

# Children's Data Form

## Primary Contact Details

Parent/Carer Title Mr / Mrs / Ms / Miss / Dr First Name

(Delete as appropriate)

Surname  Relationship To Child

Address   
Postcode:

Home Tel No  Work Tel No

Mobile No  E-mail

Security Password

Bill Payer?  Parental Responsibility?

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## Child Details

First Name  Date of Birth  /  /

Middle Name  Age  Years  Months

Surname  Birth Cert. No.

Known Name  Passport No.

Health No.

## Doctor Details

Doctor's Name  Surgery Name

Address   
Postcode:

Tel No

## Other Contacts

Name :

Address :

Home Tel No:

Work Tel No:

Email:

Relationship to Child:

Security Password:

Emergency  
Contact?

Bill  
Payer?

Parental  
Responsibility?

Authorised  
Pick-Up?

Name :

Address :

Home Tel No:

Work Tel No:

Email:

Relationship to Child:

Security Password:

Emergency  
Contact?

Bill  
Payer?

Parental  
Responsibility?

Authorised  
Pick-Up?

Name :

Address :

Home Tel No:

Work Tel No:

Email:

Relationship to Child:

Security Password:

Emergency  
Contact?

Bill  
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Parental  
Responsibility?

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Pick-Up?

Name :

Address :

Home Tel No:

Work Tel No:

Email:

Relationship to Child:

Security Password:

Emergency  
Contact?

Bill  
Payer?

Parental  
Responsibility?

Authorised  
Pick-Up?

## Personal Details

Please tick all relevant boxes which are applicable to your child.

### Hair Colour:

- Black
- Blonde
- Dark Brown
- Light Brown
- Red

### Eye Colour:

- Blue
- Brown
- Green
- Hazel

### Nationality:

- African
- American
- Australian
- Brazilian
- British
- Canadian
- Chinese
- Dual Nationality
- Dutch
- French
- German
- Indian
- Irish
- Japanese
- Polish
- Portuguese
- Spanish

### Language :

- Chinese
- Creole
- Creole / English
- Dutch
- English
- Esperanto
- French
- German
- Greek
- Italian
- Japanese
- Polish
- Portuguese
- Somali
- Spanish

### Religion:

- Baptist
- Buddhist
- Catholic
- Christian

### Ethnicity:

- Asian Bangladeshi
- Asian Indian
- Asian Other
- Asian Pakistani

- |   |  |
|---|--|
| <input type="checkbox"/> Church Of England  | <input type="checkbox"/> Black African                   |
| <input type="checkbox"/> Church Of Scotland | <input type="checkbox"/> Black African Other             |
| <input type="checkbox"/> Hindu              | <input type="checkbox"/> Black African Somali            |
| <input type="checkbox"/> Islam              | <input type="checkbox"/> Black Caribbean                 |
| <input type="checkbox"/> Jehovah Witness    | <input type="checkbox"/> Black Other                     |
| <input type="checkbox"/> Jewish             | <input type="checkbox"/> Chinese                         |
| <input type="checkbox"/> Methodist          | <input type="checkbox"/> Declined                        |
| <input type="checkbox"/> Muslim             | <input type="checkbox"/> Greek Or Greek Cypriot          |
| <input type="checkbox"/> None               | <input type="checkbox"/> Gypsy/Roma                      |
| <input type="checkbox"/> Shinto             | <input type="checkbox"/> Irish                           |
| <input type="checkbox"/> Sikh               | <input type="checkbox"/> Mixed Other                     |
|   | <input type="checkbox"/> Mixed White And Asian           |
|   | <input type="checkbox"/> Mixed White And Black African   |
|   | <input type="checkbox"/> Mixed White And Black Caribbean |
|   | <input type="checkbox"/> Not Obtained                    |
|   | <input type="checkbox"/> Other                           |
|   | <input type="checkbox"/> Unknown                         |
|   | <input type="checkbox"/> White British                   |
|   | <input type="checkbox"/> White European                  |
|   | <input type="checkbox"/> White Other                     |

# Other Details

Please tick all relevant boxes which are applicable to your child.

**Medical:**

- Asthma
- Cleft Lip
- Cleft Lip, Special Drink Container
- Diabetes
- Diptheria
- Downs Syndrome
- Eczema
- Eye Problems, Long/Short Sighted
- Febrile Convulsions
- Grommets
- Hernia In Testicles
- Pyloric Stenosis
- Refer To Registration
- Sensitive Skin
- Slight Speech Problems
- Tetanus

**Allergies:**

- Bananas
- Beef
- Butter
- Cotton Wool
- Cows Milk
- Eggs
- Fish
- Lactose
- Lamb
- Nuts
- Oranges
- Penicillin
- Pollen
- Pork
- Soap Powder
- Soya
- Strawberries
- Sugar
- Vegan
- Wheat

**Permissions:**

- Administer Calpol
- Baby Bath
- Emergency Medical Attention
- 
- Hairwash
- Medication
- Nail Cut
- Nappy Cream
- Outings
- Photos
- Sudocreme
- Sun Cream
- Facebook
- Web Site

**Had**

**Immunise**

- Chicken Pox
- Diptheria
- Hayfever
- HIB
- Measles
- Meningitus C
- Mumps
- Polio
- Rubella
- Scarlet Fever
- Tetanus
- Whooping Cough

**Illnesses:**

**Dietary:**

- Halal Only
- Lactose Intolerant
- No Bananas
- No Butter
- No Cows Milk
- No Dairy Products
- No Eggs
- No Fish
- No Lamb
- No Nuts
- No Oranges
- No Pork
- No Soya
- No Strawberries
- No Sugar
- No Wheat
- Vegan
- Vegetarian

I/We request the following sessions (please also provide details of required start date)

**Terms & Conditions**

1. Bills for nursery care and before and after school are due for payment by the 1<sup>st</sup> of each month, in advance by standing order only or BACS transfer. We no longer accept cash or cheques.  
Bills for the holiday club are due before children attend the holiday club.
2. With the exception of the first and last month where actual fees will be charged, monthly fees are calculated at the weekly charge multiplied by 4.25 – This equates to 51 weeks divided by 12 which will enable you to pay via standing order.
3. Additional sessions will be added to the following month's bill.
4. Please note that due to additional staffing costs, late child collections will be charged at £10.00 per 1/4 hour.
5. No swap sessions are allowed as are no deductions made for any absenteeism, i.e. holidays sickness etc.
6. All meals, snacks and nappies are included (except for holiday club)
7. In the interest of Health & Safety parents are to provide baby formula and bottles.
8. On leaving one calendar month's notice in writing is required; failure to give the required notice will incur the full month's fees.
9. If you wish to increase or decrease your child's sessions one calendar months' notice is required in writing.
10. Additional sessions are to be requested in writing to [hello@steppingstonesmontessori.co.uk](mailto:hello@steppingstonesmontessori.co.uk)
11. Fees are based on the child's age and will change the month after the child's birthday.
12. Late payments will incur an interest charge of 2% or an administration fee of £20 (whichever is the higher).

I/We agree that this information is up to date and accurate and accept that it is my responsibility to inform the nursery immediately of any changes to this information.

I/We agree to the terms and conditions of Stepping Stones Montessori Childcare Limited.

I/We understand that fees are due in advance by Standing Order. We do not accept cheques or cash.

I/We agree to pay £100 refundable deposit and £25 registration fee.

The bank details are:

Account Name: Stepping Stones Montessori

Sort code: 60-24-77

Account number: 19042566

Signature

Date

Print Name