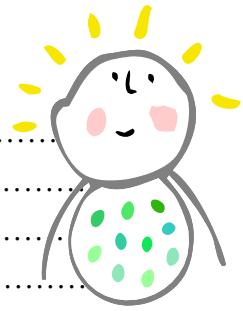


JUMPING JACKS CHILDCARE



CHILD RECORD FORM

CHILD'S NAME
DATE OF BIRTH.....
HOME ADDRESS.....
..... TELEPHONE NUMBER.....

DETAILS OF PARENT/GUARDIANS/CARERS

PARENTS/GUARDIAN'S/CARER'S NAME.....
PLACE OF WORK.....
TELEPHONE NUMBER.....
PARENTS/GUARDIANS/CARER'S NAME.....
PLACE OF WORK.....
TELEPHONE NUMBER.....
EMERGENCY CONTACT (OTHER THAN
PARENT/GUARDIAN/CARER).....
.....
.....

NAME OF PERSON WHO WILL USUALLY COLLECT CHILD.....
OTHER PERSON(S) WHO MAY COLLECT CHILD.....

CHILD'S DOCTOR

NAME AND ADDRESS.....
..... TELEPHONE NUMBER.....

IMMUNISATIONS/VACCINATIONS HAS THE CHILD BEEN FULLY IMMUNISED AGAINST:

Diphtheria Whooping Cough Tetanus Polio Measles Mumps Rubella Hib Meningitis
HEALTH CLINIC.....
HEALTH VISITOR.....
ALLERGIES/ SPECIAL DIET/ HEALTH PROBLEMS/CHILDHOOD ILLNESSES.....
.....
.....

LANGUAGE SPOKEN AT HOME.....

ANY OTHER INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD e.g. fears, dislikes,
comfort items, special words etc.....
.....
.....
.....

PARENT/GUARDIAN/CARER

SIGNATURE: DATE:

SPECIAL NOTES