

Scarning Pre School Admission Form



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|-----------------------|--|
| Name of Child: | |
| Also Known As: | |
| Pronounced As: | |
| Date of Birth: | |
| Address: | |

| | |
|---|--|
| Please provide a Collection password | |
|---|--|

| Name of Parent / Carer | | Contact Numbers |
|------------------------|-------------------------------|-----------------|
| Relationship to child? | Home number: | |
| | Mobile: | |
| | Email: | |
| | Place of work and occupation: | |
| | Work No: | |
| Relationship to child? | Home number: | |
| | Mobile: | |
| | Email: | |
| | Place of work and occupation: | |
| | Work No: | |

| | |
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| Do parents live in the same household? | Yes/No |
|--|--------|

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| Name and Address of parent/carer if different to the child: | |
| Does this parent have parental responsibility? | Yes/No |
| Does this parent have legal access to the child? | Yes/No |

| Details of siblings | |
|----------------------------|----------------------|
| Name of Siblings | Date of Birth |
| | |
| | |
| | |

Additional Persons Authorised to collect daily or in case of an Emergency (Please ensure they know the collection password)

Please note: We will only release children on collection to the named person on the sign in register for that day. In an emergency, please contact us by phone with any changes.

| Persons authorised to collect other than main carers | | | | |
|---|---------------------|--------------------|----------------------|---|
| Name | Relationship | Home number | Mobile Number | Authorised persons signature for us to hold this information |
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Un-authorized Collection Information

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| Is there any person(s) who for legal reasons must NOT collect your child under any circumstances? | |
| Is there a court order in place to support this? *We will need to see this to be able to enforce it. | |

Please provide an up to date photograph of this person to keep on file

Other Professionals Information

| Details of Professionals Involved with the Child | | |
|--|---------|----------------|
| Name | Address | Contact Number |
| Doctor | | |
| Health Visitor | | |
| Speech and language support | | |
| Early Help | | |

Does your family have a social worker for any reason? YES/NO (delete as applicable)

| | |
|-----------|--|
| Name | |
| Based at | |
| Telephone | |

| | |
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| What is the main reason for the involvement of social care Department with your family? | |
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NB If the child has a Child Protection Plan, make a note here, but do not include any details. A copy of the care plan will be obtained where possible from the social worker named above. The information contained in the care plan will remain confidential within the Setting.

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| Does your family have the support of being in the Family Support Process? | Yes/No |
| If so, who is the lead practitioner or family support worker? | |

Additional information

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| Please give any details of any other information regarding your child's health/welfare etc staff should be aware of? | |
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Dietary Information

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| Does your child have any special dietary needs? | |
| Does your child require any help with feeding? | |
| Has your child been diagnosed or advised of any allergies or intolerances to food? By who? If a food allergy, do they have an anaphylactic shock epi pen, are they sick or suffer from diarrhoea? Does it affect their breathing? | |

Medical Information

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| Does your child have any other allergies? | |
| What do the physical effects of their allergies look like? | |
| Is your child on any medication? If so, please complete an advanced medical permission form for us to administer any medication, e.g., Ventolin inhaler. | |
| Is there anything else we should know regarding the health of your child? | |
| Does your child have any distinguishing marks? | |

Family Information

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| Does your family have any beliefs or a religion? | |
| Does your family celebrate any festivals or special occasions that you would like to see us take part in and celebrate whilst he/she is at Scarning Pre School? | |

What is your child's ethnic origin or cultural background?

| | |
|-------------------------|--|
| White (British) | |
| White (Irish) | |
| White (Other) | |
| White / Black Caribbean | |
| White / Black African | |
| White / Asian | |
| Other Mixed | |
| Indian | |
| Pakistani | |
| Bangladeshi | |
| Other Asian | |
| Caribbean | |
| African | |
| Black (Other) | |
| Chinese | |
| Portuguese | |
| Polish | |
| Other European | |
| Not Known | |
| I'd Rather Not Say | |

| | |
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| What is your child's first language? | |
| Does your child use any other languages? | |
| If English is not your child's first language, will this be their first experience of being in an English-Speaking environment? | |

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| Does your child have any special needs or disability? | |
| Will your child require any special support to attend the setting? | |
| Do you have any concerns regarding your child's health or development? | |

Daily Care Information

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| Does your child wear a nappy? | |
| Is your toilet trained? | |
| Does your child have a sleep/rest during the day? If so what time / for how long? | |
| Do they have a comforter? | |
| Does your child have any fears? (E.g., loud noises) | |
| How does your child like to be comforted if they are upset? | |
| How does your child communicate with you? i.e. gesture, special words, signing etc. | |
| Have they previously been to any other day care or cared for by family/friends on a regular basis? | |
| Is your child currently attending any other day care facilities? I.e., Child Minder, Crèche or Nursery? If so, please provide details including their Ofsted registration number. | |

Parent/Carer Consent

Please read the following consent boxes.
If you give your permission, please sign and date each box.

