

# Webb Crescent, Dawley, Telford, Shropshire TF4 3DU

Headteacher—Mrs Sarah Passey

Tel-01952 386770

www.captainwebbprimary.org

# **Nursery Data Collection Form**

| General Information:                      |   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
|---|---|-----------|---------|---------|-----------|-------------------------------------|-----------------------|-----|--------|---------|---|-------|-------------|--|--|
| 30hour eligibility code: 2-year-old eligi |   |           |         |         |           |                                     |                       |     |        | ode:    |   |       |             |  |  |
| My child will att                         | My child will attend the following setting/s: |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Start Date:                               | / Date of Birth                               |           |         |         |           | /_                                  | _ /                   |     | N      | 1       | F |       |             |  |  |
| Sessions                                  | 2 Year  |           |         |         |           | 3 Year                              | – 15hr                |     |        |         |   |       |             |  |  |
| Required:                                 |   | – Full Da | у       |         |           | 3 Year                              | PM<br>r – 30hr Funded |     |        |         |   |       |             |  |  |
| Child's legal na                          | mes:  |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Surname                                   |   |           |         |         |           | First N                             | ame                   |     |        |         |   |       |             |  |  |
| Post code                                 |   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Address                                   |   |           |         |         |           | Please                              | identify              | and | circle | e whicl | h | Birth |             |  |  |
|   |   |           |         |         |           | document you will provide with this |                       |     |        |         |   |       | certificate |  |  |
|   |   | form      |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
|   |   |           |         |         |           |                                     |                       |     |        |         |   |       | Passport    |  |  |
|   |   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Documentary p                             | roof of D                                     | OB type   | (birth  | certifi | cate, pas | ssport);                            |                       |     |        |         |   |       |             |  |  |
| Document reco                             | ded by (                                      | name of   | staff n | nembe   | r);       |                                     |                       |     |        |         |   |       |             |  |  |
| Date of docume                            | ent recod                                     | led;      |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Primary Carer:                            |   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Legal Name                                |   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Relationship to c                         | hild  |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Address (if different                     | ent   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| from above)                               |   |           |         |         |           |                                     |                       |     |        |         | 1 |       |             |  |  |
|   |   |           |         |         |           |                                     | Postco                | de: |        |         |   |       |             |  |  |
| Home Phone Nu                             | mber  |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Mobile Phone Nu                           | umber   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |
| Work Number                               |   |           |         |         |           |                                     |                       |     |        |         |   |       |             |  |  |

| Email   |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
|---|------------|-----------|----------|------|---|--|--------|-----------|----------|----------|--------|--------|---------|------|---------|--|
| Parents DoB   | /_         | /_        |          | Pa   | arent   | Natio  | nal In | s No.     |          |          |        |        |         |      |         |  |
| Parental Proof of Identity Provided:  |            |           |          |      |   | Y N (eg. Passport, Driving Licence, Birth Certificate) |        |           |          |          |        |        |         |      |         |  |
| Are there any custody arrangements in place   |            |           |          |      | Y N (attach a copy of any relevant court documents) |  |        |           |          |          |        |        |         |      |         |  |
| Is your child currently in care   |            |           |          |      | Y N (attach a copy of any relevant court documents) |  |        |           |          |          |        |        |         |      |         |  |
| Are either parents in the armed forces  |            |           |          |      | Y N   |  |        |           |          |          |        |        |         |      |         |  |
| Are there any siblings  | in scho    | ol        |          | Y    | ′ N   | <b>1</b> (r  | ames   | :         |          |          |        |        |         |      | )       |  |
| I give consent to eligi   | bility che | eck for ( | 30hr fur | ding |   | Υ  | N      |           | and E    | YDP      |        |        | Υ       | N    |         |  |
|   |            |           |          |      |   |  | 41     |           |          |          |        |        |         |      |         |  |
| I give my consent for   |            |           | ency r   |      |   |  |        |           |          |          | mer    | gency  | / illne | 200  | or if I |  |
| cannot be contacted:  | irry Crinc |           | Cicasci  |      | TOIIOW  | 9 F  |        | (3) 111 t | 110 0 00 | 111 01 0 | IIICIŞ | geriey |         | ,33, | 01 11 1 |  |
| Person 1  |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Full Legal Name   |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Full Address  |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Relationship to pupil   |            |           |          |      | ,   |  |        |           | 1        | _        |        |        |         |      |         |  |
| Contact Number  |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Person 2  |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Full Name   |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Full Address  |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Relationship to pupil   |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Contact Number  |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Spoken Languages  The following information is requested by the DFE, but is also used by the school to assess if additional support may be required by your child. In some circumstances we may be able to claim additional funding to support with this. Any information given below WILL NOT affect your child's application. |            |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |
| Childs first language learned   |            |           |          | ,    |   | Child's<br>angua                                       | s seco | ond       |          |          |        |        |         |      |         |  |
| Language/s spoken a   | it         |           |          |      |   |  |        |           |          |          |        |        |         |      |         |  |

home

| Other Information                                   |  |                |  |             |  |  |  |  |  |  |
|---|--|----------------|--|-------------|--|--|--|--|--|--|
| Ethnic Origin – Please tick appropriate description |  |                |  |             |  |  |  |  |  |  |
| White UK  |  | White European |  | White Other |  |  |  |  |  |  |
| Black Caribbean                                     |  | Black African  |  | Black Other |  |  |  |  |  |  |
| Indian  |  | Pakistani      |  | Bangladeshi |  |  |  |  |  |  |
| Chinese   |  | Japanese       |  | Other       |  |  |  |  |  |  |

| Medical Information                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Name of GP/Practice                       |  |  |  |  |  |  |
| Has your child any illnesses/disabilities |  |  |  |  |  |  |
| Has your child any allergies              |  |  |  |  |  |  |
| Has your child any regular medications    |  |  |  |  |  |  |
| Has your child any dietary requirements   |  |  |  |  |  |  |

