

Once Upon A Time Nursery
 56 Railway Terrace
 Llanelli
 Carmarthen
 SA15 2RH



Website
www.llanellinursery.co.uk

Phone
 01554 785 173

Email
enquiries@llanellinursery.co.uk

Care Sheet

| | |
|---|---------------|
| Child's details | |
| First name | Surname |
| Also known as | Date of birth |
| Address | |
| | Postcode |
| Name(s) of parent(s)/carer(s) | |
| Home Telephone | |
| Emergency contact details | |
| Parent 1 - Work/daytime contact number | |
| Mobile | |
| Parent 2 - Work/daytime contact number | |
| Mobile | |
| Emergency contact when parent is unavailable | |
| Name | |
| Relationship to child | |
| Telephone & Mobile | |
| Name | |
| Relationship to child | |
| Telephone & Mobile | |
| Persons authorised to collect the child | |
| Name | |
| Relationship to child | |
| Telephone or Mobile | |
| Name | |
| Relationship to child | |
| Telephone or Mobile | |

| | |
|---|--|
| PERSONAL DETAILS OF CHILD | |
| Any special dietary needs or preferences? | |
| Since birth has your child ever been hospitalised? | |
| Does your child have any health / medical needs or preferences? | |
| How would you describe your child's ethnicity or cultural background? | |
| Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting? | |
| What language(s) is/are spoken at home | |
| If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? | |
| If so, discuss and agree with the key person how you will support your child when settling in | |
| Does your child have any specific needs or disability? | |
| What special support will he/she require in our setting? | |
| What other information is it important for us to know about your child? For example, imminent house move, change in family circumstances, hospital spells, long term illness, what they like, or what fears they may have, any special words they use, or what comforter they may need and when. All information is held in strictest confidence as per our policy. | |

| | |
|--|--|
| PERSONAL DETAILS OF CHILD | |
| Names of professionals involved with child | |
| Name 1 Role | |
| Agency Telephone | |
| Name 2 Role | |
| Agency Telephone | |
| Name 3 Role | |
| Agency Telephone | |
| Doctor's surgery name:- | |
| Doctor's name and telephone | |
| Health visitor's name | |
| Telephone | |
| Does your family have a social care worker for any reason? | |
| Name Based at: Telephone What is the reason for the involvement of social care department with your family? | |
| Names of brothers and sisters and their ages | |
| 1st sibling 2nd sibling 3rd sibling 4th sibling | |
| Any pets or particular friends of your child's | |
| Other groups attended by your child [It is our statutory obligation to share information about your child with other settings] | |

Please tell us any other information about your child and his/her development that you think would be useful

Signed _____ Dated _____
parent/guardian

Signed _____ Dated _____
On behalf of Once Upon A Time Day Nursery

Date for review in six months _____