



# Nottingham Nursery School & Training Centre

## Admissions Form

| Child's details  |             |   |             |
|--|-------------|---|-------------|
| Child's legal forename   |             | Child's middle name(s)                            |             |
| Child's legal surname  |             |   |             |
| Child's Preferred forename   |             | Child's preferred surname                         |             |
| Date of Birth  |             | Male / Female                                     |             |
| Child's Address  |             |   |             |
|  |             |   |             |
| Post code  |             |   |             |
| Can both parents have access to child? (please circle)                       | Yes      No |   |             |
| <b>If 'No'</b> please provide details of parental access                     |             |   |             |
| Does your child have a <b>named social worker?</b> (please circle)           | Yes      No |   |             |
| <b>If 'Yes'</b> please provide <b>social worker name</b>                     |             | <b>Social worker contact number</b>               |             |
| Child's first language   |             | Religion (if any)                                 |             |
| Other languages spoken at home   |             |   |             |
| Asylum seeker? (please circle)   | Yes      No | Refugee? (please circle)                          | Yes      No |
| Child's Ethnic Description (please tick and state country where appropriate) |             |   |             |
| White – British  |             | Black – African                                   |             |
| White – Irish  |             | Black – Caribbean                                 |             |
| White and Asian  |             | Any other mixed background                        |             |
| White and Black African  |             | Any other white background                        |             |
| White and Black Caribbean  |             | Any other Asian background                        |             |
| Bangladeshi  |             | Any other ethnic group                            |             |
| Chinese  |             | Gypsy/Roma  |             |
| Indian   |             | Traveller of Irish Heritage                       |             |
| Pakistani  |             | I do not wish my child's ethnicity to be recorded |             |

### For Office Use only

|  |   |           |
|--|---|-----------|
| Evidence of date of birth<br>(Please circle) | Birth certificate    Passport    Medical card | Date seen |
| Country of Birth                             |   |           |
| Start Date                                   | Group/Session                                 |           |

|  |  |   |             |
|--|--|---|-------------|
| <b>Child's name</b>  |  | <b>Child's Date of Birth</b>                        |             |
| <b>Emergency contacts and pick up details</b>  |  |   |             |
| <b>First Contact Person for Emergencies</b>  |  |   |             |
| Relationship to Child (e.g. Mother, Father, Grandma, Carer etc.)   |  | <b>Lives with child? (Please circle)</b>            | Yes      No |
| Surname  |  | <b>Permission to collect child? (please circle)</b> | Yes      No |
| Forenames  |  |   |             |
| Daytime telephone number   |  | Mobile number                                       |             |
| <b>email address</b>   |  |   |             |
| <b>Second Contact Person for Emergencies</b>   |  |   |             |
| Relationship to Child (e.g. Mother, Father, Grandma, Carer etc.)   |  | <b>Lives with child? (Please circle)</b>            | Yes      No |
| Surname  |  | <b>Permission to collect child? (please circle)</b> | Yes      No |
| Forenames  |  |   |             |
| Daytime telephone number   |  | Mobile number                                       |             |
| <b>email address</b>   |  |   |             |
| <b>Additional Contact Person for Emergencies</b>   |  |   |             |
| Relationship to Child (e.g. Mother, Father, Grandma, Carer etc.)   |  | <b>Permission to collect child? (please circle)</b> | Yes      No |
| Surname  |  |   |             |
| Forenames  |  |   |             |
| Daytime telephone number   |  | Mobile number                                       |             |
|  |  |   |             |
| <b>Additional Contact Person for Emergencies</b>   |  |   |             |
| Relationship to Child (e.g. Mother, Father, Grandma, Carer etc.)   |  |   |             |
| Surname  |  |   |             |
| Forenames  |  | Mobile number                                       |             |
| Daytime telephone number   |  | <b>Permission to collect child? (please circle)</b> | Yes      No |
| <b>Details of anyone who <u>specifically cannot</u> collect the child from nursery (e.g. by court order)</b> |  |   |             |
| Full Name  |  | Relationship to child                               |             |
| Full Name  |  | Relationship to child                               |             |

