

## 20. Parent & Carers suggestions



**First Steps**  
Day Nursery/School

44 Compton Road  
Shepton Mallet  
Somerset  
BA4 5QT  
Tel 01749346733  
Email: [fsdaynursery@btconnect.com](mailto:fsdaynursery@btconnect.com)

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Please use the space below to share any comments or suggestions:

Please hand this leaflet to your child's key person.

Date:

# 20. Change of details



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Change of details date \_\_\_\_\_

Child's first name \_\_\_\_\_

Child's second name \_\_\_\_\_

Child's surname \_\_\_\_\_

Child's DOB \_\_\_\_\_

Child's address \_\_\_\_\_

Post code \_\_\_\_\_

Person with parental responsibility (mother, father, Guardian or carer)  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

2nd Parent: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of work : \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Mothers first name: \_\_\_\_\_

Mothers surname: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of work: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Doctors name: \_\_\_\_\_

Address of surgery: \_\_\_\_\_

Doctors number: \_\_\_\_\_

Health visitors name: \_\_\_\_\_

Additional contact numbers: Please ensure we have at least one telephone number of someone we can contact in an emergency other than the numbers already given.

Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Authorised persons to collect the child:  
First contact: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Second contact: \_\_\_\_\_

Relationship to the child : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Password: \_\_\_\_\_

Please hand this to your child's key person

**Office use only**

Key person's name: .....

Key person's signature: .....