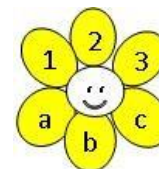


# NORTH LEIGH PRE-SCHOOL

## PUPIL ENROLMENT FORM



We adhere to the principles of the **General Data Protection Regulations (2018)** when collecting and processing information about you and your child. We explain how your data is processed, collected, kept up to date in our Privacy Notice which is attached to the back of this admission form.

Please complete a form for each child attending this pre-school. The provision of accurate information helps us to ensure that your child and other children get the best from their time with us. It is important that you tell us if there are any changes to the information you give and, from time to time we may ask you to confirm that the information which we hold is correct. If you have any questions concerning the completion of this form, please contact the pre-school manager.

Section 1: CHILD DETAILS			
Legal Surname		First Name	
Middle Name(s)		Preferred First Name (if different)	
Date of Birth		Male/Female	

House No/Name		Street	
Town		County	
Post Code		Is this the child's home address?	YES/NO

Section 2: CONTACT 1			
Mr/Mrs/Ms/Other		First Name	
Surname		Relationship to child (eg Mother, Father etc)	
Does this contact have parental responsibility? YES/NO			
House No. Name		Street	
Town		County	
Post Code		Home Phone Number	
Mobile Phone Number		Work Phone Number	
Email Address:			

Section 2: CONTACT 2			
Mr/Mrs/Ms/Other		First Name	
Surname		Relationship to child (eg Mother, Father etc)	
Does this contact have parental responsibility? YES/NO			
House No. Name		Street	
Town		County	
Post Code		Home Phone Number	
Mobile Phone Number		Work Phone Number	
Email Address:			

**Email contact:**

We are endeavouring to cut down on printing as much material as possible and would appreciate an email address to which we can send out our termly Newsletter and any other standard communication and fundraising information. We are more than happy to send to both contacts if required.

If you prefer a paper copy – please indicate. YES/NO

We/I consent to communication from pre-school via email.			
Email address 1			
Name		Signed	

We/I consent to communication from pre-school via email.			
Email address 2			
Name		Signed	

### SECTION 3 – EMERGENCY CONTACTS

In the event of an emergency, we always contact one of the child's main contacts in the first instance. We do ask, however, that you also give the names and addresses of two other contacts for emergency use if we cannot contact you.

**Emergency contacts must be local.**

Section 3: EMERGENCY CONTACT 1			
Mr/Mrs/Ms/Other		First Name	
Surname		Relationship to child (eg Mother, Father etc)	
Does this contact have parental responsibility? YES/NO			
House No. Name		Street	
Town		County	
Post Code		Home Phone Number	
Mobile Phone Number		Work Phone Number	
Email Address:			

Section 3: EMERGENCY CONTACT 2			
Mr/Mrs/Ms/Other		First Name	
Surname		Relationship to child (eg Mother, Father etc)	
Does this contact have parental responsibility? YES/NO			
House No. Name		Street	
Town		County	
Post Code		Home Phone Number	
Mobile Phone Number		Work Phone Number	
Email Address:			

Do you authorise these contacts to collect your child from pre-school if you cannot do it yourself? YES/NO

Please supply a **PASSWORD** for added security.

You **MUST** let us know if someone different is collecting your child from pre-school. **Must be over 16 years of age.**

### SECTION 4: PERMISSIONS

If your child soils him/herself, do we have permission to wash and change him/her?	YES/NO
If your child is in nappies, do we have permission to apply Sudacrem when changing if it is needed?	YES/NO
<b>OR</b> - I prefer to supply my own cream for nappy change. (delete if appropriate)	YES/NO
In the event of an emergency, and ALL contacts listed on this form are unavailable, do we have permission for two members of the pre-school staff to take your child to an emergency medical unit for treatment, or if necessary, telephone for ambulance assistance?	YES/NO
Photographs are taken of activities in progress within the pre-school to give evidence of our planning and for use in activity displays. They are also used for evidence of learning and development of individual children and placed in the child's learning journal and children's diaries. Do you give permission for your child to be photographed for these purposes only? <u>These photographs are not used outside of pre-school for any purpose, including commercial use or advertising.</u>	YES/NO  Signed:
I consent to photographs of my child appearing on North Leigh Pre-school website. The identity of the child protected.	YES/NO  Signed:
Children benefit from being taken out of the setting to go on visits or trips to the library or other suitable nearby venues, which enhances their learning experiences. (Includes attending the memorial hall to see school productions) Do we have permission to take your child on outings within walking distance of the pre-school building in accordance with our 'Supervision of Children on Outings and Visits policy'?	YES/NO  Signed:
<p><b>Sun Protection:</b></p> <p>During the warmer months, when the sun is strong, we ask parents to send a sun hat in with their child.</p> <p>Throughout the warmer months, even when the sun is not strong, we ask that parents please apply 6 hr+ sun protection cream/lotion before the child attends a session. We do not supply sun protection creams/lotions at pre-school.</p> <p>Parents may keep a named bottle of sunscreen at pre-school for use throughout the day for 'top up' purposes if needed. Children will be encouraged and supported to apply it themselves to promote independence.</p> <p>Do we have your permission to help apply sunscreen if it is needed? <b>YES/NO</b></p>	

SECTION 5: MEDICAL INFORMATION			
Name of doctor		Phone number of doctors.	
Address of Doctor's Surgery			
Name of Health Visitor		Phone number of Health Visitor	
Name of Dentist		Does your child have regular 6 monthly check-ups	YES/NO

Please tick appropriate boxes to indicate child's immunisation programme			
6-in-1 vaccine		Pneumococcal (PCV) vaccine	
Rotavirus vaccine		Men B vaccine	
Measles, mumps and rubella (MMR) vaccine		Child's flu vaccine	

Does your child suffer from any medical condition or allergy?

If your child also attends another setting, please give details as it is a requirement of the Early Years Foundation Stage for us to work in partnership with them.			
Setting name		Setting phone number	

Please describe your child's ethnicity (used for OCC audit purposes)		Please indicate the first language of your child.	
Please indicate your child's religion if applicable This is optional, but useful for our planning of festivals throughout the year.			

DIET: Please advise us below if your child is allergic to any foods or drink. Also, if there are any foods or drink that you do not want your child to be given for personal or religious reasons.

**PARENTAL INVOLVEMENT:**

If you feel able to contribute as a pre-school committee member, please let us know. We realise how valuable your time is; please remember that we never expect more than you can give. However, becoming involved on the pre-school committee will prove to be both stimulating and productive and a great opportunity to support your pre-school.

Are you interested in becoming involved in the pre-school committee? YES/NO?

Please give details of any skills that you can offer in helping pre-school.

**POLICIES AND PROCEDURES**

I have been provided with a Welcome Pack for parents and I am aware of the policies and procedures of the setting and where they are available. The Information Sharing policy has been explained to me and I understand that there may be circumstances as outlined in the safeguarding policy where information is shared with other professionals or agencies without my consent. The information given on this form is accurate and correct and I will notify the pre-school of any changes as they arise.

Please say in a few words why you would like your child to attend North Leigh Pre-school.

Signed			
Name		Date	

**FOR OFFICE USE:**

Stay and Play session 1.		Stay and Play session 2.	
Start date.		Key person.	
Identification seen for funding purposes.		Seen by:	