



	<b>Entry Profile – Application Form</b>
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1. Name of child:

Male / Female: (please delete as necessary)

2. Name child will be known as:

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3. DOB:

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Date of admission:

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4. Address:


5. Phone No:

Home  
Mobile


5a Email Address

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6. Name(s) of Parent(s)/  
Carer(s)/Guardian(s)


Names of all children in the family in age order:

	Name	D.O.B		Name	D.O.B
1.			4.		
2.			5.		
3.			6.		



8. Position in family: 1 2 3 4 5 6 7 8

9. Race Ethnicity:

Child:	
Family:	

10. Language(s) understood by child:

Language(s) spoken by child:

Language(s) understood by family:

Language(s) spoken by family:


11. Religion:

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12. Parent's / Carer's / Guardian's place of work / study:

Telephone:


13. Name known by at work/college:


14. Person(s) authorised to take/collect the child (emergency contacts):

(1) Name:		(2) Name:	
Address:		Address:	



Telephone:		Telephone:	

**15. Persons not authorised to collect/have access to your child:**

(1) Name:		(2) Name:	
Context: e.g. injunction number			

**16. Previous care history and/or access to any programmes or facilities e.g. book start, toy library, one o'clock club:**

Name (and address if known) of provider:

**General Practitioner:**

Name:	
Clinic:	
Address:	
Telephone:	

**Health Visitor:**

Name:	
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Clinic:	
Address:	
Telephone:	

Immunisations (Please tick as appropriate):

	Date		Date
B.C.G (at birth)		Diphtheria	
Tetanus		Whooping cough	
Hib		Oral Polio Vaccine	
Men C		Measles, Mumps & Rubella	
Pre-School Booster			
Additional inoculations (please specify)			

19. Development checks (last check with HV/GP):

Age:	Date:
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20. Dental treatment:

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21. Any childhood illnesses?

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22. Any distinguishing marks e.g. birthmarks, scars, Mongolian Blue Spot etc?



**23.** Any important health considerations? Please give details and any special requirements.  
(Include possible use of asthma inhaler/epipen)

Any on-going medication?

Any allergies e.g. penicillin, plasters, anaesthetic, food allergies, wasp stings/insect bites?

**24.** Does the child require other aids/adaptations, cups/cutlery?      Yes ( ) No ( )

**25.** Does the child have Additional Educational Needs?      Yes ( ) No ( )



**26.** Does the child have any professional involvement e.g. portage, SALT, EIT team, SW?

**27. History:** Birth history / prematurity / time spent in hospital / separation / bereavement / important events

**28. Dietary requirements:**

**29. Toileting requirements:**

**30. Sleeping requirements:**



**31. Cultural/religious dress requirements:**

**32. Fears/Phobias:**

**33. Tell us about your child's development and what s/he and can do/what they enjoy playing with:**



Please tick discussed/given.

Discussed

Given

34.	Safeguarding information		
35.	Medication procedure		
36.	Accident procedure		
37.	Complaints procedure		
38.	After-hours procedures		
39.	Settling in process discussed and agreed		

40. I give permission for my child to be taken to hospital for treatment in the event of an emergency:

Signature:		Date:	
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I give permission for my child to be given medication as prescribed by my GP, dentist nurse or pharmacist and will provide written consent for each and every new medication to be given:

Signature:		Date:	
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I give permission for my child to be taken on local outings:

Signature:		Date:	
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I give permission for my child to have photographs / videos taken for the learning record:

Signature:		Date:	
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**41.** I give permission for my child to be transported by the childminder in the vehicle used for this purpose:

Signature:		Date:	
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Form completed by:

Provider signature:		Date:	
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Parent/carer signature:		Date:	
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**42. How did you hear about us?**

Internet (If so please state what site)	
Gosling Day Nursery Banner	
Flyer	
Word of mouth	
Other	

**43. Additional Comments**