# **CONSENTS**

Please indicate whether you give your consent (for your child to 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.

| present it will be assumed no consent is given.   |  |
|---|--|
| Use the internet in line with the school's acceptable usage policy  |  |
| View films and video clips rated PG   |  |
| Take part in food preparation/cooking and tasting activities  |  |
| Supervised visits to local destinations away from the main school site (walking only)                     |  |
| Supervised off-site activities (sporting fixtures and swimming lessons) where travel may be by coach/bus. |  |
| Name to be used on the school website, Facebook, and in our printed publications (i.e. newsletter)        |  |
| Image to be used on the school website, Facebook, and in our printed publications (i.e. newsletter)       |  |
| Work to be used in school displays  |  |
| Image to be used in school displays   |  |
| Image/Name to be taken by, or used in circulation to, other parents (for example, Classdojo)              |  |

### **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 A2174@taw.org.uk, one of the office staff will be happy to deal with your concerns.

\*you can download a copy at <a href="https://www.gov.uk/government/publications/keeping-children-safe-in-education--2">https://www.gov.uk/government/publications/keeping-children-safe-in-education--2</a>
\*\*Visit <a href="http://www.hse.gov.uk/services/education/index.htm">http://www.hse.gov.uk/services/education/index.htm</a>

### **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)

# Religious Observances (RE) and Relationship and Sex Education (RSE)

The school takes the religious background of pupils into account. Staff need to understand what you, as parents are comfortable and uncomfortable with, in relation to your children's depth of involvement in RE or RSE curriculum. Please check out our curriculum at <a href="https://www.captainwebbprimary.org/copy-of-curriculum-overviews">www.captainwebbprimary.org/copy-of-curriculum-overviews</a> and contact the class teacher if you have any concerns. You may also elect to keep your child out of assemblies if you feel the content is not appropriate for your child, again please let your child's class teacher know.

I would like to speak to the class teacher about RE/RSE Y / N

#### 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 https://twitter.com/CaptWebbSchool
- Facebook https://en-gb.facebook.com/captainwebbprimaryschool
- Website www.captainwebbprimary.org
- Weekly Newsletter.

Date: .....

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.

| Term dates   |
|--|
| I agree that I have read the term dates on the school's website; |
| https://www.captainwebbprimary.org/term-dates                    |
| Signed:  |

I understand that all privately funded sessions I book will be charged for (regardless of my child's attendance) as staffing costs will still be incurred. I agree to these terms. All fees are to be paid in advance as we run a strictly no debt policy:

Signed: ......

Print Name: .....



# Webb Crescent, Dawley, Telford, Shropshire TF4 3DU

Headteacher—Mrs Sarah Passey

Tel-01952 386770

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# **Nursery Session Booking Form**

| New requirements   |             |            |            |        |               |            |            |             |            |             |  |
|--|-------------|------------|------------|--------|---------------|------------|------------|-------------|------------|-------------|--|
| Start date:  | /           | /          |            |        | Childs nar    | me: (pleas | se         |             |            |             |  |
|  | print)      |            |            |        |               |            |            |             |            |             |  |
| Sessions required:   | 2-year-c    | old sessio | ns requir  | ed:    |               |            |            |             |            |             |  |
|  | Mon Tue Wed |            |            |        |               |            |            | Thu         |            | Fri         |  |
|  | AM PM       |            | AM PM      |        | AM            | PM         | AM PM      |             | AM         | PM          |  |
|  |             |            |            |        |               |            |            |             |            |             |  |
|  |             |            |            |        |               |            |            |             |            |             |  |
|  | 3-year-c    | old sessio | ns requir  | ed:    |               |            |            |             |            |             |  |
|  | N           | 1on        | Т          | ue     |               | Wed        | •          | Thu         |            | Fri         |  |
|  | AM          | PM         | AM PM AM   |        | AM            | PM         | AM PM      |             | AM         | PM          |  |
|  |             |            |            |        |               |            |            |             |            |             |  |
|  |             |            |            |        |               |            |            |             |            |             |  |
|  | Please n    | nark regu  | ired sess  | ions v | vith F (for f | unded se   | ssions) ar | nd P (for e | elective p | aid         |  |
|  | sessions    | =          |            |        | •             |            | ·          | •           | ·          |             |  |
| Agreement:   |             |            |            |        |               |            |            |             |            |             |  |
| I have selected which of the s interchangeable. I will, theref   |             |            |            |        |               |            | these se   | ssions re   | not        |             |  |
|  | ·           |            | •          |        |               |            |            |             |            |             |  |
| I understand that all privately costs will still be incurred.  | funded s    | ession I b | ook will l | be ch  | arged for (r  | egardless  | of my ch   | ild's atte  | ndance) :  | as staffing |  |
| I understand that working family funded sessions are my responsibility to re confirm and not the nurseries. I agree to |             |            |            |        |               |            |            |             |            |             |  |
| these terms.   |             |            |            |        |               |            |            |             |            |             |  |
|  |             |            |            |        |               |            |            |             |            |             |  |
| Signed:  |             |            |            | _(par  | ent/carer)    | Date: _    |            |             | _          |             |  |
| Print:   |             |            |            | (pare  | ent/carer)    |            |            |             |            |             |  |