



Westfield Nursery

Child Information Record

Child's First Name: _____

Child's Surname: _____

Child to be known as: _____

Date of Birth: _____

Address: _____

Home telephone number: _____

Legal status of the child (who has custody): _____

Is the family involved with social services (if so please give details on back of this form): Yes No

Please provide at least three people who we can contact in an emergency (including parents/main carers)

	Contact 1	Contact 2	Contact 3
Name			
Place of work			
Day time telephone			
Email address			
Relationship to child			

I consent for my child to be collected by the above people. In addition, I would like to add to those who can collect them:

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

If on any occasion a person other than those named above is collecting my child/ren I will inform the nursery in writing.

Print name: _____ Signed: _____ Date: _____