



## Marshmallows Nursery New Starter Form

Surname..... Forename.....

Middle name(s) ..... Chosen Name.....

Date of Birth..... Gender.....

Address.....

..... Post Code.....

Main email address.....

Who has Parental responsibility for your child? .....

### Medical Information

Name of Doctor.....

Address of Surgery.....

Contact No.....

Medical Conditions/Allergies.....

Please give details i.e. medication/signs/symptoms.....

.....

Name of Dentist.....

Are Social workers involved with your family? Yes or No

Please circle any agencies that are involved with your family.

Health Visitor    Speech and Language    Physio    Paediatrician    Early Help

### Educational History

Previous Nursery/Setting.....

Date of arrival.....                      Date of leaving.....

### Dinner Arrangements

School Lunch                      Packed Lunch from home

Dietary requirements.....  .....

Ethnicity                                       .....

Ethnic Origin.....                      Home Language.....

Religion.....

Signature..... Parent/Carer

Print..... (Mr. Mrs. Miss. Ms.)



## Emergency Contacts

Please give details of all the persons who have legal responsibility for this child and anyone else who could be contacted should an emergency arise when you are unavailable. Contacts should be shown as Parent, Grandparent, Aunt etc.

Please choose a password to write below in case someone collects whom the Nursery Team do not know.

### Contacts in priority order

1. Name.....  
Address.....  
..... Post Code.....  
Mobile.....  
Home Contact..... Work Contact.....  
Relation to the child.....  
Email Address.....

2. Name.....  
Address.....  
..... Post Code.....  
Mobile.....  
Home Contact..... Work Contact.....  
Relation to the child.....

3. Name.....  
Address.....  
..... Post Code.....  
Mobile.....  
Home Contact..... Work Contact.....  
Relation to the child.....

Password.....