

PRESCHOOL



Office use only:

Preschool Year:

Nursery Year:

When did you want your child to start:

ASAP September _____ (Year) January _____ (Year) April _____ (Year)

Name of Pupil:

Male/Female

Present Address:

Postcode:
Home Telephone:

Date of Birth: Age (at present):

Nationality: Country of Birth:

Previous Address: (if abroad date of arrival in country)

IT IS VERY IMPORTANT THAT WE HAVE UP TO DATE EMERGENCY CONTACT INFORMATION. COULD YOU PLEASE PROVIDE FULL DETAILS FOR YOURSELVES AND TWO OTHERS.

Parent One Name:

Address if different:

Home Phone:

Mobile:

Work:

E-mail address:

Parent Two Name:

Address if different:

Home phone:

Mobile:

Work:

E-mail address:

Does the child live with both parents?

If not who are the main carers:

Emergency Contact 1: **NOT A PARENT**

Name:

Relationship:

Telephone number:

Permission to take home: Yes No

Emergency Contact 2: **NOT A PARENT**

Name:

Relationship:

Telephone number:

Permission to take home: Yes No

Names and ages of any brothers and sisters:

Do they attend Lavender Primary School?

Is your child regularly in the care of another adult? If so who?

Name:

Telephone Number:

Previous school in the UK:

Address:

Telephone Number:

Previous schools outside the UK?:

If yes, which country:

Does your child have any special educational needs?

Does your child have any special diet needs for medical or religious reasons?

Is your child toilet trained?

Are any other agencies involved with your family eg: social services, Education Welfare Officer

Main language spoken at home:

Religion

Other Languages spoken:

Family Interpreter required?: Y/N

Doctor's Name:
 Doctor's Address:

Does your child have any special health needs which could affect his/her attendance at school: Y/N
 If yes please explain:

Do you have any concerns about your child's health that you wish to discuss with the school nurse (for example, vision, hearing, speech and language, growth, bed wetting, soiling clumsiness, behaviour)? If yes please give details:

Does your child have any of the following conditions?:
 Asthma Eczema Epilepsy Diabetes Migraine Allergies
 Any other conditions
 Please specify:

Has your child attended any hospital or clinic for treatment or review? If yes please give details below.

Date	Name of hospital or clinic	Reason for admission or attendance	Date of next appointment

Has your child had any of the following immunisations? Please tick and date.

<input type="checkbox"/>	BCG	Date of immunisation:
<input type="checkbox"/>	Diphtheria	Date of immunisation:
<input type="checkbox"/>	HIB	Date of immunisation:
<input type="checkbox"/>	MMR	Date of immunisation:
<input type="checkbox"/>	Meningitis C	Date of immunisation:
<input type="checkbox"/>	Poliomyelitis	Date of immunisation:
<input type="checkbox"/>	Tetanus	Date of immunisation:
<input type="checkbox"/>	Whooping Cough	Date of immunisation:

Parental Consents

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side.

On-site activities

I give my permission for my son/daughter to:

Use the internet and sites such as DB Primary and Scratch, in line with the school's e-safety policy	<input type="checkbox"/>
View films and video clips rated PG	<input type="checkbox"/>
Take part in food preparation/cooking and tasting activities	<input type="checkbox"/>

Off-site activities

I give my permission for my son/daughter to take part in:

Supervised visits to local destinations away from the main school site	
Supervised one-day non-residential visits within the UK	
Supervised off-site activities (for example sporting fixtures and swimming lessons)	

Medical/ Wellbeing consent

I give my permission for:

Members of Nursery staff to change my child's nappies and apply nappy cream if applicable (NB Cream must be supplied by parents)	
Members of Nursery staff to change my child's wet/soiled clothes	
Nursery staff to comfort my child by cuddling/picking them up	
Nursery staff to check for injuries, sometimes in an intimate area after a fall or accident	
My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity	
My son/daughter to receive urgent, dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	
My son/daughter's information to be shared with the NHS and other relevant health and educational professionals	
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted	
Plasters to be applied to my son/daughter	

Emergency release

I give my consent for my son/daughter to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

Person 1

Name	
Address	
Relationship	
Contact number	

Person 2

Name	
Address	
Relationship	
Contact number	

Use of information and image (including photographs and video recordings)

I give my permission for my son's/daughter's:

