



# Child Record Form

## Crèche

Play Service

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>Mother/guardian or Carer's name</b>		<b>Father/guardian or carer's name</b>	
<b>Address</b>		<b>Address</b>	
<b>Contact number</b>		<b>Contact number</b>	

(Parent/guardian/carer's details)

### Emergency contact

Please name one other person who may be contacted in the event of an emergency  
(If parent/Guardian/Carer is not contactable)

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/guardian/carer's Signature: \_\_\_\_\_

Parent/guardian/carer's Signature: \_\_\_\_\_

To help your child settle with us, please complete as fully as possible.

What does your child like to eat and drink?

Does your child need a nap/sleep?

Are there any likes or dislikes your child has?

What language does your child speak?

Does your child have any special needs?

**Emergency Procedure:**

If your child requires urgent medical attention and it is not possible to contact you, do you agree to the crèche manager taking your child to the hospital or calling the emergency services?

Yes / No (please circle)

Signature of parent/guardian/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Whilst every effort has been made to ensure the accuracy of the information provided, The Childcare Development Officer cannot accept responsibility or liability for any errors, which may have occurred. This has been created as a **Sample only**. Providers must write their own specific to their setting.