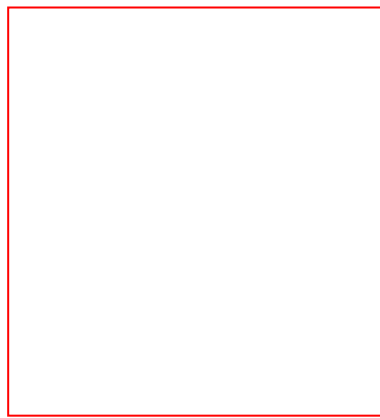




# NURSERY ADMISSION AND CONTRACT FORMS

## LENT RISE SCHOOL

*Learn, Reach, Shine*



*Please attach a small photograph  
of your child in the space above.*

Child's Full Name: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

For office staff use:

Date of entry to Nursery: \_\_\_\_\_

Entry to database completed: ☐

Birth certificate received: ☐

Logged by: \_\_\_\_\_



# LENT RISE NURSERY

## ADMISSION FORM AND CONTRACT [CONFIDENTIAL]

All schools are required by law to keep on record details of children admitted. Please complete this form in **BLOCK CAPITALS** and hand it into school before your child is admitted. Your child's birth certificate should be presented for copying and placing on file at the time of your child's admission.  
This form must be completed by someone with Parental Responsibility for the child named.

### PUPIL DETAILS

Legal Surname:

As shown on Birth Certificate

Legal Forename:

As shown on Birth Certificate

Gender: Male / Female (delete as applicable)

Date of birth:

Middle name(s):

Preferred Surname:

Preferred Forename:

### ADDRESS DETAILS

#### Main Address

\* House No./Name: \_\_\_\_\_  
\* Street: \_\_\_\_\_  
\* Town/City: \_\_\_\_\_  
\* County: \_\_\_\_\_  
\* Postcode: \_\_\_\_\_

If the child's residence at the main address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name address of the person with whom the child normally resides:

Is the child resident with foster parents:

Yes ☐

No ☐

If 'yes'; which Authority is financially responsible for maintenance? \_\_\_\_\_

Reason: \_\_\_\_\_

Dates Applicable: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## CONTACTS

When contacting parents we will do so in the order specified here:

Parent/Carer 1: Mr / Mrs / Miss / Ms / Other _____ Name: _____		Parent/Carer 2: Mr / Mrs / Miss / Ms / Other _____ Name: _____	
If you have put more than one address, please indicate if you child resides at either / both and any regular details.			
Relationship to child: Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child: Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if not main address):		Address (if not main address):	
Living pattern details (if applicable):		Living pattern details (if applicable):	
Post Code:		Post Code:	
Tel:	Home: Mobile:	Tel:	Home: Mobile:
e-mail:		e-mail:	
Work: Address:  Tel No:		Work: Address:  Tel No:	
<input type="checkbox"/> I would like to receive <b>text messages</b> and notifications which may include school information and details of school and PTA fundraising.  <input type="checkbox"/> I would like to receive <b>email messages</b> and notifications which may include school information and details of school and PTA fundraising.		<input type="checkbox"/> I would like to receive <b>text messages</b> and notifications which may include school information and details of school and PTA fundraising.  <input type="checkbox"/> I would like to receive <b>email messages</b> and notifications which may include school information and details of school and PTA fundraising.	
If your child does not live with both parents: Will you require additional paper copies of letters sent from the school to both contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you require an additional copy of school reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989			
Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility.			
Name (and relationship to child): Mr / Mrs / Miss / Ms / Other _____			
Home Address:		Work Address:	
Post Code:		Post Code:	
Tel Nos:	Home:	Mobile:	Work:
Is there anything about your family circumstances you would like the school to be aware?			

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. We will attempt to contact the parent / carers listed above first but please list below (in order of preference) the details of at least one additional person we may contact.

Please ask the named contact to sign their agreement for us to store this information.

