

ST THOMAS A BECKET NURSERY



Pupil Admission Form

The information requested in this document will be treated as strictly confidential to the professional staff concerned with your child's education. If you need help filling out any part of the form, the school will be happy to assist you.

CHILD	
Surname: Forenames: Child's preferred name or nickname..... Gender: Male Female Date of birth (please circle) Address: Post Code: Telephone number: First language: Religion: Other language (s) used at home: Country of Birth..... Ethnic Origin: (Please state) Name, address and phone number of previous pre-school group Date of last attendance.....	
PARENTS/GUARDIANS	
Full name Title Mr/Mrs/Ms/Miss Relationship to Child..... Occupation: Workplace Work telephone no: Mobile phone no:..... Email address:..... Member of HM Forces: Y/N Retired: Y/N Member of Reserve Forces: Y/N Retired: Y/N Do you consider yourself to have a disability? Y/N What is your disability?.....	Full name Title Mr/Mrs/Ms/Miss Relationship to Child..... Occupation: Workplace Work telephone no: Mobile phone no:..... Email address:..... Member of HM Forces: Y/N Retired: Y/N Member of Reserve Forces: Y/N Retired: Y/N Do you consider yourself to have a disability? Y/N What is your disability?.....

PARENT/PARENTAL RESPONSIBILITY INFORMATION

Is there anyone else with parental responsibility? YES / NO

In the case of separated or divorced parents please enter here the name and address of the parent whose details were not given previously. Please indicate if they do/do not have parental responsibility.

(Where parents were married at the time a child was born both parents have parental responsibility in law, even if not living with the child. Others may acquire parental responsibility through the court.)

Name.....Title..... Relationship to child.....

Address..... Telephone number.....

Is your child subject to any court orders?

If yes, please give details

Was your child adopted from care? Yes / No

ADDITIONAL EMERGENCY CONTACTS

These are important to us. If your child becomes ill during the day and we are unable to contact you please supply us with two additional emergency numbers. We suggest a grandparent, if they live close by. If you have no relatives in the area then please ask a friend, neighbour or childminder if they would be willing to act as an emergency contact.

Emergency Contact 1

Name.....

Relationship to child.....

Telephone No.....

Mobile No.....

Address

.....

Authorised to collect your child from school Yes / No

Emergency Contact 2

Name.....

Relationship to child.....

Telephone No.....

Mobile No.....

Address.....

.....

Authorised to collect your child from school Yes / No

BROTHERS AND SISTERS (including any half/step brothers or sisters and any not living at home)

Please list eldest first.

Surname	Full Name	Gender	DOB	Living at home?	School

PATTERN REQUESTED

Proposed start date.....

Please place an X in the boxes for the sessions you would like your child to attend.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

MEDICAL INFORMATION

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

Telephone.....

Are there any medical conditions / allergies we need to know about? (eg asthma, allergy to plasters or bee stings etc.)

Is your child disabled? YES / NO

Please detail.....

The Disability Discrimination Act defines a disabled person as someone who has 'a physical or mental impairment' which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities'. The definition includes a wide range of impairments, including hidden impairments such as dyslexia, autism, speech and language impairments, and long-term conditions such as cancer and HIV. These are all likely to amount to a disability, but only if the effect on the person's ability to carry out normal day to day activities is substantial and long term, as defined above.

Does your child have problems with hearing or seeing? (If your child wears glasses please state their prescription strength)

Is your child on regular medication? If yes, please state medication name and dose.

Are there any other professionals who help your child? (eg social worker, speech therapist, health visitor, paediatrician, counsellor etc)

Does your child have Special Educational Needs? YES / NO

Have they received any extra help in school/ preschool/ nursery? (How often/ from whom?)

Has a statement of Special Educational Needs been issued in respect of your child? YES / NO

EMERGENCY TREATMENT

At St Thomas à Becket Primary School we take very seriously our duty of care for your children. We have staff qualified in First Aid. When children are poorly we believe they need to be reunited with their parents or carers as soon as possible.

If a child is taken ill or injured at nursery, and we feel a doctor or accident and emergency department needs to see the child we will always contact a parent. If the parent cannot be reached and we feel expert attention is required we may need parental consent. We would therefore ask that you indicate your consent below.

I agree to my child receiving medical attention in the unlikely event of an emergency.

YES

NO

FOOD ALLERGIES & DIETARY REQUIREMENTS

As part of food technology lessons and nursery lunches it is important that we are aware of any food allergies your child may have.

My child is ALLERGIC to:

Please state any dietary requirements ie Vegetarian, Halal, Coeliac, food intolerance etc.

I agree to my child participating in cooking, food preparation and tasting.

YES

NO

PHOTOGRAPHIC IMAGE AND VIDEO CONSENT

During your child's/children's time at St Thomas à Becket Primary School we may wish to use photographs or images for the purpose of displays, creating class books or for publicising or promoting nursery activities, including on the school website. Please complete the consent questions below.

I am happy for photos of my child to be used in internal displays

YES

NO

I am happy for photos of my child to be used in printed school materials, for example the school prospectus.

YES

NO

I am happy for photos of my child to be used in the digital school newsletter

YES

NO

I am happy for photos of my child to be used in the media, for example local newspapers

YES

NO

I am happy for photos of my child to be used on social media, for example Facebook and Instagram. The school does NOT use X (formerly named Twitter).

YES

NO

I am happy for photos of my child to be used on the school website.

YES

NO

SUN CREAM APPLICATION CONSENT

Due to the young age of the children attending the nursery at St Thomas à Becket Primary School it may be necessary during sunny days for your child to be helped with the application of sun cream. We would be grateful if you could supply a named bottle to be left in the nursery

I agree to the above:

I do not agree to the above:

FACE PAINTING CONSENT

During your child's time in nursery at St Thomas à Becket Primary School we may wish them take part in a face painting activity to support a topic they are learning about or just for fun.

I agree to the above:

I do not agree to the above:

WALKS IN THE COMMUNITY CONSENT

As part of our outdoor learning we may wish to take the nursery children outside of the school perimeter to explore the surrounding community and wildlife. This will be fully risk assessed and meet all necessary guidelines (details of which can be obtained from the school office).

I agree to the above:

I do not agree to the above:

Signature of parent / guardian: Date:

Name in block capitals:

Should any of this information change, please let us know.

Birth certificate or passport
seen YES / NO

Date..... Initials.....