

CHILD RECORD FORM

To be completed and Signed by the parent, guardian/carer and given to the childminder.

Please read notes for guidance on the inside front cover of this pad.

Child's name _____ Date of birth _____ / _____ / _____

Home address _____

_____ Postcode: _____ Telephone number _____

DETAILS OF PARENTS/GUARDIANS/CARERS

Parent's/Guardian's/Carer's Name _____

Address (if different from above) _____

Place of work _____ Work number _____

_____ Postcode: _____ Mobile _____

Parent's/Guardian's/Carer's Name _____

Address (if different from above) _____

Place of work _____ Work number _____ Mobile _____

Emergency contact (other than parent/guardian/carer) _____

Name of person who usually collects the child _____

Other person(s) who may collect the child _____ Password _____

Other person(s) who may collect the child _____ Password _____

EMAIL for BABY'S DAY'S: _____

& PASSWORD: _____

CHILD'S DOCTOR

Name Address _____

_____ Telephone Number _____

Immunisations/Vaccinations Has the child been fully immunised against:

Diphtheria Whooping Cough Tetanus Polio Measles Mumps Rubella Hib Meningitis

Health clinic _____ Health visitor Name _____

Address _____

Allergies/ Special diet/ Health problems/ Childhood illnesses _____

Language spoken at home _____ child's religion/culture _____

Anything else your childminder should know about your child e.g. likes dislikes, fears, comfort items, special words

Parents should notify the childminder of any changes to these details immediately. Details of any accidents that occur while the child is in the care of the childminder should be recorded in the Accident Incident and Medication Record Book/Folder and signed by the parent/guardian/carer.

Debbie Little Angels
Registered Childminding
Services

Parent/Guardian/Carer
Signature

Date