



NETWORKING KEY SERVICES LTD (NKS) CHILDCARE FACILITY ADMISSION FORM

Darroch Annexe | 7 Gillespie Street | Edinburgh | EH3 9NH | Tel: 0131 221 1915/
0131 659 7837 | Email: nks@nkshealth.co.uk | Website: www.nkshealth.co.uk

We need the following information for our records. Please use block letters. Thank you.

I would like to register my child for the NKS Nursery and /or NKS After School/Homework Club (please tick)

Child's full name: Date of birth:

Address:

..... Tel No:

Name of parent: Email address: Phone No:.....

Name of parent: Email address: Phone No:.....

Name of carer: Email address: Phone No:.....

Please give details of your child's ethnic background

Please could you tell us your child's first spoken language and any other languages spoken at home

Does your child have any special dietary needs due to religion or allergies etc?

Does your child have any special needs we should know about?

Any other relevant information about your child:

Please tell us of any circumstances that would help us to help your child e.g. a recent move or loss of a close relative:
..... (THIS WILL BE KEPT CONFIDENTIAL.)

Days/sessions child will be attending the NKS Nursery: (please tick which sessions you would like)

Monday -	Morning.....	Afternoon.....	full day.....	Tuesday -	Morning.....	Afternoon.....	full day.....
Wednesday -	Morning.....	Afternoon.....	full day.....	Thursday -	Morning.....	Afternoon.....	full day.....
Friday -	Morning.....	Afternoon.....	full day.....				

NKS ASHC: Currently this runs on..... from..... pm to pm

I have received the guidelines and polices: YES NO (please circle)

Parent/Guardian Signature: Date:.....

Staff Signature: Date:.....

EMERGENCY INFORMATION

Name of Family Doctor: Tel No:

Address:.....

Place of work of parent(s) if regular always from home during nursery/After School/Homework Club times:

Name of parent: Email address: Phone No:.....

Name of parent: Email address: Phone No:.....

If you cannot be contacted, is there a neighbour or relative whom we could contact in an emergency?

Name: Tel No:

Name: Tel No:

Please give details of your child's immunisation record:

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Is there any medical detail which would be in your child's interest for the childcare facility to know e.g. allergies, regular medication? **You need not disclose anything which you wish kept confidential.**

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CONSENT FOR PHOTOS & VIDEOS

I DO/DO NOT (please delete as appropriate) GIVE MY CONSENT FOR MY CHILD'S PHOTOS/VIDEOS TO BE TAKEN FOR RECORDING OBSERVATIONS AND FOR PRINTED AND ONLINE PUBLICITY.

Signature: Date:

MEDICAL CONSENT

I DO/DO NOT (please delete as appropriate) GIVE MY CONSENT FOR EMERGENCY MEDICAL ASSISTANCE TO BE SOUGHT FOR MY CHILD IF I CANNOT BE CONTACTED.

Signature: Date:

EXCURSION CONSENT

I DO/DO NOT (please delete as appropriate) GIVE MY CONSENT FOR REGULAR TRIPS TO THE LOCAL AREA (eg., LIBRARY, PARKS, SHOPS).

Signature: Date: