



Mrs Ann Sheppard FD, ADCE and Mr David Sheppard PgDip, CITP, MBCS, EYP

Jadela House, 9 Peak Lane, Fareham, Hampshire, PO14 1RP

Ofsted Registration Number: Ann 151014 - David EY380154

Phone: 01329 286870, 07976 186415, 07976 186464

Email: jj@jadelajuniors.co.uk, dave@jadelajuniors.co.uk; ann@jadelajuniors.co.uk

www.jadelajuniors.co.uk

Jadela Juniors Record of Information

ROI form last updated 27/09/2016 09:32

Your Child's Details

Full Name (as shown on birth certificate)

Also Known As (Nick Name) if applicable

Date of Birth

Home Address

Addr / Post Code

Your Child's Siblings (if applicable)

Name(s) / DOB(s)

(Date of Birth)

.....

.....

Your Child's Doctor

Name

Address (medical practice)

Addr / Post Code

Phone

Your Child's Health Visitor (only if applicable)

Name

Address (medical practice)

Addr / Post Code

Phone

Child's Parents / Legal Guardians

We will always contact the names listed below first in an emergency.

Email addresses are used to send Diaries, Invoices, Setting Policies, Notifications etc.

Mother's Details

(Primary Emergency Contact)

Drop off / Collect Your Child From Us - YES / NO?

Mother's Full Name

Your Child Calls You (e.g. mummy, mum)

Parental Status (e.g. Parent / Guardian)

Address (only if different from Child's home)

Addr / Post Code

Email Address

Home Phone

Mobile

Place of Work

Place of Work Address

Place of Work Post Code

Work Phone

Work Email

Father's Details

(Primary Emergency Contact)

Drop off / Collect Your Child From Us- YES / NO?

Father's Full Name

Your Child Calls You (e.g. daddy, dad)

Parental Status (e.g. Parent / Guardian)

Address (only if different from Child's home)

Addr / Post Code

Email Address

Home Phone

Mobile

Place of Work

Place of Work Address

Place of Work Post Code

Work Phone

Work Email

Other Emergency Contacts

We will attempt to contact the people below, if we cannot contact you first, in an emergency.

You can add as many people as you wish e.g. Grandparents, adult siblings, other adult relatives.

The address is useful as it allows us to judge who would be nearest to us if we had to contact them.

Any Other Adult Who May Collect /Drop Off Your Child (is also an emergency contact)

Full Name

Relationship to Child (e.g. Granny/friend)

Address (only if different from Child's home)

Addr / Post Code

Phone

Mobile

Any Other Adult Who May Collect /Drop Off Your Child (is also an emergency contact)

Full Name

Relationship to Child (e.g. Uncle/Neighbour)

Address (if different from Child's home)

Addr / Post Code

Phone

Mobile

Any Other Adult Who May Collect /Drop Off Your Child (is also an emergency contact)

Full Name

Relationship to Child (e.g. Uncle/Neighbour)

Address (if different from Child's home)

Addr / Post Code

Phone

Mobile

Any Other Adult Who May Collect /Drop Off Your Child (is also an emergency contact)

Full Name

Relationship to Child (e.g. Uncle/Neighbour)

Address (if different from Child's home)

Addr / Post Code

Phone

Mobile

Your Child's Medical Details

In an emergency situation, do you authorize us to take your Child to:

- The doctor? YES / NO
 - If NO what action should we take?.....
- The medical practice? YES / NO
 - If NO what action should we take?.....
- The hospital? YES / NO
 - If NO what action should we take?.....

Has your doctor prescribed your Child:

- An anaphylaxis auto-injector? YES / NO
 - If YES – state which type
 - If YES – do you authorize us to administer it? YES/NO
- An asthma inhaler? YES / NO
 - If YES – state which type
 - If YES – do you authorize us to administer it? YES/NO

Do you authorize us to administer to your Child a doctor/manufacturers recommended dose of:

- Prescribed Medications? (e.g. Anti-biotics) YES / NO
- Non Prescribed Medications? (e.g. Calpol) YES / NO
- Sun cream? YES / NO

Your Child's Health Issues

Please list any other health problems

.....

.....

.....

Please list any Infectious diseases your Child has already contracted (e.g. chickenpox)

.....

.....

