



Busy as Bees Nursery and Pre-School  
56-58 Shepherd Street  
Northfleet  
Kent  
DA11 9PT  
M:07762104327  
T: 01474356115  
Ofsted Reg No: EY2755805

## Child's Details

**Child's Full Name:**..... **Gender:**.....

**Name to be known as:**.....

**Address**.....

.....

**Post Code**.....

**Date of Birth**.....

**Birth Certificate Seen**..... **Seen by, Staff Name**.....

**Interview Date**.....

**Sessions Offered**.....

**Deposit Taken**.....

**Start Date**.....

- Is your child used to leaving mum/dad?
- Is your child dry ? **Yes/No** – or in Trainer Pants?
- Does he/she usually ask to go to the toilet?.....
- Is he/she able to use the toilet?.....
- Any allergy to ASDA baby wipes?.....**Please note: You are required to supply your own baby Wipes**
- Does your child have any specific allergies/food intolerance?
- Is your child vegetarian?.....
- Can he/she drink semi-skimmed milk?.....If no – prefer water.....
- Can he/she drink from a cup?.....
- Have you put your child's name for a nursery place elsewhere?.....
- Would you like to volunteer help in any way?.....

## Parent Contact Details

**Child's Full Name:**..... **Date of Birth**.....

**Mother's Name**.....

Address.....  
.....  
.....

Home Tel. No:.....

Mobile:.....

Email

Address:.....

**Work/Daytime contact No:**.....

Employer name:.....

Occupation:.....

Job Title:.....

**Does this parent have Parental Responsibility?** **Yes/No**

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**Father's Name**.....

Address.....  
.....  
.....

Home Tel. No:.....

Mobile:.....

Email

Address:.....

**Work/Daytime contact No:**.....

Employer name:.....

Occupation:.....

Job Title:.....

**Does this parent have Parental Responsibility?** **Yes/No**

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***Name of Parent(s) child lives With:***.....

**CHILD'S MEDICAL DETAILS AND SPECIAL NEEDS**

- **Your Child's NHS Number:**
  - Has your child seen the Health Visitor or had their 2yr old Check done?
  - Has your child had a Hearing Test?.....**Date**.....
  - Is your child's Immunisation up to Date?.....
  - **Have Staff Seen the Red Immunisation Book?**.....**Staff Name**.....
  - Is your child on any regular medication?.....
  - Give the Name of this medication.....
  - Does your child have any Known Allergies.....
  - If 'Yes' what are these allergies?.....
  - How are the allergies treated (e.g. medicines, epi-pen etc)?.....
  - Does your child have any Special Dietary Needs.....
  - Does your child need any special care.....
  - Do you have any Other Agencies involved with the Family e.g. Health Visitor, Social Services, Early Help, etc?.....
  - Please give us the names of the Agencies involved?  
Name of Person you are in contact with.....  
Name of the Agency.....
  - Has a 2 year old check been done by your Health Visitor? **Yes/No**  
**If No**, please state  
reason:.....
- 

**Name of Parent with whom child does not live With**

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**Does this parent have Parental Responsibility?**    Yes/No

Address:.....  
.....  
.....

Tel. No:.....

Mobile:.....

**Does this Parent have Legal Access to the child?**    Yes/No

**PASSWORD:**

**Emergency Contact Details**

1. Name:

Address:

Telephone number: