

## ADMISSION FORM 2018

The information that is requested in this form may be stored on a computer and, if so, it is subject to the Data Protection Act 1984. The Act requires that all information is strictly confidential and may only be accessed by those with a legal right to see it, eg if there is a child protection enquiry. You have a right to examine, at any reasonable time, information about you or your child, which is kept on a computer, and the right to correct any information which you feel is wrong or misleading.

**PLEASE INFORM US IF ANY OF THE DETAILS GIVEN BELOW CHANGE AT ANY TIME.**

### (1) Details of child

Surname <sup>1</sup> :	Chosen name <sup>2</sup> :
Forename(s)	Date of birth:
Male/Female:	Country of birth:
Address:	
Postcode:	
Home telephone number:	

### (2) Details of other children in the family

Name	Date of birth	Current nursery/ school <i>(if applicable)</i>

### (3) Details of parents/carers with whom the child lives

Name of persons with who the child lives	Telephone number	Relationship to child	Parental responsibility? <sup>3</sup>	Member of Armed Forces?

### (4) Details of others with parental responsibility

Names of others with parental responsibility	Relationship to child	Address	Telephone number	Court order <sup>4</sup>

### (5) Additional emergency contacts Please list in order of priority and include at least two people who can be contacted in an emergency situation.

Name	Daytime Tel No(s)	Relationship to child <sup>4</sup>	Lives with child?

<sup>1</sup> Children should be registered by the surname on their birth certificate **unless** their name has been changed with the consent of all those with "parental responsibility" (see note 3). "Known as" names should be shown after the legal surname and in brackets, e.g. Smith (Jones)

<sup>2</sup> A child's chosen name is the name by which they like to be called in school

<sup>3</sup> Under The Children Act 1989, the people with legal authority for the child are:

- (a) Married/separated/divorced parents – both parents have parental responsibility, even if they do not live with the child.
- (b) Unmarried parents – only the mother has parental responsibility unless the father has obtained it by agreement or via a court order
- (c) Other people – only have parental responsibility through court orders, etc. Step parents do not automatically have parental responsibility although they are still "parents" while they live with the child.

<sup>4</sup> Please indicate (Yes or No) whether there are any court orders which affect the person's relationship with the child (e.g. custody/ residence/prohibited step orders etc). Adoption orders do not need to be disclosed. Please give further details in the space provided or on a separate sheet.

## (6) Family Email Address - Parentmail

We are working hard to improve our methods of communication. It would be most helpful if you could provide email addresses that we could send items to. Parent/Carer 1's email address will be added as the Parentmail contact, along with Parent/Carer 1's mobile contact number.

Parent/Carer 1 \_\_\_\_\_ @ \_\_\_\_\_

Parent/Carer 2 \_\_\_\_\_ @ \_\_\_\_\_

## (7) Medical information

Doctor's name:	Doctor's Surgery: Address:
Doctor's telephone number:	
Health visitors name:	Health visitors address:
Health visitors telephone number:	
Permission to Call Doctor	<b>Yes / No</b>
Permission to Administer First Aid	<b>Yes / No</b>

## (8) Child's Health / Wellbeing

Does your child wear glasses?	<b>Yes / No</b>
Does your child have hearing difficulties?	<b>Yes/ No</b>
Does your child have speech difficulties?	<b>Yes/ No</b>
Is your child dry during the day? <i>(If no, please note you will need to provide nappies or pull-ups/wipes/cream/nappy bags etc)</i>	<b>Yes/ No</b>
Is your child dry at night?	<b>Yes/ No</b>
Does your child have any allergies (e.g. to plasters, foods, medication)? (If 'Yes' please give details).	<b>Yes / No</b>
Any other medical conditions of which the nursery/school should be aware, e.g. asthma, history of febrile convulsions, reflux condition/choking? (Continue on a separate sheet if necessary) <b><i>If your child requires an inhaler at nursery/school, please see school office for relevant form for completion.</i></b>	
Any family history of dyslexia, ASD etc. or other significant medical conditions the nursery/school should be aware of? <b><i>Please give brief details</i></b>	
Does your child take prescribed medication on a regular basis? If yes, please provide details.	
Do you have any concerns about your child's health or development? If yes, please provide details. (Continue on a separate sheet if necessary)	
Are there any points relating to your child's health or development that would be helpful for the nursery/school to be aware of? If yes, please provide details. (Continue on a separate sheet if necessary)	
Has your child ever been admitted to hospital for minor surgery? If yes, please provide details. (e.g. Tonsillectomy, Grommets)	

### (9) Additional Help/Support

		*Name of professional
Has your child ever attended the Child Development Centre?	Yes / No	
<b>Has your child received support from the following:</b>		
(a) Health visitor	Yes / No	
(b) Community paediatrician	Yes / No	
(c) Speech therapist	Yes / No	
(d) Occupational therapist	Yes / No	
(e) Physiotherapist	Yes / No	
(f) Social Care involvement or family support in the last 12 months (e.g. TAF, TAC, CP plan etc.)	Yes / No	
(g) Other support professionals (portage, Educational Psychologist, Family Centre Worker)	Yes / No	
<b>Please circle your response.</b> * If the answer to any of the above is yes, it would be useful if you could provide the name of the professional concerned. If you consider that it would be helpful for us to discuss your child's needs with any of the above, do we have your permission to contact them? <b>Yes/No</b>		
<b>Other relevant information:</b>		

### (10) Special Educational Needs (SEN)

Has a statement of SEN needs or EHCP been issued in respect of your child?	Yes / No
Has an EHCP been submitted to the Borough awaiting a decision?	Yes / No
Has your child been receiving special educational needs assistance?	Yes / No

### (11) Ethnically based statistics

The following information is requested annually from nursery/schools by the Department for Education as a means of identifying needs and thus ensuring fair and equal treatment for all.

