

# **Nursery Application Form**

Requirement												
Start Date:	//		Date of Birth	/_	/		Gende r:	Μ	F			
Sessions Required:	2 Year – AM			3 Year	– 15hr Fu	unded	AM					
	2 Year – PM				РМ							
	2 Yr – Full Dag	3 Year	3 Year – 30hr Funded									
Child												
Surname			First	Name								
			11130	Name								
Address												
Post Code		Birth C Seen	ertificate	•								
Primary Carer												
Name												
Relationship to child												
Address												
Home/Work No.												
Mobile No.												
Email												
Parents DoB	Parents Na No.			ational Insurance								
Parental Proof of Identity Provided:         Y         N         (eg. Passport, Driving Licence, Birth Certificate)												
Are there any custody arrangements we should know about? Y N Details:												
Are there any siblings in school? Names:												
I give consent to eligibility checking for 30hrs funding and EYDP												
I understand that all privately funded sessions I book will be charged for (regardless of my childs attendance) as staffing costs will still be incurred. I agree to these terms:												
Signed:			(Par	ent /Carer	<i>r</i> )	Date:			_			

Emergency release/other authorised adults 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												
Full Name												
Full Address												
Relationship to pupil												
Contact number												
Person 2				<b>.</b>								
Full Name												
Full Address												
Relationship to pupil												
Contact number												
Medical Information												
Name of GP												
Practice Address												
Has your child any:												
Illnesses/Disabilities												
Allergies												
Medications												
Dietary Requirements												
Other Information												
Child's first language						Child's	s seco	nd lan	guage			
Country of Birth						Nation	ality					
Is either parent in the armed forces? Y N												
Is your child eligible for FSMs? Y N												
Is your child currently in care? Y			Ν									
Special Religion or Cultural Needs:												

Other Information								
Ethnic Origin please tick the appropriate description								
White UK	White European	White Other						
Black Caribbean	Black African	Black Other						
Indian	Pakistani	Bangladeshi						
Chinese	Japanese	Other						

# CONSENTS

Please indicate whether you have given your consent (for your child be included in the following activities), by ticking the box on the right-hand side; and sign and date the form on the last page. Where no tick is present it will be assumed no consent is given.

 On site Activities
 Image to be used on the school website and in the local media

 Image to be used on the school website and in the local media
 Image to be used in circulation to, other parents (for example, school events)

# **Medical Consents**

Captain Webb Primary School has a duty of care, under \*Keeping Children Safe in Education (DfE) 2020 and \*\*HSE Guidance, to ensure that any child who receives an injury whilst in our care will be treated by a trained first aider. If it is felt necessary we will call for emergency medical services to ensure the safety and wellbeing of your child.

In the case of first aid being administered we will ensure a form is sent home to advice parents/carers of any treatment applied. If the injury is deemed to be more serious the parent/carer will be called. In urgent situations we will always endeavour to contact the parents/carers to advise of the situation but we will call for medical aid first. Please see our First Aid Policy at <a href="https://www.captainwebbprimary.org/policies">https://www.captainwebbprimary.org/policies</a>

If your child has medical condition/allergies the school **will** display their photo, name, class, and details of their allergy in **non-public**, prominent positions (such as office, staff room and kitchen – in case of food allergy). We do this under the 'Keeping Children Safe in Education' and H&S guidance to ensure all staff, especially those new

to the setting, are visually able to identify those children affected.

If you have any concerns with respect to any of these policies, please contact the school office on 01952 386770, or by email at <u>A2174@taw.org.uk</u>, one of the office staff will be happy to deal with your concerns.

\*you can download a copy at https://www.gov.uk/government/publications/keeping-children-safe-in-education--2,

\*\*Visit <u>http://www.hse.gov.uk/services/education/index.htm</u>

#### **Use of Online Learning Programmes**

Sometimes the school uses online learning programmes to enhance children's application of their learning in Maths and English. The children are registered on these programmes by school, and their information submitted is their name and class group. All data is administered by the school but it is held externally by a third party.

When on the programmes the children are allocated an identifier (user name) which is how they are seen, externally, whilst on these programmes.

To use Purple Mash (information uploaded – child's name, school and year group)

## Communication

Captain Webb Primary School keeps in touch with parents via several types of media. Personal messages/contact is completed via:

- Face to Face
- Phone
- Email
- Text
- Letter

General information is also disseminated via:

- Twitter <u>https://twitter.com/CaptWebbSchool</u>
- Facebook <u>https://en-gb.facebook.com/captainwebbprimaryschool</u>
- Website <u>www.captainwebbprimary.org</u>
- Weekly Newsletter.

Please ensure you have given us the correct contact details and that you keep us informed of any changes.

You can inform us of changes either by email, or by completing a form at the school office.

## Please sign and date the form before returning it to the school office

Signed: .....

Date: .....

Print Name: .....