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| **Basic Pupil Details**  Legal Forename: ……………....................................... Legal Surname ……………………………………  Middle Name(s): …………………………………………. Preferred Surname: ………………………………  Preferred Forename: …………………………………… Date of Birth: ………………………………………  Gender: *Male/Female* Previous Surname: ……………………………… |
| **Pupil Address**  Postcode: ………………………………....................... House Number/Name: ……………………………..  Street: ……..….…………………………………………. Town/City: …………………………………………...  Tel: Home/Mobile:……………………………………… E-mail:……………………………………………….. |
| **Family/Home**  ***Contact 1***  Title: …………………… Forename: …………………………... Surname: …………………………………  Postcode: ………………………………........................ House Number/Name: ……………………………..  Street: ……..….………………………………………….. Town/City: …………………………………………...  🞏 Parental Responsibility 🞏 Court Order  *Relationship:* 🞏 Mother 🞏 Father 🞏 Step Parent 🞏 Foster Parent 🞏 Grandparent  🞏 Other Relative 🞏 Neighbour 🞏 Other Contact 🞏 Guardian 🞏 Social Worker  *Tick* ***one*** *telephone number as the* ***Main Day Time number*** *for use in emergency*  Telephone: Home: ………………………………Main.🞏 Work: ………………………………………Main.🞏  Mobile: ……………………………………………Main.🞏 Other: ………………………………………Main.🞏  ***Contact 2***  Title: …………………… Forename: …………………………... Surname: …………………………………  Postcode: ………………………………........................ House Number/Name: ……………………………..  Street: ……..….………………………………………….. Town/City: …………………………………………...  🞏 Parental Responsibility 🞏 Court Order  *Relationship:* 🞏 Mother 🞏 Father 🞏 Step Parent 🞏 Foster Parent 🞏 Grandparent  🞏 Other Relative 🞏 Neighbour 🞏 Other Contact 🞏 Guardian 🞏 Social Worker  *Tick* ***one*** *telephone number as the* ***Main Day Time number*** *for use in emergency*  Telephone: Home: ………………………………Main.🞏 Work: ………………………………………Main.🞏  Mobile: ……………………………………………Main.🞏 Other: ………………………………………Main.🞏  ***Contact 3***  Title: …………………… Forename: …………………………... Surname: …………………………………  Postcode: ………………………………........................ House Number/Name: ……………………………..  Street: ……..….………………………………………….. Town/City: …………………………………………...  🞏 Parental Responsibility 🞏 Court Order  *Relationship:* 🞏 Mother 🞏 Father 🞏 Step Parent 🞏 Foster Parent 🞏 Grandparent  🞏 Other Relative 🞏 Neighbour 🞏 Other Contact 🞏 Guardian 🞏 Social Worker  *Tick* ***one*** *telephone number as the* ***Main Day Time number*** *for use in emergency*  Telephone: Home: ………………………………Main.🞏 Work: ………………………………………Main.🞏  Mobile: ……………………………………………Main.🞏 Other: ………………………………………Main.🞏 |

