|  |  |
| --- | --- |
| Child’s legal forenames name | Child’s legal family name. |
| Name by which child is known (if different) |
| Date of birth |  | Male/Female |  |
| AddressPost Code |
| Birth Certificate / Passport seen, and a copy made. Yes No. Signed by. |
| Home telephone no. | e-mail address; |
| NameMobile no. | NameMobile no. |
| Work telephone no. | Work telephone no. |

Name of person(s) child lives with

…………………………….........................................Relationship(s) …………………………………

Name & address of other carers who will have connection with nursery (grandparent/childminder etc)

.....................................................................................Relationship…….................................................

.....................................................................................Relationship.........................................................

**Emergency Telephone Numbers**

1st call.……………………………………Does this person have parental responsibility? Yes. No.

2nd call…………………………………… Does this person have parental responsibility? Yes. No.

3rd call…………………………………… Does this person have parental responsibility? Yes. No.

Name of Doctor................................................... Surgery.....................................................................

Telephone number...............................................

Health visitor……………………………………Telephone no. …………………………………….

Social Care Worker (if applicable) ….………………………………………………………………

Contact details……………………………………………………………………………………….

**Health details.**

Does your child have any ongoing medical conditions? Is so, please specify:

|  |
| --- |
|  |

Please specify if any external agencies are involved with your child e.g. Paediatrician, Consultant, Dietician, Speech & Language Therapist etc:

|  |
| --- |
|  |

Does your child require a Health Care Plan? Yes. No.

Is your child known to have any allergies or food intolerances? If so, please specify.

|  |
| --- |
|  |

A risk assessment will be completed and kept on the child’s file for any known allergies or food intolerances as mentioned above.

Does your child require any special dietary requirements? If so, please specify.

|  |
| --- |
|  |

Does your child have any special needs or disabilities? If so, please specify.

|  |
| --- |
|  |

Are any of the following in place for your child?

SEN Action Plan. Yes. No.

Education, Health and Care Plan. Yes. No.

What special support will he/she require from our nursery?

|  |
| --- |
|  |

**Two years old progress check -children ages 24-36 months.**

If your child is between 24-36 months, has a two-year-old progress check already been completed for your child? Yes. No.

Setting that completed check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date competed\_\_\_\_\_\_\_\_\_\_\_\_

or

Health Visitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date completed\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, then as per requirements of the Early Years Foundation Stage we will complete a progress check. We will ask you to be involved in completing the check and will discuss it with you.

**Cultural background.**

How would you describe your child’s ethnicity or cultural background?

|  |
| --- |
|  |

What is the main religion of your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is at our nursery?

|  |
| --- |
|  |

What language(s) is/are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If English is not the main language spoken at home, will this be their first experience of being in an English-speaking environment? Yes. No.

Does your child need a bi-lingual support plan? Yes. No.

If so, please discuss with your key worker how the nursery can work to support your child.

|  |
| --- |
| Details. |

**PERMISSIONS PAGE.**

**Emergency treatment declaration.**

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me (in the order listed above) immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by a senior member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

**Nappy Cream**

I give my permission for nappy cream (supplied by me) to be administered

as required as per manufacturer’s instructions. Yes No

**Sun cream**

I give permission for Hypoallergenic sun cream (supplied by me)

to be administered as necessary as per manufacturer’s instructions. Yes No

**Plasters.**

I give my permission for Hypoallergenic plasters to be administered, by the

First Aider, due to small cuts/grazes needing to be covered. Yes No

**Short trip / general outings.**

Occasional short trips to the adjacent park and fields are made as part of daily activities. These are not always planned, in advance. For any planned outings, you will be informed in advance and specific permission sought. Risk assessments are undertaken before any outings and are available to see as required.

I give my permission for my child to take part in short trips or general outings. Yes No

**Photographs**

As part of the on-going recording of our curriculum for individual development records, staff regularly take photographs/videos for children’s records, or for display purposes. Only cameras supplied by the nursery are used. These images are stored on the nursery computer for the period your child is attending the nursery and will be deleted once they have left. If we would like to use any images for training, publicity or marketing purposes, the nursery will always seek your written specific consent for each image the nursery intends to use before using them.

The nursery also has a professional photographer visit throughout the year to take individual and class photos. The nursery always ensues that the photographer has a valid, up to date enhanced DBS certificate. Details of these visit are displayed in advance.

I give my permission for photographs and/or videos to be taken of my child

as per the above conditions. Yes No

**Animals.**

The nursery occasionally has supervised visits of animals. We will ensure that any animals are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals and parents informed.

