## CHILD’S DETAILS

Legal Forename: ……………………………………………………………………Date of Birth:…………………………………………..

Middle Name: Birth Certificate Seen: YES / NO

Legal Surname: …………………………………………………………………..Gender:…………………………………………………….

Preferred Forename …………………………………………………………………..

Preferred Surname: ……………………………………………………………………

Child’s Home Address: ………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………… Postcode: …………………………………………………………………..Telephone:………………………………………………. Country of Birth: …………………………………………………………………...

## PARENT/CARER DETAILS

### Please give details of all persons who have parental responsibility (see notes) and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted in an emergency.

Surname: ……………………………………………………………………..Title:……………………………………………………..

Forename: …………………………………………………………………….

Address: …………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………. Postcode: …………………………………………………Daytime contact Number:………………………………………… Mobile Number: ………………………………………………….

Place of Work: ……………………………………………………………………………………………………………………………………..

Contact Priority (1-3)

Nature/Type of Contact

(See Guidance Notes)



Does this person have parental responsibility? Yes / No (please circle) Is there any legal order relating to this child? Yes / No

Does this child live at this address? Yes / No

Email Address: ………………………………………………………………………………………………………………………………………………….

## PARENT / CARER DETAILS CONTINUED

Surname: ……………………………………………………………………..Title:…………………………………………………..

Forename: …………………………………………………………………….

Address: ………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………. Postcode: …………………………………………………Daytime contact Number:……………………………………… Mobile Number: ………………………………………………….

Place of Work: ………………………………………………………………………………………………………………………………….

Contact Priority (1-3)

Nature/Type of Contact

(See Guidance Notes)

Does this person have parental responsibility? Yes / No (please circle) Is there any legal order relating to this child? Yes/ No

Does this child live at this address? Yes / No

Email Address: ………………………………………………………………………………………………………………………………………………

## COLLECTION OF CHILD/REN:

Please indicate who you give permission to collect your child from Nursery at the end of a session. We **will not** release your child to an adult not named on this form. Should an emergency arise, please telephone the school and give verbal consent for a different adult to collect your child. The school will inform the Nursery.

Name: ………………………………………………………………………….Relationship to child:……………………………………………………………

Name: ………………………………………………………………………….Relationship to child:……………………………………………………………

Name: ………………………………………………………………………….Relationship to child:……………………………………………………………

Name: …………………………………………………………………………Relationship to child:…………………………………………………………….

NOTES:

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……………………………………………………………………………………………………………………………………………………………………………………..

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## ETHNIC BACKGROUND

The Department for Education and skills (DFES) requires schools to collect information on the ethnic background of pupils. The information being collected is in line with categories used in the 2001 national census. Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin, colour, language, culture, ancestry or family history.

### ETHNIC BACKGROUND IS NOT THE SAME AS COUNTRY OF BIRTH OR NATIONALITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WHITE** | **ASIAN OF ASIAN****BRITISH** | **ANY OTHER ETHNIC****BACKGROUND** | **BLACK OR BLACK****BRITISH** | **MIXED** |
| British |  | Indian |  | Afghan |  | Caribbean |  | White & BlackCaribbean |  |
| Irish |  | Pakistani |  | Arab other |  | African |  | White & BlackAfrican |  |
| Traveller |  | Bangladeshi |  | Egyptian |  | Any other Blackbackground |  | White Asian |  |
| Gypsy/Roma |  | Nepali |  | Filipino |  |  |  | Any other mixedbackground |  |
| Greek |  | Other Asian |  | Iranian |  |  |  |  |  |
| Kosovan |  |  |  | Iraqi |  |  |  |  |  |
| Turkish |  |  |  | Japanese |  |  |  |  |  |
| White EasternEuropean |  |  |  | Korean |  |  |  |  |  |
| White WesternEuropean |  |  |  | Kurdish |  |  |  |  |  |
| White other |  |  |  | Latin/South/ CentralAmerican |  |  |  |  |  |
|  |  |  |  | Lebanese |  |  |  |  |  |
|  |  |  |  | Libyan |  |  |  |  |  |
|  |  |  |  | Malay |  |  |  |  |  |
|  |  |  |  | Thai |  |  |  |  |  |
|  |  |  |  | Chinese |  |  |  |  |  |

I do not wish an ethnic background category to be recorded.

Ethnic background provided by Parent


## RELIGIOUS AFFILIATION

|  |  |
| --- | --- |
| Baha’i |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Other (please specify below) |  |
| Decline to answer |  |

Other: ……………………………………………………………………

## LANGUAGES

Child’s First Language: …………………………………………………………………………..

Provided by Parent: Yes / No (please circle)

Child’s Home Language: ……………………………………………………………………………

Provided by Parent: Yes / No (please circle)

## PREVIOUS NURSERY PROVISION OR CHILDMINDER

Previous Provision: …………………………………………………………………………………………….…………………….………………………..

Date of Admission: ………………………………………………………Date of Leaving:……………………………………………………………

Reason for Leaving: ……………………………………………………………………………………………………………………………………………..