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| **Pupil Medical Information:**  Emergency Medical Consent: 🞏 *(this confirms your agreement for the Nursery to initiate appropriate medical treatment in the event of an emergency)*  Medical Practice: …………………………....................... Dietary Needs: 🞏 Artificial colouring allergy  *(if applicable)* 🞏 Gluten Free  Practice Address: ……..….……………………………… 🞏 Kosher foods only  🞏 No dairy produce  …………………………………………………................ 🞏 No nuts of any type/quantity  🞏 No pork  Telephone: ………………………………………………. 🞏 Ramadan  🞏 Seafood allergy  Doctor’s Name: …………………………………………. 🞏 Vegetarian  Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).  **If none, please state NONE.**  …………………………………………………………………………………………………………………… |
| **Pupil Ethnic/Cultural Information:**  🞏 White – Cornish 🞏 Other White British 🞏 White – Irish  🞏 Traveller of Irish Heritage 🞏 Gypsy/Roma 🞏 Any Other White background  🞏 White and Black Caribbean 🞏 White and Black African 🞏 White and Asian  🞏 Any Other Mixed Background 🞏 Indian 🞏 Pakistani  🞏 Bangladeshi 🞏 Any Other Asian Background 🞏 Black Caribbean  🞏 Black – African 🞏 Any Other Black Background 🞏 Chinese  🞏 Any Other Ethnic Group 🞏 Refused 🞏 *Information Not Yet Obtained*  First Language: ENGLISH 🞏 or OTHER (please specify)…………………………………………………  Asylum Seeker: 🞏 Refugee Status: 🞏 Traveller Status: 🞏  Religion:  🞏 Anglican 🞏 Buddhist 🞏 Christian  🞏 Hindu 🞏 Jewish 🞏 Methodist  🞏 Muslim 🞏 No Religion 🞏 Other Religion  🞏 Roman Catholic 🞏 Sikh  Service family Yes/No |
| **Court Orders**  If the pupil is subject to any Court Orders please specify the Court Order terms below. This information is CONFIDENTIAL but will help the nursery understand the pupil’s position. A copy of any Court Orders will need to be provided.  ………………………………………………………………………………………………………..  ……………………………………………………………………………………………………….. |
| **Use of Images Consent**  *In order to comply with the Data Protection Act 1998, the Nursery needs your consent before taking photographs or making video recordings of your child for purposes which are not part of its core activities.*  *We should be grateful if you could answer all the following questions.*  **Use of Photographs & Images**  St Neot Nursery adheres to all the principals of the Data Protection Act 1998.   |  |  | | --- | --- | | Name of child |  | | Name of parent/carer |  |   As the parent/carer I give consent for St Neot Nursery to take photographs/images appropriately  The Nurseryl may:   |  |  | | --- | --- | |  | Use my child’s photograph/image in publicising or promoting an official event organised by the nursery | |  | Use my child’s photograph/image in official promotional publications produced by the nursery (e.g. newsletter, school prospectus) | |  | Use my child’s photograph/image on the school website or intranet understanding the image can be viewed on the internet. | |  | Use images of my child in video recordings for the nursery’s own records, archives and future interest (e.g. sporting events, concerts) |      |  |  | | --- | --- | |  | I give consent for my child to be included in any images taken by the press on the understanding that first names only will be used. | |  | I confirm that any images I take at official school events will not be used inappropriately, e.g. on social media or internet sites |   I understand that my child may be included in any images taken by other parents or carers who wish to photograph or record official school events in which their child is participating.  I understand that photographs and images will be stored electronically on password protected and access controlled computer systems. I may withdraw my consent at any time by writing to the school.  If official press images are taken at school there are special provisions within the Data Protection Act which permit the press to publish material for journalistic purposes.   |  |  |  | | --- | --- | --- | | **Name (please print)** | **Signature** | **Date of consent** | |  |  |  | |
| I confirm that the above information is true and accurate. I undertake to inform the school if any of the above details change. I understand that this form does not constitute an offer of admission by the school.  Signed: ………………………………………………………… Date: ………………………………………. |

Are there any professionals or agencies involved with your child? Yes/No

If yes please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VILLAGE PERMISSION**

From time to time the Nursery goes off site to visit a place of interest in the village i.e. the Church, Carnglaze Caverns, the war memorial, or just to hear a story on the Doorstep Green. We ask parents to sign and return the permission slip below for our records. You will be informed of any visits further afield - all visits are risk assessed, accompanied and safety procedures are followed. Many thanks.

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I give permission for my child to take part in accompanied, off site activities within the confines of St Neot.

Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAYS CHILD WILL BE ATTENDING NURSERY**

|  |  |  |
| --- | --- | --- |
| **Day** | **Morning** | **Afternoon** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLECTION DETAILS**

|  |  |
| --- | --- |
| Please complete or tick the appropriate column | Collected by…please enter name/s & let us know on the day if someone else is collecting your child |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

Please remember to introduce to the staff any new person who is collecting your children and to let us know whenever there is an amendment to these details. Thank you.

**TRANSITION**

When your child transitions to Primary School we like to share information with your child’s new teacher. This makes it easier for the teacher to have a good understanding of your child.

I do/do not give permission for the Nursery to share information with the school.

Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2 Year Old Check**

My Child has/has not had their 2 year old check. This record is/is not in their ‘red book’.