

[PLEASE PRINT A COPY OF THIS RECORD & DISPLAY
IN YOUR HOME FOR YOUR CARER'S QUICK REFERENCE]



Home Childcare & Babysitting

Customer Record

Parent/ Carer 1:
Address:
Home Telephone:
Mobile Telephone:
Email Address:

Carer 2:
Relationship to Child:
Address:

Telephone Number(s):

Carer 3:
Relationship to Child:
Address:

Telephone Number(s):

In the event of an emergency Carer 1 will
be the first point of contact.

☐ By ticking this box I confirm I am happy for
photographs to be taken of my children to show
what activities they have enjoyed.

☐ By ticking this box I confirm that HC&B may
use my children's photographs for advertising
purposes.

Child 1:
Age & DOB:

Language/ Religion:
Dietary Requirements:
Allergies:
Long Term Illness:
School Name & Contact Details:
(Please include details for any After School Clubs)

Child 2:
Age & DOB:

Language/ Religion:
Dietary Requirements:
Allergies:
Long Term Illness:
School Name & Contact Details:
(Please include details for any After School Clubs)

Child 3:
Age & DOB:

Language/ Religion:
Dietary Requirements:
Allergies:
Long Term Illness:
School Name & Contact Details:
(Please include details for any After School Clubs)

I can confirm that the named children have
had the following immunisations.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Polio
<input type="checkbox"/> Mumps	<input type="checkbox"/> Measles
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Rubella
	<input type="checkbox"/> Hib

Doctor:
Address & Telephone Number:

☐ By ticking this box I confirm I am happy for my
children to receive First Aid treatment from their carer.

☐ By ticking this box I confirm I have read and agree
to the Terms & Conditions online at
www.homechildcareservices.co.uk

Please sign & date:
I arrange the childcare:

.....
I pay for the childcare:

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