Will your child be attending another setting in addition to Mary Dean’s? Yes / No (please circle)

If so, what setting if different from above:…………………………………………………………………………………………………………………

## SPECIAL EDUCATIONAL NEEDS:

Please tick if this child has Special Educational Needs (i.e. has an Education and Health Care Plan (EHCP) or is currently being assessed).

## MEDICAL INFORMATION

Family Doctor: ………………………………………………………………………………………………………………………………………………………..

Surgery Name / Address:…………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………..Tel No:…………………………………………………………………….

Child’s NHS Number:…………………………………………………………………………………………………………………………………………………

**IMMUNIZATIONS:** Has your child been immunized against: (please tick)

Diphtheria

Whooping Cough

Tetanus

Polio

MMR



**HEALTH**

Please give details of any illness/condition which could affect your child’s general development, eg difficulties with speech, hearing, poor sight, asthma, allergies, hospitalization, etc.

……………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………… Are plasters to be used on your child if necessary? Yes / No (please circle)

**LINKED AGENCIES:**

It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child, eg Social Care (Social Services), Speech & Language, etc.

Is your child known to any other agencies? Yes / No (please circle)

If yes please give details:……………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………..

Is your child ‘In Care’ (sometimes known as being ‘Looked After’) If so, which Local Government Authority is responsible for the child, eg. Devon, Manchester.

Child in Care: Yes / No (please circle) Local Authority responsible for child:………………………………………………

**ASYLUM STATUS:**

Please tick if either of the following apply:

This pupil is seeking asylum This pupil is a refugee

**PUPIL INFORMATION FORM**

## Dietary Needs:

Does your child have any special diet or allergies to certain foods, dislikes or should not be given certain foods on moral/religious/medical grounds? (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Artificial colouring allergy |  | No dairy produce |  | Kosher foods only |
|  | No nuts of anytype/quantity |  | No pork |  | Ramadan |
|  | Gluten free |  | Vegetarian |  | Seafood allergy |

Any other allergies:………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………… Does your child prefer milk or water?............................................................................

## SERVICE CHILDREN IN EDUCATION

Is your child from a Service family? Yes / No (please circle)

### Please provide details of any other children in the family and at the present school:

Name: ………………………………….……………………………………………….Date of Birth:……………………………………………………………

Name: …………………………………………………………………………………..Date of Birth:……………………………………………………………

Name: …………………………………………………………………………………..Date of Birth:……………………………………………………………

## SPECIAL HELP

Is there any way in which you feel we can specially help your child? (Eg. Shyness, recent move, bereavement, etc.)

………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………….

1. **PARENTAL PERMISSION**

# Mary Dean’s CE Nursery

### PUPIL INFORMATION FORM

FIRST AID:

I hereby give permission for a qualified first aider to give appropriate aid to my child as and when deemed necessary. I give my consent for my child to be taken to hospital or for an ambulance to be called if appropriate. I understand that in those circumstances the Nursery would contact me as soon as possible.

RECORDS:

I understand that my child’s observations will take place during most Nursery sessions. I give my permission for photos of my child to be taken for celebrating purposes and for evidence of coverage of the Nursery curriculum.

DISCIPLINE POLICY:

Children flourish best in an ordered environment in which everyone knows what is expected of them and are free to develop their play and learning without fear of being hurt or hindered by anyone. Physical punishment is NEVER used or EVER threatened at Nursery – neither by staff or volunteers nor by a child’s parent/carer. If a child is behaving in a disruptive way, he / she will be removed from the situation and given one to one adult support.

**Signed:** Parent/Carer:…………………………………………………………………………….**Date:**………………………………………………………….

**PREFERRED SESSIONS** Please indicate below the sessions you would like your child to attend. This will form part of the discussion at the Induction meeting.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morning | Mon |  | Tue |  | Wed |  | Thur |  | Fri |  |
| Lunch | Mon |  | Tue |  | Wed |  | Thur |  | Fri |  |
| Afternoon | Mon |  | Tue |  | Wed |  | Thur |  | Fri |  |

Do you intend to apply for Extended Nursery funding of 30 hours? Yes / No (please circle)

This form is completed by the Parent/Carer on behalf of every child admitted to the Nursery. A copy of this form and a copy of the birth certificate may be included with a pupil’s records sent on to another school on his/her transfer, either within or outside of the City of Plymouth BUT THE ORIGINAL IS TO BE KEPT BY THE SCHOOL (FOR AUDIT/RECOUPMENT PURPOSES) FOR A PERIOD OF THREE YEARS FROM THE LEAVING DATE OF THE PUPIL. The

information you provide will be used to compile pupil records, and from time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills to contribute to local and national statistics. These statistics will not allow individual pupils to be identified. Information from this form may be processed by computer for purposes appropriate to services provided by the City Council.

**Signed:**…………………………………………………………………………………………………..**Date:**…………………………………………………………..

### Acceptance of this form does not by itself guarantee that a place can be made available or that the preferred sessions can be offered.

### Please return this form to the school office or email to office@marydeans.plymouth.sch.uk