.....

Your Child's special dietary needs are

.....

Your Child's Allergies

Is your Child allergic to any of the following allergens?

	Tick as appropriate		Tick as appropriate
NONE – NO ALLERGIES		Nuts	
Celery		Peanuts	
Gluten		Sesame seeds	
Crustaceans		Soya	
Eggs		Sulphur dioxide (sulphites)	
Fish		Wheat	
Lupin		Oats	
Milk		Rye	
Molluscs		Barley	
Mustard		Any others please specify	

Your Child's Immunisations/Vaccinations

	Tick as appropriate		Tick as appropriate
Diphtheria		HIB Meningitis	
Whooping Cough		Flu	
Tetanus		Rotavirus	
Polio		Meningococcal B	
Measles		Meningococcal C	
Mumps		Any others please specify	
Rubella			

Your Child's Likes and Dislikes

Your Child's favourite food is

Your Child has tried but does not like to eat

Your Child is a bit afraid of (e.g. spiders, heights)

Language(s) Spoken at Home

Is English your primary language spoken at home? YES / NO?

If not English – please state language

Child's Photographs

Do you authorize us to:

- Take photographs of your Child? YES / NO?
 - If YES - You must also agree to our Safeguarding Photographic Policy (see separate policy pack for details) which states that you must not share or post any image containing any other person on any social media. These images are shared with you for the purpose of demonstrating social interactions with your Child and others.
 - All images containing your Child alone, we grant you permission to share wherever or with whomever you choose.
 - Please note ALL images taken by Jadela Juniors remain the copyright of Jadela Juniors.
- Upload images of your Child to our website? YES / NO?

We only post images of Children with the parent's permission. If you do not want to have your Child's images on our website, we fully respect that choice.

Our Setting

IMPORTANT - Please note, if you answer NO to any of the questions, in this sub-section 'Our Setting,' we would not be able to accommodate your Child, as these are activities that are deemed integral to our Childcare provision and you would need to seek a different setting to meet your requirements and the needs of your Child.

Do you authorize your Child to:

- use our outdoor play equipment? yes / no?
- engage in messy/creative play? yes / no?
- use our computers / ipads? yes / no?
- visit local play parks and equipment? yes / no?
- travel in our vehicle(s) on outings? yes / no?
- be secured in an age/size/weight appropriate car seat? yes / no?
- occasionally travel by public transport? yes / no?
- occasionally travel by taxi? yes / no?
- occasionally travel by Gosport ferry? yes / no?

Your Child's Interests

Your Child is really interested in

Your Child's favourite toy is

Your Child's favourite music is

Security Password

To ensure no-one unknown to us (other than those already listed) can ever collect your Child from us, we require you to provide a security password that only you and we know.

If a stranger arrives at our door, who is authorized by you to collect your Child in an emergency, we require you to have provided them with the password.

No Child can be collected from our setting without your express permission and the password provided.

Password – please state

Additional Information for Babies & Toddlers ONLY

The questions on this page are relevant only to babies and toddlers.

Your Child likes to be fed at...(Times)

Please state the times of day for meals...

Your Child's feeding developmental stage is

Please state the developmental feeding stage like bottle, starting weaning, fully weaned...

Your Child is used to being fed whilst

Please state how your Child is fed like in your arms, swaddled, sitting in a high chair, at the table...

Your Child's sleep routine is

Please state the times your Child sleeps like morning and afternoon nap, 2 hours after lunch, only at night...

Your Child's toileting stage is

Please state your Child's toileting stage like in nappies, potty training, nappy at night, fully clean and dry...

Your Child's physical development stage is

Please state your Child's physical development stage like sitting unaided, crawling, cruising, walking...

Your Child's favourite cuddly/comfort item is

Your child's favourite music is

Can your child say any words (please give examples)

Anything Else? (Please add anything else you feel we should know.)

Thank you for completing our Record of Information.

Please note, we are very happy for this Record of Information to be completed and returned electronically e.g. in MS Word / Adobe PDF format and then emailed to us as an attachment. You DO NOT have to print it.

However, we will require you to sign a physically printed copy to meet the Safeguarding requirements of OFSTED for our records. We will happily supply a printed copy, of your attachment, when you return an electronic version to us.

Date Completed.

Signature.