No.	Full name and relationship to the child (Grandparent, relative, neighbour etc)	Known to the child as? e.g. Gramps, Nana	Daytime address and telephone number (if same as home address please write home)	I agree to be named as a contact and Lent Rise School to store this information.
1	Mr / Mrs / Miss / Ms / Other _____		Phone: _____	Signed: _____
2	Mr / Mrs / Miss / Ms / Other _____		Phone: _____	Signed: _____
3	Mr / Mrs / Miss / Ms / Other _____		Phone: _____	Signed: _____

### SPECIAL EDUCATIONAL NEEDS AND SABILITY (SEND)

<b>Does your child have an Education Healthcare Plan (EHCP) for SEND?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In progress <input type="checkbox"/>																
Date of issue:																			
Issuing Local Authority:																			
<p><b>Do you consider your child to have a disability? Yes / No</b> If Yes, please select all that apply from the list below.  <i>A child is considered to have a disability if their parent indicates substantial and/or long-term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.</i></p>																			
<table border="0"> <tr> <td><input type="checkbox"/> Mobility</td> <td><input type="checkbox"/> Hand Function</td> <td><input type="checkbox"/> Personal Care</td> <td><input type="checkbox"/> Eating and drinking</td> </tr> <tr> <td><input type="checkbox"/> Medication</td> <td><input type="checkbox"/> Incontinence</td> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Vision</td> <td><input type="checkbox"/> Behaviour</td> <td><input type="checkbox"/> Consciousness e.g. seizures</td> </tr> <tr> <td><input type="checkbox"/> ASD/Aspergers</td> <td><input type="checkbox"/> Palliative care needs</td> <td colspan="2"><input type="checkbox"/> Other Disability/Health problem _____</td> </tr> </table>				<input type="checkbox"/> Mobility	<input type="checkbox"/> Hand Function	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Eating and drinking	<input type="checkbox"/> Medication	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Communication	<input type="checkbox"/> Learning	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Consciousness e.g. seizures	<input type="checkbox"/> ASD/Aspergers	<input type="checkbox"/> Palliative care needs	<input type="checkbox"/> Other Disability/Health problem _____	
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<input type="checkbox"/> ASD/Aspergers	<input type="checkbox"/> Palliative care needs	<input type="checkbox"/> Other Disability/Health problem _____																	
<p>Is your child eligible for Disability Living Allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress <input type="checkbox"/></p>																			

### MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them achieve their potential educationally. Please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Office.

<b>DOCTOR</b>	<b>Surgery Name:</b>
Doctor's Name:	Surgery Telephone Number:

**We strongly recommend that all children keep up-to-date with childhood immunisations recommended by the NHS before and during their time at school.**

<b>Does your child suffer from?</b> <input type="checkbox"/> Hayfever <input type="checkbox"/> Bowel or bladder problems <b>Does your child attend any medical clinics? - Yes / No</b>	<input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Serious allergies	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Any other medical condition _____	<input type="checkbox"/> Diabetes <input type="checkbox"/> Ear infections
---	--	--	--

If Yes, please give details in the box below

If you have ticked any of the above boxes, please give further details below:-

**Does your child have an allergy to plasters?** (all of the plasters used in school are hypoallergenic)

☐ Yes    ☐ No

**Is there anything else we should be aware of if your child needs first aid in school?**

**Are you concerned about your child's speech?**    ☐ Yes    ☐ No

If yes, please specify:

**Does/has your child attended speech therapy:**    ☐ Yes    ☐ No

If yes, please specify through which organisation / Local Authority and give any details:

**Has your child been seen or is known by a sight specialist?**    ☐ Yes    ☐ No

If yes, please specify:

**Does your child wear glasses?**    ☐ Yes    ☐ No

**Has your child been seen or is known by a hearing specialist?**    ☐ Yes    ☐ No

If yes, please specify:

**Does your child wear a hearing aid?**    ☐ Yes    ☐ No

**Is your child able to use the toilet independently?**    ☐ Yes    ☐ No

**Is your child using nappies?**    ☐ Yes    ☐ No

**Details:**

**Please note, that all nappies need to be provided by the parent.**

**In an emergency, parents will be charged 50p per nappy provided by the nursery.**

## DIETARY NEEDS

### ALLERGIES AND SPECIAL DIETS

☐ My child has the following dietary requirement/(please specify):

☐ My child does not have any dietary requirements.

