Admissions Form

Ladygrove Nursery

Why are we collecting your/your child's personal data and what will we do with it?

Ladygrove Nursery are collecting your/your child's personal data to enable the nursery to register your child with the nursery to comply with a legal requirement under the Education (Pupil Registration) (England) Regulations.

Your/your child's personal information will be processed in accordance with the requirements of the Data Protection Act 2018 and will only be shared with 3rd parties where we are required / allowed to do so by law. Please note minimal amounts of your/your child's personal data will be securely shared with Telford and Wrekin Council, the DfE and other statutory bodies in compliance with the regulations stated above. We also reserve the right for sharing information in regard to Safeguarding your child.

To learn more about what personal data the school collect, why it collects and who it might share it with please view our privacy notice on the school website~: ladygroveprimary.taw.org.uk

Please note it is the parents/guardian responsibility to notify the Nursery immediately if any of the information on this admissions form changes

Nursery Start Date Required	
Do you have another child in the school ?	Name of sibling
Does your child attend another setting?	Name of setting

Child's Information

Child's First Name	
Child's Legal Surname	
Child's Chosen Name	

Child's Date of Birth*	D	D	M	M	Y	Y	Gender	

Childs Home Address									
	Post Code								

**Please provide a copy of your child's birth certificate/passport so we can confirm data of birth*

Is your son/daughter adopted from care – Y or N _____

Is your son/ daughter subject to a residency order or a Special Guardianship order?

Y or N _____

What is your child's ethic origin – please tick applicable box below:

British (WBRI)		White & Black Caribbean (MWBC)		Other Pakistani (AOPK)		Chinese (CHNE)	
Irish (WIRI)		White & Black African (MWBA)		Bangladeshi (ABAN)		Japanese (OJPN)	
Traveller of Irish Heritage (WIRT)		White & Asian (MWAS)		Any Other Asian Background (AOTH)		Korean (OKOR)	
White European (WEUR)		Any Other Mixed Background (MOTH)		Caribbean (BCRB)		Refused (REFU)	
Gypsey/Roma (WROM)		Indian (AIND)		African (BAFR)		Do not record an ethnic code (NOBT)	
Any Other White Background (WOTW)		Mirpuri Pakistani (AMPK)		Any Other Black Background (BOTH)			

What is your child's religion – please tick applicable box below:

Anglican		Christian		Jehovah's Witness		Mormon		Roman Catholic		No Religion	
Baptist		Church of England		Jewish		Muslim		Sikh		Other ……	
Buddhist		Hindu		Methodist		Quaker		United Reform Church		Do not Record	

What is your Child's First/Native Language? Please tick applicable box below:

(The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community)

Akan (Fante)		Bulgarian		Greek		Latvian		Polish		Spanish		Urdu	
Akan-Twi/Asante		Chinese / Cantonese		Hindi		Lithuanian		Portuguese		Swahili		Welsh	
Akan-Twi / Fante		Dutch / Flemish		Hungarian		Maithili		Romanian		Tamil			
Arabic		English		Italian		Marathi		Russian		Telugu			
Bengali		German		Korean		Panjabi		Somali		Turkish			

Other (Please state)		Do not record	

Parent/Family Information

Mother /Guardian name	
Step Parent – Yes/No	
Parental/Legal Responsibility – Yes/No	

Father/ Guardian name	
Step Parent – Yes/No	
Parental/Legal Responsibility – Yes/No	

Access to Child's School Information – Please Tick Below:

Mother/Guardian

Contact Information	
Pupil Annual Report	
School Letters/Newsletters	
Parent Consultation Meeting	

Father/Guardian

Contact Information	
Pupil Annual Report	
School Letters/Newsletters	
Parent Consultation Meeting	

Who lives in the family home? _____

Contact Details for Mother/Guardian:

Address (if different from above)	

Home Telephone												**Work Telephone**										

Place of Work												**Mobile Telephone**										

Email Address	

We use the national insurance number for parents of nursery age children to check eligibility for the Early Year's Pupil premium. If you are happy to give us your national insurance number to allow us to carry out these checks, please include it below:

National insurance number									

Mother D.O.B								

Contact Details for Father/Guardian:

Address (if different from above)	

Home Telephone												**Work Telephone**										

Place of Work												**Mobile Telephone**										

Email Address	

We use the national insurance number for parents of nursery age children to check eligibility for the Early Year's Pupil premium. If you are happy to give us your national insurance number to allow us to carry out these checks, please include it below:

National insurance number									

Father D.O.B								

Please indicate if either mother or father works in the British Armed Forces:

Mother – Yes/No		Father – Yes/No	

Please detail below if there are any custody issues that we need to be aware of, e.g. does your child only live with one parent, are you the child's legal guardian, any legal access arrangements, etc. Please supply a copy of the legal documents relating to these arrangements.

