**Charlton Manor Nursery Form**

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| --- | --- |
| Child’s name: |  |
| Date of birth: |  |
| Gender: |  |
| Address: |  |

|  |  |
| --- | --- |
| Birth certificate seen: |  |
| Proof of address seen: |  |

|  |
| --- |
| Parent/Carer 1 |
| Full name: |  |
| Contact number: |  |
| Email address: |  |
| Relationship to child: |  |

|  |
| --- |
| Parent/Carer 2 |
| Full name: |  |
| Contact number: |  |
| Email address: |  |
| Relationship to child: |  |
| Address: (if different to child) |  |

|  |  |
| --- | --- |
| Who has parental responsibility for your child? |  |
| Who does your child live with? |  |

|  |  |
| --- | --- |
| Child’s country of birth: |  |
| Languages spoken by child: |  |
| Child’s ethnicity: |  |
| Mothers’ ethnicity:  |  |
| Language spoken: |  |
| Father’s ethnicity:  |  |
| Language spoken: |  |

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| --- |
| Emergency contacts |
| Name of contact: |  |
| Relationship to child: |  |
| Phone number: |  |
| Is this person/s allowed to collect your child if we are unable to contact you? |  |
|  |
| Name of contact: |  |
| Relationship to child: |  |
| Phone number: |  |
| Is this person/s allowed to collect your child if we are unable to contact you? |  |

|  |  |
| --- | --- |
| Previous nursery name: |  |
| Address: |  |

|  |  |
| --- | --- |
| GP name: |  |
| Address: |  |

|  |  |
| --- | --- |
| Medical |  |
| Allergy’s  |  |
| Medical conditions’ |  |

|  |  |
| --- | --- |
| Child’s religion |  |
| Religious/cultural dietary requirements |  |

Sign:

Please print your name:

Date:

**Child Development**

Is your child receiving support from any other outside agencies? (Speech and Language, Occupational therapy, ASD Outreach etc)

Are there any other needs your child has which the school need to know about to support your child?

Do you have any concerns about your child’s development?

Is your child toilet trained?

How well and how often does your child play with other children?

What can you tell us about how your child’s language is developing? Is their speech clear to understand? Can they ask for things clearly?

How does your child respond to new people/situations?

Is your child confident in using outside climbing equipment?

What does your child enjoy doing?

Is there any other information you would like to give us that would help your child to settle in?

Sign:

Please print your name:

Date: