

Somerville Pre-School

Admission Form

Full name of child:

Date of birth:

Proof of DOB seen: Yes

No

Gender:

Male

Female

Full name of parent/carer:

Relationship to child:

Full name of parent/carer:

Relationship to child:

Name/Address/postcode of parent/carer child lives with:

Telephone Numbers:

Home:

Mobile:

Email:

Work:

Emergency Contact 1:

Full name:

Relationship to child:

Address/Postcode:

Tel no: Home:

Work:

Mobile:

Emergency Contact 2:

Full name:

Relationship to child:

Address/Postcode:

Tel no: Home:

Work:

Mobile:

Child's Doctor – name/address

Telephone no:

Child's Health Visitor – name/address

Telephone no:

Previous Settings Attended:

Child's position in Family: (i.e. 2 of 5)

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Sibling's names/ ages

Settings attended by siblings:

Family's religion or faith (optional)

Main language spoken at home:

Child's first language:

Does your child have and disability/medical conditions/special requirements?

Yes no If yes, please give details:

Does your child require regular medication?

If yes, please give details:

Yes

No

Does your child have any allergies?

Yes

No

If yes, please give details:

Does your child have any specific dietary requirements (food they must not have)?

If yes, please give details:

Does your child have any special educational needs? If yes, please give details:

Yes

No

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Outing Consent

As part of our practice we take the children on outings in the local community.

We always ensure a ratio of 1 adult to 2 children on these walks.

We need your prior consent for your child to join us on these walks as they will not be Pre-arranged with you.

If we are going on an outing that involves transport to a further destination we will contact you for separate permission.

I **do** give my permission for my child to be taken on trips within the local community.

I **do not** give my permission for my child to be taken on trips within the local community.

Please tick above box as appropriate

Parents/carers signature: _____

Date: _____

Photography/video Consent

In our setting we take photographs of the children for display and to provide evidence for the child's assessment (if more than child is in the photo it may be shared for assessment).

There may also be circumstances when we wish to video the children and share it with the children themselves and their families

We also use photographs/video evidence and illustration for our quality improvement scheme (Quality Improvement in Learning and Teaching) and that is shared with Redbridge Local Authority

We would not be sharing photographs/video beyond the setting, other than for quality improvement, without prior specific consent

We need prior consent for your child to be included in this

I **do** I **do not** Give my permission for my child to be photographed.

I **do** I **do not** Give my permission for my child to be Videoed.

Please tick above box as appropriate

Parents/carers signature: _____

Date: _____

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General Data Protection Regulations (GDPR)(2018)

We collect your personal details and your child's details for our records to register your child to our setting, (Name/Address/Contact Number/D.O.B.)(National Insurance Number, for funding purposes).

If your child is funded then we will share your details with the London Borough of Redbridge to claim for your funding entitlement.

We will also share your child's details with the Local Authority to track their progress whilst at our setting.

We will take photographs of your child at pre-school, so they can recognise themselves through where to place their coats on their named picture pegs, named picture water mats. We will also take photographs of your child whilst they are engaged in activities, as they will be observed to see their progress and development.

We have a live website, where we add photographs/videos of the children engaged in activities. The website is for parents to have up to date information about the pre-school, (term dates, plans and events).

We have recently launched Facebook and Instagram Page's where we will post photographs of the children taking part in activities, these pictures will not show the children's faces, so their identity will be protected.

 I **do** I **do not**

Give my permission for the pre-school to handle the data for the time our child is in their care.

 I **do** I **do not**

Give my permission for my child's photograph/video to be placed on the website.

 I **do** I **do not**

Give my permission for my child to be on social media, Facebook and Instagram.

Please tick above box as appropriate

Parents/carer signature: _____

Date: _____

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Transition Records

When my child leaves I give permission of my child's assessment/record to be passed onto my child's chosen school or nursery

Yes No

Parents/carer signature:

Date:

Emergency Medical Consent Form

In the case of your child needing emergency medical treatment while attending this setting we need you prior permission for us to seek treatment and for a member of staff to accompany your child to hospital.

In all such cases we will always try to contact the parent/carer using the telephone numbers provided on the admissions form. However it may prove necessary to act in place of the parent/carer if we are unable to contact you and/or arrange to meet you at the hospital.

I **do** give my permission for a member of staff to accompany my child to seek emergency medical treatment at hospital.

I **do not** give my permission for a member of staff to accompany my child to seek emergency medical treatment at hospital.

Please tick above box as appropriate

Parents/carer signature:

Date:

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Ethnicity Data Collection Form

Child Name: _____

Ethnicity, where collected, should be recorded according to the following categories

White

British	<input type="checkbox"/>	WBRI
Irish	<input type="checkbox"/>	WIRI
Traveller of Irish Heritage	<input type="checkbox"/>	WIRT
Gypsy/Roma	<input type="checkbox"/>	WROM
Greek/Greek Cypriot	<input type="checkbox"/>	WGRE
Kosovan	<input type="checkbox"/>	WKOS
Turkish/ Turkish Cypriot	<input type="checkbox"/>	WTUR
White European	<input type="checkbox"/>	WEUR
Any other white background	<input type="checkbox"/>	WOTW

Mixed Background

White and Black Caribbean	<input type="checkbox"/>	MWBC
White and Black African	<input type="checkbox"/>	WMBA
White and Asian	<input type="checkbox"/>	MWAS
Asian and Black	<input type="checkbox"/>	MABL
Any other mixed background	<input type="checkbox"/>	MOTM

Asian or Asian British

Indian	<input type="checkbox"/>	AIND
Mirpuri Pakistani	<input type="checkbox"/>	AMPK
Other Pakistani	<input type="checkbox"/>	AOPK
Kashmiri Pakistani	<input type="checkbox"/>	AKPA
Bangladeshi	<input type="checkbox"/>	ABAN
Sri Lankan Tamil	<input type="checkbox"/>	ASLT
Sri Lankan Sinhalese	<input type="checkbox"/>	ANSL
Sri Lankan other	<input type="checkbox"/>	ASRO
Other Asian	<input type="checkbox"/>	AOTA

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Black or Black British

Caribbean	<input type="checkbox"/>	BCRB
Angolan	<input type="checkbox"/>	BAOF
Congolese	<input type="checkbox"/>	BOTH
Ghanaian	<input type="checkbox"/>	BAOF
Nigerian	<input type="checkbox"/>	BAOF
Somali	<input type="checkbox"/>	BAOF
Other Black African	<input type="checkbox"/>	BAOF
Any Other Black Background	<input type="checkbox"/>	BAOF

Chinese CHNE

Any other ethnic Background OOTH

Unclassified

Refused	<input type="checkbox"/>	REFU
Information Not Obtained	<input type="checkbox"/>	NOBT

This data item can be collected on a voluntary basis.
A child's ethnicity should only be recorded where parents have identified the ethnicity themselves.

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Dietary Requirements

My Child has **NO** dietary, religious or health requirement and can eat any of the below Foods.

If you have not ticked the above question please tick the following foods that your child **CAN NOT** eat.

My child has a Nut Allergy

Halal Meat Only

Gelatine

Pork

Beef

Also in:

Sweets

Jellies

Biscuits

Vegetarian

Eggs & Meat Products in:

Cakes

Biscuits

Sweets

Eggs In

Cakes

Biscuits

Sweets

Chocolates

Dairy

cheese

Milk

Margarine

Butter