Name to be used on the school website, printed publications and local media	
Work to be used in school displays and on the school website and school media sites	
Image and film to be used within school (e.g. in wall-mounted displays, class videos)	
Image to be used in printed school publications (e.g. the school prospectus or newsletter)	
Image and work to be kept electronically for assessment purposes using software such as Look@Me	
Image to be used on the school website and school media sites and in the local media	
Image to be used in communication with international pen pals	
Image to be taken by, or used in circulation to, other parents (e.g. school events) in line with our e-safety policy	

Preferred Sessions

Please indicate the sessions you would prefer

	Morning 8.30-11.30am	Afternoon 12.30-3.30pm	
Monday	<input type="checkbox"/>	<input type="checkbox"/>	Have you applied for 'Terrific Twos' funding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	If so what is your Unique Reference Number _____
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	If you are not eligible for 'Terrific Twos' funding are you paying for your child's sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Children not eligible for 'Terrific Twos' funding are eligible for free funding the term following their 3 rd birthday.
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<u>Children born between:</u>
Please note: We offer a minimum of two sessions per week.			1 st September – 31 st December are entitled the January after they are three
Our morning and afternoon sessions are separate and no lunch is provided.			1 st January - 31 st March are entitled the April after they are three
We will try to offer your preferred sessions where possible.			1 st April – 31 st August are not entitled as they will start their Nursery year the September after they are three
			Children start their Nursery year the September after they are three. Applications need to be made for this via the Admissions Department at Enfield Borough Council.

Ethnic Group Please tick one box which best describes your son or daughter's ethnic group

White	Mixed Dual Background	Asian or Asian British	Black or Black British	Any Other Ethnic Group
<p>British</p> <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other White British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Cornish	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <p>White and Asian</p> <input type="checkbox"/> White & Pakistani <input type="checkbox"/> White & Indian <input type="checkbox"/> White & any other Asian background <p>Any Other Mixed Background</p> <input type="checkbox"/> Asian & any other ethnic group <input type="checkbox"/> Asian & Black <input type="checkbox"/> Asian & Chinese <input type="checkbox"/> Black & any other ethnic group <input type="checkbox"/> Black & Chinese <input type="checkbox"/> Chinese & any other ethnic group <input type="checkbox"/> White & any other ethnic group <input type="checkbox"/> White & Chinese <input type="checkbox"/> Mixed any other background	<input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <p>Pakistani</p> <input type="checkbox"/> Mirpuri Pakistani <input type="checkbox"/> Other Pakistani <input type="checkbox"/> Kashmiri Pakistani <p>Any Other Asian Background</p> <input type="checkbox"/> African Asian <input type="checkbox"/> Kashmiri Other <input type="checkbox"/> Nepali <input type="checkbox"/> Sri Lankan Sinhalese <input type="checkbox"/> Sri Lankan Tamil <input type="checkbox"/> Sri Lankan Other <input type="checkbox"/> Other Asian <p>Chinese</p> <input type="checkbox"/> Hong Kong Chinese <input type="checkbox"/> Malaysian Chinese <input type="checkbox"/> Singaporean Chinese <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other Chinese	<input type="checkbox"/> Caribbean <input type="checkbox"/> Angolan <input type="checkbox"/> Congolese <input type="checkbox"/> Ghanaian <input type="checkbox"/> Nigerian <input type="checkbox"/> Sierra Leonian <input type="checkbox"/> Somali <input type="checkbox"/> Sudanese <input type="checkbox"/> Other Black African <p>Any Other Black Background</p> <input type="checkbox"/> Black European <input type="checkbox"/> Black North American <input type="checkbox"/> Other Black <input type="checkbox"/> Do not want ethnic origin to be recorded	<input type="checkbox"/> Afghan <input type="checkbox"/> Arab <input type="checkbox"/> Egyptian <input type="checkbox"/> Filipino <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Latin/South/ Central American <input type="checkbox"/> Lebanese <input type="checkbox"/> Libyan <input type="checkbox"/> Malay <input type="checkbox"/> Moroccan <input type="checkbox"/> Polynesian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yemeni <input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> Any other White Background <input type="checkbox"/> Albanian <input type="checkbox"/> Bosnian-Herzegovinian <input type="checkbox"/> Croatian <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Italian <input type="checkbox"/> Kosovan <input type="checkbox"/> Portuguese <input type="checkbox"/> Serbian <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European <input type="checkbox"/> White Other <input type="checkbox"/> Gypsy/Roma				
<input type="checkbox"/> Parent or Carer's signature:		Date:		

The information in this form will be used throughout your child's time at school. Should you need to change any consent details, please contact the school office.

Signed: Date:

Print Name: