacts:

1.Name:.....Relationship.....

Tel no:...../.....

2.Name:.....Relationship.....

Tel no:...../.....

3.Name:.....Relationship.....

Tel No,;...../.....

Are all immunisations up to date?.....

Please give full details of any special diet/health problems/allergies, inc.
sight/hearing/speech problems, or any concerns you have that you feel we
should know of:.....
.....

**I declare the above information to be correct and true.I give permission
for a G.P or ambulance to be called in an emergency. I give permission
for nursery staff to administer first aid in the event of any incident. I
also give permission for my child to be photographed or filmed while at
nursery, or on nursery outings, for nursery displays, or activities.**

Signed:

Parent/Guardian Name:

Date: