

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

CHILD INFORMATION RECORD

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

Address _____

Email _____

Name of Mother _____

Telephone _____

Name of Father _____

Telephone _____

Ethnic origin _____

Primary Language Spoken at Home _____

Religion _____

Emergency contact _____

Relationship to child _____

Telephone _____

Other information about your child (health concerns, comfort blankets, special teddies):

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

MEDICAL RECORD CARD

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

Name of G.P _____

Telephone _____

IMMUNISATION RECORD

DUE	IMMUNISATION	DATE	DUE	IMMUNISATION	DATE
2mth	HIB		4mth	HIB	
2mth	DIPHTHERIA, TETANUS, WHOOPING COUGH		4mth	DIPHTHERIA, TETANUS, WHOOPING COUGH	
2mth	POLIO		4mth	POLIO	
3mth	HIB		13mt h	MMR	
3mth	DIPHTHERIA, TETANUS, WHOOPING COUGH		3-5yr	DIPHTHERIA, TETANUS	
3mth	POLIO		3-5yr	POLIO	

continued overleaf _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

MEDICAL RECORD CARD (continued)

Record of infectious diseases

- | | | | |
|--------------------------|----------------|-----------------|-------------------------|
| <input type="checkbox"/> | Whooping Cough | Dates | _____ |
| <input type="checkbox"/> | Mumps | Dates | _____ |
| <input type="checkbox"/> | Scarlet fever | Dates | _____ |
| <input type="checkbox"/> | Chicken Pox | Dates | _____ |
| <input type="checkbox"/> | Diphtheria | Dates | _____ |
| <input type="checkbox"/> | German Measles | Dates | _____ |
| <input type="checkbox"/> | Measles | Dates | _____ |
| <input type="checkbox"/> | Other | Please Specify: | _____

_____ |

Record of illness, operations, accidents, disabilities:

1. _____
2. _____
3. _____
4. _____
5. _____

Record of allergies, ongoing treatment, medication, special diet:

1. _____
2. _____
3. _____
4. _____
5. _____

- I warrant that to the best of my knowledge, the above is an accurate reflection of my child's medical history.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

CHILD COLLECTION FORM

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery or if you need to give permission for more than two people to collect your child from The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

I give permission for the following people to collect my child from The Barnes Village Nursery School:

1. Name of person collecting _____

Relationship to Child _____

Contact Number _____

2. Name of person collecting _____

Relationship to Child _____

Contact Number _____

- I agree to inform my Group Leader if somebody other than myself will be collecting my child (even the above named person(s) and I understand that if I fail to do so, my child will not be sent home until I can be reached and my consent received.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

PHOTOGRAPHIC / VIDEOGRAPHIC CONSENT FORM

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

- I agree to allow my child to be photographed by staff members on the premises of The Barnes Village Nursery / on outings organised by The Barnes Village Nursery throughout the school year for the purposes of records, evidence of activities and inspections. These photographs are only made available to parents and to OFSTED / EEYS professionals.
- I agree to allow my child to be photographed / video filmed by The Barnes Village Nursery's professional photographer during the Christmas and Summer Plays / Concerts and for the individual and group photographs, which are made available to parents.
- I agree to allow other Parents / Interested Parties to Film or Photograph my Child as he or she participates in Nursery events such as The Christmas Concert, Summer Play, Sports Day, etc., to which parents are invited.
- I agree not to publish any images I take at Nursery events on any social media or other website.
- I agree to allow my child to be photographed / video filmed for the purposes of promotional material of The Barnes Village Nursery, including, but not limited to Weekly Parent Newsletters, The Nursery's Website and Promotional Literature.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

OUTING CONSENT FORM

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

As we have a wonderful location here at The Barnes Village Nursery School, we have the unique opportunity to take the children for walks by the pond and in the surrounding area.

- I consent to Staff of The Barnes Village Nursery taking my child off school premises for outings during the school morning.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

EMERGENCY MEDICAL TREATMENT CONSENT FORM

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

- In the event of an emergency I give permission for a member of staff of The Barnes Village Nursery to take my child to hospital, and if necessary receive medical treatment.
- I give permission to a member of staff of The Barnes Village Nursery to administer prescribed medicines as requested.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

LEGAL ACCESS AND PARENTAL RESPONSIBILITY FORM

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

For the purpose of the *Early Years Foundation Stage Statutory Framework*, The Barnes Village Nursery must take necessary steps to safeguard and promote the welfare of children. It is a legal requirement that we have the following information:

Child's Name _____

Date of Birth _____

Who has legal access to the child?

Name/s	Signature/s
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Who has parental responsibility for the child?

Name/s	Signature/s
1. _____	1. _____
2. _____	2. _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

WORKING IN PARTNERSHIP WITH PARENTS FORM

To ensure your child gets the best quality and level of care, it helps to know if your child receives any additional education and care, in another setting, i.e. a registered childminder or any other registered nursery.

Child's Name _____

Date of Birth _____

My child does receive education and care in another setting.

If so, please give details below:

Days of week child attends _____

Times _____

Type of registered care _____

Name of registered carer _____

I agree to allow The Barnes Village Nursery to share relevant information with the above mentioned provider in order to ensure a stable and caring environment and the best level of care for my child.

My child does not receive education and care in another setting.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

LEAVING AGREEMENT

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

- I agree to advise one term in advance, in writing, of the departure of my child from The Barnes Village Nursery.
- In lieu of such notice, I agree to pay one term's fee.
- I agree to pay all term fees promptly, in advance - on or before the last day of the preceding term.
- I agree that all term fees are non-refundable.

Signature _____

Date _____

The Village Nursery School

By The Pond

3a Station Road - Barnes - London - SW13 0LP

Telephone: 020 8878 5111

Email: info@thebarnesvillagenursery.com

CONFIDENTIALITY AGREEMENT

Please complete this form and return it to your Group Leader. If you need to make any changes to the form throughout your child's time at The Nursery, please ask for a new form.

Child's Name _____

Date of Birth _____

Any information, (written or verbal) that is shared between you the parent/guardian and The Village Nursery is kept securely and is confidential.

If any information needs to be shared with other parties/agencies, in most cases written permission will be sought, however in some cases consent may not need to be sought, or in your refusal to give consent, it may be overridden.

Reasons for this can be found in our policy and procedure book, which is available for you to read at any point in your child's stay at nursery.

Please sign below in agreement of this statement.

- I agree to my email address being provided to my Class Representative in order to facilitate communication between parents.
- I would like to receive the weekly newsletters and other important information from The Barnes Village Nursery via email.

Signature _____

Date _____