Emergency Contact Information

Emergency Contact 1

Mr, Mrs, Miss, Ms	First Name		Last Name	

Relationship to Pupil	

Contact phone number of different from above											

Email Address	

Emergency Contact 2

Mr, Mrs, Miss, Ms	First Name		Last Name	

Relationship to Student	

Contact phone number of different from above											

Email Address	

Emergency Contact 3

Mr, Mrs, Miss, Ms	First Name		Last Name	

Relationship to Pupil	

Contact phone number of different from above											

Email Address	

Emergency Contact 4

Mr, Mrs, Miss, Ms	First Name		Last Name	

Relationship to Pupil	

Contact phone number of different from above											

Email Address	

Multi-Consent Form

Consents For:		(Childs Name)

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side against each statement below. Please then sign and date this form on the last page.

If in future, you wish to remove your consent for any of the actions below you can do so by contacting the school office 01952 388370.

Use of name/image (Including photographs and video recordings)

I give my permission for my son/daughters:	**YES**	**NO**
Name to be used on the school website, printed publications e.g. newspapers (*Could be viewed by external parties and potentially worldwide)*		
Image to be used on school website and printed publications e.g. newspapers (*Could be viewed by external parties and potentially worldwide)*		
Name to be used on Social Media		
Imaged to be used on Social Media *(Could be viewed by external parties and potentially worldwide)*		
Image to be used within school, e.g. on schoolbooks, wall displays, etc.		
Image to be included in class photos and sports/music group for parents to purchased (if you tick no to this your child will not be included in class photos and sports/music)		
Image to be used in printed school publications, e.g. school prospectus, newsletters, etc.		
Image to be taken and used for miscellaneous circulation, e.g. images taken at school events.		
Image to be displayed in non-public positions (staff room, school office, etc.) if child has a medical condition/allergy that a member of staff needs to be aware of.		

All actions will be taken in accordance with the schools' duty of care under 'Keeping Children Safe in Education (DfE) 2019'

Onsite Activities:

I give my permission for my son/daughter:	**YES**	**NO**
Take part in food preparation/cooking and tasting activities		

Medical Items

Contact Doctor

Name of Doctor		**Tel. No.**									

Address	

Name of Health Visitor:		
Address:		
Telephone Number:		
Has your child had a 2-year-old check with a health visitor:	YES/NO	
Vaccinations received (please tick)	Diphtheria Whooping Cough Tetanus Polio Hibs	Measles Mumps Rubella MMR
I give my consent for information and documentation to be shared with my health visitor, including the assessment for the 2-year-old check. We have regular meetings with health visitors to support you and your family e.g. speech therapy referral. Signed: Date:		

Does your child have any medical conditions of which the school needs to be aware? Please detail below:

All Known Disabilities:

Known Medical Conditions:

_____

_____

_____

I give my permission for my son/daughter: **YES** **NO**

To be given first aid by a trained member of staff during any on-site or off-site activity		
To be plasters/bandages where required		
To use anti-bacterial hand gel.		

In the event that your son/daughter requires emergency/lifesaving medical treatment, trained school staff will liaise with emergency services to ensure treatment can be given. We will make every effort to obtain your agreement for this prior to any arrangements being actioned.

If you have any concerns about this, please detail them below:

_____

_____

_____

_____

NOTIFICATION OF ILLNESS

Ladygrove Nursery must be notified if your child is unwell and will not be attending, if the condition is an infectious illness the nursery must be made aware.

Staff have the right to exclude a child if it deemed necessary to prevent infection of others:

I will notify the nursery if my child is unwell and understand that the staff can exclude my child if deemed necessary.

Parent/Carer Signature Required:

Date:

General Nursery Consents/Permissions

	YES	NO
Application of creams to be applied by the children's nursery staff as required e.g. sun cream, nappy cream		
Application for face paint to be applied by the children's nursery staff as required		
Centre Activities permission for my child taking part in normal centre activities, which are organised to take place outside the centre: on the understanding that I will be told in advance of the activity		
Forest School permission for my child to take part in Forest School activities		
Animals we sometime have animals come into nursey i.e. visits for Exotic Zoo, Pets at Home, we ask for permission for your child to be able to stoke or hold the animals.		
Records Permission for my child's development record to be shared with other agencies and providers e.g. child minders and also to be forwarded on to another setting on my child leaving nursery		
Child Protection: As childcare professionals the staff at Ladygrove Nursery have a duty to report any suspicions of abuse or neglect of children in their care to the safeguarding Helpdesk. I understand that is staff at Ladygrove Nursery suspects that any child in their care may have been abused or neglected, they have a duty to report to the Safeguarding Helpdesk		

Print Name:……Signed:……

Date:……

Cultural Information
Are there any festivals or special occasions celebrated in your culture that you would like to see acknowledged within Nursery: .

Social Care
If your child has a social care worker for any reason, please provide their name, contact details and provide details of their involvement in the case. Please note: If you child has a protection plan, please state this below but you should not disclose specific details about this on this form:

Changes of Circumstances
Please could you keep us informed of any changes in your child's routine, which many affect their time at Nursery. This includes their health and any family circumstances, no matter how minor. All information will be dealt with in a sensitive manner.
I will keep the nursery informed of any changes to my child's health, etc at all times
Parent/Carer signature Required: Date: