



**Chalkwood House**  
NURSERY SCHOOL

**ALL ABOUT YOUR CHILD HEALTH AND DEVELOPMENTAL**

Childs full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Has your child attended daycare before? YES  NO

Other children in the family number: \_\_\_\_\_ ages: \_\_\_\_\_

Are all immunisations up to date? YES  NO

Does your child have any physical / emotional / phscological concerns? YES  NO

Has your child suffered /or presently suffering from any illness/condition? YES  NO   
IF YES PLEASE EXPLAIN:

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Does your child take any medication on a regular basis? YES  NO   
IF YES PLEASE EXPLAIN:

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Are there any hearing or vision problems? YES  NO   
IF YES PLEASE EXPLAIN:

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Does your child have any known allergies? YES  NO   
IF YES EXPLAIN HOW IT IS DEALT WITH:

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Has your child ever been referred to a therapist or specialist? YES  NO   
IF YES PLEASE EXPLAIN:

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Are there any foods that should not be served to your child?  
IF YES LIST THE FOOD AND THE REASON:

YES  NO

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Does your child eat independently?

YES  NO

Does your child take naps, if so how long does your child usually nap for?

YES  NO

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Is your child toilet trained?

YES  NO

How do you reward / discipline your child?

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Is there anything else of importance that we should know about your child?

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What are your hopes and dreams for your child?

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First Parent/Puardian

Sign \_\_\_\_\_ Date \_\_\_\_\_

Second Parent/Guardian

Sign \_\_\_\_\_ Date \_\_\_\_\_

*NB: REQUIRED ON REGISTRATION: COPY OF IMMUNISATION RECORDS, BIRTH CERTIFICATE, LIST OF IMPORTANT CONTACT NUMBERS [DOCTOR, DENTIST AND ALTERNATIVE EMERGENCY CONTACT PERSON]*

**IN THE EVENT THAT YOUR CHILD HAS ANY ALLERGIES OR MEDICAL CONDITIONS WE CANNOT AND DO NOT GUARANTEE THAT WE WILL BE ABLE TO MAKE PROVISION FOR YOUR CHILD'S SPECIAL NEEDS. YOU AGREE THAT OUR DUTY OF CARE AS PROVIDED FOR IN THE CONTRACT, SHALL NOT BE ALTERED IN ANY WAY, DUE TO YOUR CHILD'S MEDICAL CONDITIONS OR ALLERGIES (IF ANY). THE SOLE PURPOSE OF RECORDING MEDICAL CONDITIONS AND ALLERGIES IS THEREFORE SOLELY TO ENSURE THAT WE ARE AWARE OF IT.**

**SHOULD YOU NOT MAKE A FULL AND ACCURATE DISCLOSURE OF ANY MEDICAL CONDITION / ALLERGY THAT YOUR CHILD HAS, WE RESERVE THE RIGHT TO SUMMARILY CANCEL THE AGREEMENT SHOULD ANY INFORMATION COME TO LIGHT AFTER ENROLMENT WHICH WE BELIEVE EXPOSES US TO RISK AND WHICH SHOULD HAVE BEEN DISCLOSED ABOVE, AND WHICH COULD HAVE RESULTED THEREIN THAT WE MAY HAVE REFUSED TO ACCEPT YOUR CHILD. YOU WILL THEN FORFEIT ANY AND ALL PAYMENTS MADE IN TERMS OF THE CONTRACT.**

We, the legal guardians of \_\_\_\_\_ hereby accept the above terms

Sign.....

Sign .....