### FRUIT

Children in nursery will be provided with an offering of fruit and vegetables each day.

☐ I am happy for my child to eat all / any fruit / vegetables provided.

☐ My child has an allergy to the following fruit / vegetables:

### MILK

Milk is provided free to 3 and 4 year olds.

☐ I wish for my child to be offered the semi skimmed milk provided.

☐ I do not wish for my child to be offered milk at school.

### SNACKS

Children in nursery will be provided with an offering of a snack each day.

☐ My child has an allergy to gluten please discuss this further with your child's key worker to make appropriate arrangements

### SUNCREAM

I consent for staff to apply generic Factor 50 child friendly sun cream ☐ Yes ☐ No

I will provide an alternative sun cream in a named original container ☐ Yes

Details:

### PERSONAL HYGIENE

For each child please provide each day:

A full change of clothes including underwear and socks

For those who remain in nappies:

Nappies ( if applicable)

Wipes

Should your child run out of nappies or spare clothes, nursery provision will be used with a fee of 50p nappy.

Does your child have any allergies to wipes? ☐ Yes ☐ No

## ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of information on ethnicity and language experience of all pupils.

Child's Country of Birth \_\_\_\_\_ Child's Nationality \_\_\_\_\_

### ETHNICITY

#### White

- ☐ British  
☐ Irish  
☐ Traveller of Irish Heritage  
☐ Gypsy/Roma  
☐ Any other white background

#### Asian or Asian British

- ☐ Indian  
☐ Pakistani  
☐ Bangladeshi  
☐ Any other Asian background

#### Mixed

- ☐ White & Black Caribbean  
☐ White & Black African  
☐ White & Asian  
☐ Any other mixed background

#### Black or Black British

- ☐ Caribbean  
☐ African  
☐ Any other Black background

#### Other

- ☐ Chinese  
☐ Any other ethnic group  
☐ I do not wish an ethnic background category to be recorded

**FIRST LANGUAGE** - 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.

- |                                  |   |   |   |  |
|----------------------------------|---|---|---|--|
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Bengali          | <input type="checkbox"/> Chinese Cantonese            | <input type="checkbox"/> Chinese Mandarin   | <input type="checkbox"/> Dutch             |
| <input type="checkbox"/> English | <input type="checkbox"/> French           | <input type="checkbox"/> German                       | <input type="checkbox"/> Greek              | <input type="checkbox"/> Gujarati          |
| <input type="checkbox"/> Hindi   | <input type="checkbox"/> Italian          | <input type="checkbox"/> Japanese                     | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto  | <input type="checkbox"/> Polish           | <input type="checkbox"/> Portuguese                   | <input type="checkbox"/> Shona              | <input type="checkbox"/> Spanish           |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil                        | <input type="checkbox"/> Thai               | <input type="checkbox"/> Turkish           |
| <input type="checkbox"/> Urdu    | <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Other (Please specify) _____ |   |  |

☐ I do not wish a first language to be recorded

Please State any other language spoken by your child (If your child has dual Nationality please record both)

### RELIGION

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Anglican             | <input type="checkbox"/> Baptist           | <input type="checkbox"/> Buddhist                     | <input type="checkbox"/> Christian      | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu                | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish                       | <input type="checkbox"/> Methodist      | <input type="checkbox"/> Mormon            |
| <input type="checkbox"/> Muslim               | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker                       | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion       | <input type="checkbox"/> Other (Please specify) _____ |   |  |

## EARLY YEARS HISTORY

### PREVIOUS EDUCATION DETAILS

Preschool / Nursery Name /Childminder?	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Pre-School History
	Address: Telephone: Key carer -Name:			
	Address: Telephone: Key carer -Name:			

Permission for Lent Rise staff to contact previous Nurseries ☐ Yes ☐ No

## ADDITIONAL INFORMATION

### NURSERY SCHOOL PHOTOGRAPHY

☐ I am aware that nursery school staff may take photographs of children within the curriculum and we may use these photographs for school displays around the school and agree to photographs being used by the school within the school.

