**Isleham Preschool’s Contact update form** – please complete the relevant section and return with the signatory page.

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |  | Surname |  |
| Name known by |  |
| Child’s full address |  |
|  |
| Gender |  | Date of birth |  | Birth certificate seen and copy made Yes □ No □ |
| **Family details** |
| Who does the child live with? |  |
| *Contact details 1 (including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Email |  |
| Home address |  |
| Work address |  |
| Does this parent have parental responsibility for the child? Yes □ No □ |
| Parent NI number |  | (for funding purposes only) |
| *Contact details 2 (including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Email |  |
| Home address |  |
| Work address |  |
| Does this parent have parental responsibility for the child? Yes □ No □ |
| Parent NI number |  | (for funding purposes only) |
| *Contact details 3 (including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Email |  |
| Home address |  |
| Work address |  |
| Does this parent have parental responsibility for the child? Yes □ No □ |
| Parent NI number |  | (for funding purposes only) |

**Collection permission authorisation** (other than parents)*Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, we will check before releasing the child. Only those over the age of 16 years can be named as authorised persons.*

|  |  |
| --- | --- |
| **Authorised Person 1** (parent/carer) – Name |  |
| Relationship to child |  |
| Full address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| **Authorised person 2** (other family member) - Name |  |
| Relationship to child |  |
| Full address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| **Authorised person 3 (other family member)- Name** |  |
| Relationship to child |  |
| Full address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| **Password for the collection of child by authorised persons** |  |
| **No Access – Name** |  |
| Full address |  |
| Relationship to the child |  |
| Reason: e.g. court order or other? |  |
| Evidence seen Yes □ No □ | Copy provided Yes □ No □ |
| **Emergency contact details for two named contacts – if parents are not available** *Only those over the age of 16 years can be named as emergency contacts. Pleas ensure emergency contacts are local and their consent has been given.* |
| *Contact 1* - Name |  |
| Relationship to child |  |
| Address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| *Contact 2* - Name |  |
| Relationship to child |  |
| Address |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |

Please sign below to indicate that the information on this form is accurate and that you will notify us of any changes as they arise.

|  |  |
| --- | --- |
| Parent’s name: |  |
| Signed |  | Date |  |
| Relationship to the child |  |

**Please note that the information on this form is stored and maintained confidentially at all times.**