Please state any allergies or aversions your child may have to any animal.

|  |
| --- |
|  |

I give my permission for my child to be in close proximity to any animal

visiting the nursery. Yes No

**Policies and procedures.**

I have been provided with details of Chiverton Nurseries Ltd early years prospectus for parents, and its policies and procedures will be sent to me via e-mail, including the Information Sharing Policy. I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND CORRECT, AND THAT YOU WILL NOTIFY US OF ANY CHANGES AS THEY ARISE. WE WILL TAKE NOTE OF ALL YOUR PREFERENCES REGARDING ANY OF THE ABOVE AND ADHERE TO THEM.

Sign………………………………Print…………………………………… Date……………………

Relationship to child…………………………………………………

Sign………………………………Print…………………………………… Date……………………

Relationship to child…………………………………………………

**CONSENT FORM.**

Consent/Withdrawal Form for Photography & Filming.

Under the terms of the setting Privacy Statement, I wish to withdraw consent from part or the whole of my consent Agreement for photographs and images of my child.

1. I wish to withdraw my general consent from all photography and film recording of my child in the school.

Yes. No.

1. My child **CAN** be photographed and filmed for these purposes only (please circle as appropriate).
* Records of Achievement and record keeping. Yes. No.
* Display boards in class and corridor. Yes. No.
* School publications and brochures. Yes. No.
* Website (no child identified by name). Yes. No.
* Other media such as local or national press. Yes. No.
* School’s social media outlet on Facebook. Yes. No.

I have understood the above statements and have agreed to the uses of my child’s images only for those uses I have agreed to. I understand that the alterations above will be acted upon within 5 working days of term time of this form being returned.

Child’s name (print)­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return to the office.

**PRIVACY NOTICE.**

**PUPIL**

8th August 2020.

Data Protection Act 1998 & General Data Protection Regulation

We, Chiverton Nurseries Ltd at the above addresses, are the Data controller under the terms of the Data Protection Act 1998 and the General Data protection Regulation (to be enforced from 25th May 2018).

We collect information from you and may receive information about your child from their previous school and the council.

**Why we collect and use pupil information.**

We collect and use pupil information under.

* The Education Act 1996
* The Data protection Act 1998

We use your child’s data to.

* Support their learning.
* Monitor and report on their progress.
* Provide appropriate care land safeguarding.
* Assess the quality of our services.
* Comply with the law regarding data sharing.

The categories of your child’s information that we collect, hold and share include.

* Personal information (such as name and address).
* Characteristics (such as ethnicity, language, nationality, and country of birth).
* Attendance information (such as sessions attended, number of absences and reasons for absence).
* Assessment information.
* Special Educational Needs/Disability (SEND) information.
* Exclusions and behavioural information.

**Collecting Pupil Information.**

Whilst the majority of pupil information that parents provide to us is mandatory, some of it is provided on a voluntary basis.

In order to comply with the General Data Protection Regulation, we inform parents/carers whether they are required to provide certain pupil information to us or if they have a choice.

**Storing Pupil Data.**

We hold pupil data for 3 years after they leave the school or for the period of time that the child is on our school’s roll.

**Who we share pupil information with.**

We routinely share pupil information with the following.

* Schools that pupils go on to attend.
* Our Local authority (LA).
* The Department of Education (DfE).
* The National Health Service (NHS).

**Why we share pupil information.**

We **never** share information about our pupils with anyone without consent unless the law and our policies allow us to do so.

We share pupil information with the DfE on a statutory basis. This data sharing is essential to our school funding and educational attainment policy and monitoring.

We are required to share information about our pupils with the LA and the DfE under section 3 of “The Education (Information About Individual Pupils) (England) Regulations 2013”.

**Data collection requirements.**

To find out more about the data collection requirements placed on us by the DfE (for example, for the school census) go to http://www.gov.uk/education/data-collection-and-censuses-for-schools

On behalf of Chiverton Nurseries Ltd.,

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position within the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A non- returnable deposit of £50.00 is requested to accompany this form unless your child is in receipt of Government funding.

Additional details for children claiming 30 hours free childcare.

|  |  |
| --- | --- |
| Parent/carer National Insurance Number | 30 Hours Eligibility Code. (e.g. 12345678912) |

Please indicate which sessions you would like. Confirmation will be given as soon as possible as to the availability.

PLEASE INDICATE WHICH YOU REQUIRE:

START DATE………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start / Finish Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 8.30 – 9.00By appointment only |  |  |  |  |  |
| 9.00 – 12.00 |  |  |  |  |  |
| 12.00 – 1.00 |  |  |  |  |  |
| 1.00 – 4.00 |  |  |  |  |  |

THESE ARE THE ONLY HOURS ELIGIBLE FOR THE GOVERNMENT GRANT.

Once registered if you would like a home visit please tick this box

and we will arrange one nearer the time.

Thank you for registering your child with our nursery.