Ethnic origin of child <i>(Please tick)</i>			
<b>White</b>	<b>Asian/Asian British</b>	<b>Mixed/dual ethnicity</b>	
English <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White/black Caribbean <input type="checkbox"/>	
Irish <input type="checkbox"/>	Indian <input type="checkbox"/>	White/black African <input type="checkbox"/>	
Traveller (Irish heritage) <input type="checkbox"/>	Asian – other <input type="checkbox"/>	White/Indian	
Gypsy/Roma <input type="checkbox"/>	Please state:	Any other mixed background <input type="checkbox"/>	
White – other <input type="checkbox"/>		Please state:	
Please state:	<b>Black/black British</b>	<b>Any other ethnic group</b> <input type="checkbox"/>	
<b>Chinese</b>	African <input type="checkbox"/>	Please state:	
Chinese <input type="checkbox"/>	Caribbean <input type="checkbox"/>		
	Black – other <input type="checkbox"/>	I do not wish an ethnic background category to be recorded <input type="checkbox"/>	
Please state:	Please state:		
<b>Child's nationality:</b>	<b>Child's religion:</b>	<b>Child's first language:</b>	<b>Child's home language:</b>

### (12) Details of previous Nursery/Pre-school/Childminder (if you are transferring from another Early Years Provider) (If your child has attended more than one nursery or pre-school please provide details on a separate sheet)

Name of previous school/nursery/pre-school	Attended full-time	Yes / No
	Attended part-time	Yes / No
Address	Postcode	
Telephone number		
Attended from	to	

### (13) Travel arrangements

Please indicate the means of transport by which your child travels to nursery/school. **If more than one form of transport is used, please indicate the one used most frequently.**

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Car share <input type="checkbox"/>	Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>
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### (14) Early Years Funded Hours

Please indicate below if you are currently registered for Early Years Funding, if so you will need to inform your local authority that your child is now attending Starfish Nursery. If you are not registered but believe you may be entitled to the additional funding please indicate below and the school office will provide you with the relevant form for completion.

Are you currently registered for 2 year old funding?	<b>Yes / No</b>	<b>If yes how many hours?</b>
Are you currently registered for 3 year old funding?	<b>Yes / No</b>	<b>If yes how many hours?</b>
Not currently claiming but may be entitled?	<b>Yes / No</b>	

### (15) Free Milk Entitlement

All children are entitled to free milk every mid-morning up to the age of 5. For us to register your child for their milk we have to provide our supplier Cool Milk with your child's details. Please indicate below if you would like your child to receive milk and that you also give us permission to register your child's details on your behalf (*details required: name, address, DOB, parental contact details*). Please note if your child is registered with Pupil Premium then they are entitled to free milk every mid-morning while attending Starfish Nursery and Stanley Green Infant Academy, the school office will register your child for this.

I would like my child to receive mid-morning milk ( <i>under 5's</i> )	<b>Yes / No</b>
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### (16) Food Tasting Consent

Throughout your child's time in Nursery/school, they may taste and handle different types of foods and drinks. Please give permission for your child to be involved in these activities and please inform the school office if there are any foods your child may appear intolerant to or be allergic towards.

I give permission for my child to be involved in food tasting activities	<b>Yes / No</b>
Known allergies, food intolerance etc. <i>(should my child develop any allergies I will inform the Nursery/school)</i>	

### (17) Sessions required (*please circle*) – Morning 9.00am–12.00pm - Afternoon 12.00pm-3.00pm

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Cost per session (AM / PM) =    £15 (under 3's)    £12 (over 3's)

(18) Start Date (*please provide preferred date, TBC once place allocated*)

**I enclose my non-refundable registration fee of £ 25.00.**

**NOTE: If you are booking an 'Early Years Funded Hours' *only* place more than a month in advance, a £25.00 non-refundable booking fee will be required.**

**IF POSSIBLE, THIS FORM SHOULD BE SIGNED BY SOMEONE WITH PARENTAL RESPONSIBILITY**

The information I have entered is correct to the best of my knowledge and belief.

Signed	Name (in block capitals)	Date

**Should any of this information change please ensure that you notify us as soon as possible.**

**Official Use Only:**

Registration fee received by..... Date: .....

Funding form completed and received on: .....

Booking, Fee and Payment Policy signed and received on:.....

Birth certificate seen on..... By.....

Sessions offered:

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Sessions offered by: ..... Date: .....

Sessions accepted by: ..... Date: .....

Agreed settle sessions:

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Confirmed start date: ..... Confirmed by: .....

UPN number ..... Admission No.....

Date of Admission .....