We may also take photographs of children to be used both on the school's website and be shared with the local press. We may also record / video children to be used by the school and the media:

- ☐ I agree for my child's photograph to be placed on the school's website and newsletter.  
☐ I agree for my child to be filmed / photographed / recorded for and by the school and media

We have an outside photographer to take our individual and class photos on our school photo day:

- ☐ I agree for an outside photographer to take my child's photograph on photo day.

### SIBLINGS AND FAMILY LINKS

Does your child have any siblings or relatives attending or due to attend Lent Rise Nursery School?

- ☐ Yes ☐ No

If yes, please provide details below:

Name \_\_\_\_\_ Class \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Class \_\_\_\_\_ Relationship \_\_\_\_\_

Any comments

### NOMINATED COLLECTION CONTACT

Who will be the main person nominated to collect your child?

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Any other details:

If your child is to be collected by another person, please state a password to be used that office staff and teachers may request upon collection. School staff must always be informed beforehand if someone other than the nominated person above is collecting.

\_\_\_\_\_



#### EMERGENCY MEDICAL TREATMENT CONSENT

I agree that if my child should urgently require medical / dental treatment/ emergency transportation to a medical facility during the school day or whilst out on a school activity and it is not possible to contact me, or a named contact I have provided who has parental responsibility, I give permission for the authorised staff member in charge at the time to give consent on my behalf.

Signed:

Date:

This will be placed on your child's record. If a request is made to withdraw this, it will be removed from the school record.

#### ANXIETIES

Please describe any anxieties you or your child may have:

#### SETTLING IN

If there is anything that you would like to share with your child's new teacher to help them get to know your child further and to support the settling process, please note it below:

Does your child have a favourite story or character?

Please note it is the parents'/care givers responsibility to continue to keep the nursery up to date about changes throughout the school year.

## PARENTAL DECLARATION

### APPLICATION FOR 15 HOUR FUNDED PLACES

I would like to apply for a 15 hours funded place

My preference is:

Morning sessions ☐

Afternoon sessions ☐

2 full days and 1 half day ☐

Please state which days if a preference \_\_\_\_\_

I would like to apply for a lunch place, including a school lunch on the following days at £5.00 per day. (£3.00 for those eligible for EYPP)

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

I would like to apply for a lunch place, excluding a school lunch on the following days at £2.50 per day. (£1.00 for those eligible for EYPP). I will send my child with healthy packed lunch.

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

### ELIGIBILITY FOR 30 HOURS FUNDING

☐

I believe that I am eligible to apply for 30 hours funding for my child and would like to apply for a 30 hours place for my child. I understand that my child will not be eligible for the funded hours if I do not provide the relevant eligibility code to the school by July 2021.

☐

I understand that with my child attending 30 hours including lunch there will be a weekly charge of £25 payable via parentmail. I understand that on payment of this may result in the place being withdrawn.

**\*Please note we will do our best to accommodate your preferred choice of sessions. In the event a session is at capacity we will endeavour to offer you an alternative choice.**

**DATA PROTECTION STATEMENT:** *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.*

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**

*I declare the above information to be correct to the best of my knowledge at the time of completion.*

*I agree to notify the school of any change in my child's circumstances.*

*I understand that places are not guaranteed and should my child's be absence be of concern\*, the place may be withdrawn and offered to the next eligible child.*

*I understand that this application does not guarantee a place and that parents will be notified of the outcome by post as stated in the admissions policy.*

Name: \_\_\_\_\_

Relationship to the name child: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**\*** We expect your child to attend every session, unless they are ill. Regular unauthorised absence will result in a meeting request with the parent. If attendance does not improve this may result in the place being withdrawn.