If you do not give consent, please place a large cross over the whole of the box which you do not give consent for.

Visits to Scarning Primary School

As part of our curriculum the children occasionally go across to Scarning Primary School for library / hall for PE etc.

I agree to my child going across to the school with the Scarning Pre School Staff.

Signed:

Date:

Photographs / Video

As part of the day-to-day practice of the Pre School we regularly take photographs of the children during their play. These photos / videos may be used for setting displays and online learning journeys. Activities and events may also be recorded on video to be used within the Pre School.

I give my permission for my child to have their image taken for the purposes above.

Signed:

Date:

Pre School Website and Facebook Page

As part of the day-to-day practice of the Pre School we regularly take photographs / Videos of the children during their play and at fundraising events

I give my permission for my child to have their image taken for the purposes above displayed on the Scarning Pre School Website & Facebook page.

Signed:

Date:

Photographs for the Media

On occasions we like to celebrate our achievements with a wider audience e.g. Special visitors to the Pre School. (Fire brigade etc) Photographs from these events may be used in the local press and other publications.

I give my permission for my child's photographs to be used in the media.

Signed:

Date:

Accident & Emergency Treatment

I give permission for Pre School staff to take the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should an accident or emergency arise. I understand that every effort will be made to inform me of the accident or emergency as soon as possible, however, Pre School staff may need to accompany my child to the hospital in the case of serious accident in my absence.

I give permission for the person accompanying my child to the hospital to authorise hospital staff to administer the essential treatment in my absence until my arrival.

Signed:

Date:

Blood Transfusion

I give permission, in the event of an accident or emergency, for a blood transfusion to be given to my child if deemed necessary.

Signed:

Date:

Sun cream

Permission for members of staff to **re-apply** sun cream to my child as necessary.

I will provide nut-free sun cream clearly labelled with my child's name.

I will apply nut-free sun cream to my child prior to arriving at Pre School.

If I fail to provide a sun cream I give permission for the setting to apply their own.

Signed:

Date:

Other Professionals

Other professionals, this may include but not limited to teachers, health visitors, speech & language therapists from Norfolk County Council, health services, Children's Centres, Department for Work and Pensions, Schools and Early Years Settings.

I agree and consent to the involvement of other professionals who may discuss and offer learning and developmental support for my child

Signed:

Date:

GDPR

We will hold your child's name on the following within the setting:

- Signing In / Out Registers (For Health & Safety reasons and to be able to know who is collecting)
- School Meal Order Form (To order required lunch)
- List of Emergency Contacts (For Health & Safety reasons)
- Registration Form (To receive information of child wishing to join the setting)
- Admission Form (To provide relevant information to the individual child)
- Accident form (To update parents and log for future reference)
- Session Wish Lists (To receive information on additional sessions required)
- Email addresses (To be able to email parents / carers with relevant information)
- Early Years Funding Application Form (To be able to claim funding, information recorded on Norfolk County Councils Provider Portal)
- Parents Evening List (To be able to know which time slot a parent would like)
- Key Person List (To know which child is allocated to which Key Person)
- Food Allergy List (Photographs, names & information regarding allergies on display in the kitchen for health & safety reason)

Signed:

Date:

- I reserve the right to withdraw my consent at any time to any of the above.
- If I wish to withdraw consent, I will put my request in writing.
- I will specify which of the above areas I am withdrawing my consent from.

Information sharing

Here at Scarning Pre School we take your privacy seriously and will only use your personal information to manage your account and provide tailored care to your child.

From time to time we will need to contact you via phone, Tapestry and email to provide you with pre school updates, share relevant news and send any childcare invoices. We will input your data into a system called Instant Nursery Manager, which helps us manage our Pre School smoothly.

Your data is held securely and can only be accessed by authorised personnel. Personal information will not be shared with any third parties. Ticking this box confirms you have read and understood the above statement and gives us consent to contact you regarding relevant matters.

Signed:

Date:

Duty of Care

Please be aware all staff / volunteers / visitors within the setting have a duty of care and if they have any safeguarding concerns will follow the Norfolk Safeguarding Children Board procedures and protocols.

Please sign to say that you understand this may not always be with your prior consent if it is believed to cause further undue harm or distress to a child.

Signed:

Date:

Please sign to say that you understand we will be contacting previous settings (if applicable) to see if there have been any Safeguarding Concerns.

Signed:

Date:

The information I have given on this form is correct and accurate. I consent to you having this information on file. I will notify the Pre School as soon as any changes occur.

Signed _____

Print Name _____

Date _____

List of documents to be brought into the Pre School, which we will make a record of seeing and will allow us to confirm child's identity and check age for appropriate room:

- Childs Full Birth Certificate
- Photographic ID for both parents listed on the birth certificate with parental responsibility
- Court orders if applicable