

# Pilates & Healing Creche

## Child Information

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Child's relevant information:

**medical conditions** \_\_\_\_\_

**allergies** \_\_\_\_\_

**medications** \_\_\_\_\_

Is your child toilet trained? Yes / No

Does your child have a tendency to bite hit hide ?

In what way does your child like to be comforted? \_\_\_\_\_

Is there anything else we need to know about your child's behaviour or health? \_\_\_\_\_

I ..... am the parent/guardian of ..... and understand that I cannot leave the premises whilst he/she is in the care of Anne Neal at the Pilates & Healing Creche. I understand that I have to sign my child in and out of the creche services. I understand that I have provided any food, nappies at the time that he/she has been dropped off and that Anne Neal has the authority to change their nappies and feed them any food and drink that I have provided. I have any medications the child may need and will administer them if I deem necessary. I understand that this authority applies for 6 months from the first time that I have placed my child in the crèche, and it is my responsibility to notify you of any changes to my child's health conditions.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_