**Contact Information**

| Question | Answer | Comment (Please use as appropriate) |
| --- | --- | --- |
| Name of Child |  |  |
| Child’s Date of Birth |  |  |
| Birth Gender of Child |  |  |
| Address of Child |  |  |
| Name of Primary Carer |  |  |
| Contact Number(s) for Primary Carer |  |  |
| Email Address of Primary Carer(s) |  |  |
| Name of Secondary Carer |  |  |
| Contact Number(s) for Secondary Carer |  |  |
| Name(s) of Additional Adults that may collect your child |  |  |
| Password for collection |  | \*Please agree on a password and share with only those who will be collecting your child. Without the password, we will not release the child from our care. |
| Child’s Doctor Name/Address |  |  |
| Social Service Contact details  |  |  |
| Any Known Allergies for Child? |  |  |

**For Funding Applications (funding cannot be instigated without this information):**

|  |  |
| --- | --- |
| Full Name |  |
| Occupation |  |
| Date of Birth |  |
| NI Number |  |

I ………………………………………………………………….. agree that the information provided above is the most up to date and relevant for the named child. I agree that the information above will be saved and used in relation to the name child. I understand that it is my responsibility to ensure that Chislet & District Pre-School have the most up to date contact information and will ensure that if any numbers/addresses/email addresses are changed, that Chislet & District Pre-School will be updated immediately.

Signed:…………………………………………………………………….

Date: ………………………………………………………………………