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KIDS IN BLOOM – ICONNECT UPDATE FORM –

2024-2025

*POLITE REMINDER – Parents/Carers it is your responsibility to ensure that Kids in Bloom always hold correct details. If there are any changes at any time, please let us know immediately. Thank You.*

Child’s Full Name:………………………………………………………………………………………………… Gender: ……………………………………..

Name your child likes to be known as:…………………………………………… Date of Birth: ……………………………………………

Verbal Pickup Password (to be shared with anyone who you may ask to collect your child in your absence)

………………………………………………………………………………………………………………..

Preferred Start Date: …………………………………………………………………….

Preferred Days/Sessions attending: (please state specific days) …………………………………………………………………………

Which provision will you attend? Nursery Breakfast After School Holiday Club? Please circle

Name of School child attends (if applicable): ………………………………………………………………………………………………………………….

Child’s Home Address: ………………………………………………………………………………… Postcode : …..………………………………………………

Religion: ………………………………………..…………………………………… Ethnic Origin: ……………………………………….…………………………….

Nationality: ……………………………………………………..Language(s) spoken at home: ………………………………………………………………

Parent 1: Title:………………………………… Full Name: ………………………………………………………………………………………………………….……

E-Mail: ……………………………………………………………………………….Mobile Telephone Number: …………………………….…………………….

Parent 2: Title:…………………………………..Full Name: ………………………………………………………………………………………………………….…

E-Mail : ……………………………………………………………………………….Mobile Telephone Number: …………………………….…………………….

Who will be the bill payer? Parent 1 or Parent 2? …………………………………………………………………………………………………………….

**Dietary Allergies**

Does your child have any dietary allergies or intolerances? YES / NO

If yes, please give details of the cause and the reactions displayed:

………………………………………………………………………………………………………………………………………………………………………………………………………

**Dietary Requirements**

Does your child have any special dietary requirements? YES / NO

If yes, please give details:

………………………………………………………………………………………………………………………………………………………………………………………………………

**Medical Conditions or General Allergies**

Does your child have any current medical conditions, allergies or needs? YES / NO

If yes, please give details:

………………………………………………………………………………………………………………………………………………………………………………………………………

**Does your child have any additional needs/special needs?** YES / NO

If yes, please give details:

………………………………………………………………………………………………………………………………………………………………………………………………………

## Vaccinations

**Will your child receive/has your child received all routines vaccinations? YES / NO**

Which of the following has your child received?

## 6-in-one vaccine (****Given at**** 8, 12 and 16 weeks of age to all babies born on or after 1 August 2017.

## Pneumococcal or pneumonia jab (PCV) ****Given at:**** 8 weeks, 16 weeks and one year of age

## Rotavirus vaccine ****Given at:**** 8 and 12 weeks of age

## Men B vaccine ****Given at:**** 8 weeks, 16 weeks and one year of age

## Hib/Men C vaccine ****Given at:**** one year of age

## MMR vaccine ****Given at**** one year and at three years and four months of age

## Children's flu vaccine

## 4-in-1 pre-school booster ****Given at:**** three years and four months of age

## Optional vaccinations? ……………………………………………………………………………………………………………………………………………..

**IMPORTANT -**

Do you give permission for emergency medical/dental treatment to be given to your child? YES / NO

Any persons giving permission must have legal authority to do so. By signing and circling Yes you are also giving permission for your child to be taken via ambulance or by KIB senior staff to hospital to receive treatment.

**We will always try to contact you on all numbers provided so please keep us up to date with any changes.**

**Sign: …………………………………………………………………………………………. Print: ……………………………………………………………………………….**

Is there any treatment you **DO NOT** wish your child to receive in an emergency, e.g., blood transfusion, anaesthetic etc?

Please state: …………………………………………………………………………………………………………………………………………………………………………….

Please indicate YES or No to the following questions: (Any persons giving permission must have legal authority to do so).

Use of plasters on your child’s skin: YES / NO

For your child to receive First Aid in the event of an accident: YES / NO

Application of the sun cream that you provide on your child: YES / NO

(Parents/carers must supply and apply sun creams first thing each morning and must provide SPF 30+)

I give permission for my child to be photographed by nursery staff: YES / NO

We take photographs as one of our methods for observing and documenting children’s learning, these photographs will be used in their learning journeys, and some are sent to parents. However sometimes other children may be in the background. Please sign if you give permission for your child to be in the background of a photograph. (Names of children in the background will never be used).

I give permission for my child to be in the background on a photograph for another child’s learning journey:

YES / NO

*(Any photographs taken of your child by us may be used in nursery displays but will not be taken off the premises).*

I give permission for my child to have their photograph taken and to be used on our Kids in Bloom website, local press and on publicity materials (Please Note: children’s names will never be used): YES / NO

I give permission for photographs of my child to be used on our social media platforms to show the amazing activities we do here – (Please Note: children’s names will never be used): YES / NO

I give permission to Kids in Bloom to share relevant information with other agencies or professionals if needed. (e.g., health visitors, therapists, teachers): YES / NO

I give permission to Kids in Bloom to take my child out during their time in nursery without individual written permission to local places of interest e.g., library, parks, and other Kids in Bloom sites: YES / NO

I give permission for my child to be a passenger in one of our Kids in Bloom’s vehicles if approved child restraints carry BS kite marks, are fitted correctly and suitable insurance is in place: YES / NO

I give permission for my child to travel with Kids in Bloom on public transport: YES / NO

I give permission for my child to have their face painted: YES / NO

I give permission for my child to consume all products on our Menus at meal and snack times: YES / NO

Holiday Club and Pre School-only - I give permission for my child to watch U or PG rated films, which Kids in Bloom have screened and considered suitable for each child’s age: YES / NO

Print Name: …………………………………………………………………………………………………………………………

Signature:

Is there any other information we should know? (About your child or family, this may include your child’s likes, dislikes, things they can or cannot do, any support you or your child may need). Please feel free to let us know anything at all; we will always do all that we can to support you and your child. *This information is vital to help us support your child’s emotional and physical well-being; please do not leave this section blank, Many Thanks.*

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