**Parent/Carer Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>Child's name</b>  |  | <b>Child's Date of Birth</b>       |  |
| <b>Health and Medical Details</b>  |  |                                    |  |
| Dietary requirements of child (If none, please state 'None')   |  |                                    |  |
| Details of Special Medical Conditions, e.g. allergies, current medication, eczema, asthma, epilepsy (If none, please state 'None')   |  |                                    |  |
| Doctor and surgery's Name  |  | Doctor or surgery telephone number |  |
| Health Visitor's Name  |  | Contact number                     |  |
| Immunisations to date  |  | Infectious diseases to date        |  |
| Name of any professionals involved (e.g. Speech Therapist, Consultant, Physiotherapist etc.)   |  |                                    |  |
| <b>Emergency Medical Consent</b>   |  |                                    | <b>Consent Given</b>                                     |
| In the event that my child is involved in a serious accident while at the School, I expect the Head, or a delegated member of staff, to contact me immediately on the emergency telephone contact numbers provided, which I will keep up to date. In the event that my child requires immediate treatment before I will be able to get to the Hospital, I hereby authorise the Head, or a delegated member of staff, to consent to emergency medical treatment on my behalf. |  |                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Administering Oral Medication</b>   |  |                                    | <b>Consent Given</b>                                     |
| If your child is on prescribed medication but is well enough to be in school, Nottingham Nursery School will be able to administer the required medication with your consent. <b>I understand that I MUST complete an additional form for any medication required.</b>   |  |                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Applying Sun Cream</b>  |  |                                    | <b>Consent Given</b>                                     |
| I consent for members of staff at NNS to apply sun cream to my child in hot conditions.  |  |                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Applying Plasters</b>   |  |                                    | <b>Consent Given</b>                                     |
| I consent for First Aid trained staff at NNS to apply plasters to my child if they consider it necessary.  |  |                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Changing Children</b>   |  |                                    | <b>Consent Given</b>                                     |
| I consent for members of staff at NNS to change my child's clothing if they become very wet. If my child requires nappies, I will provide nappies for changing.  |  |                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Parent/Carer Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

|   |  |                              |                          |           |                          |
|---|--|------------------------------|--------------------------|-----------|--------------------------|
| <b>Child's name</b>   |  | <b>Child's Date of Birth</b> |                          |           |                          |
| <b>Parental Consent</b>   |  |                              |                          |           |                          |
| <b>The following page contains important consent statements which we need you to understand and complete. You are not required to consent to any of the below and you may withdraw your consent at any time – (contact the school office).</b>  |  |                              |                          |           |                          |
| <b>School visits and outings:</b><br>I consent to my child being taken on off-site visits in the local area on foot. All visits will be risk assessed and approved by the Head Teacher. Qualified First Aiders will be accompanying visits. For trips involving transport, further permission will be sought from parents in advance.   |  | Yes                          | <input type="checkbox"/> | No        | <input type="checkbox"/> |
| <b>Photographs and video consents</b>   |  | <b>Yes</b>                   |                          | <b>No</b> |                          |
| <b>Photographs and videos used in Nursery:</b><br>I give consent for Nottingham Nursery School (NNS) to record my child and display the photographs/videos in nursery including child's name. The pictures and videos may remain on display after my child has left nursery.  |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |
| <b>On social media:</b><br>I give consent for NNS to record my child and post the photographs/videos on the Schools social media accounts including Facebook and Twitter. My child's name will NEVER appear on social media accounts. The pictures may remain online after my child has left the nursery.   |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |
| <b>In education and training materials:</b><br>I give consent for NNS to record my child and use the photographs/videos in education and training materials. I understand my child's name will NEVER appear in education and training materials. Photographs/videos may remain on training materials after my child has left nursery.   |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |
| <b>On marketing material:</b><br>I give consent for NNS to record my child and use the photographs/ videos in NNS marketing materials. I understand my child's name will NEVER appear in marketing materials. Photographs/videos may remain on marketing materials after my child has left the nursery.   |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |
| <b>For evidence of learning:</b><br>I give consent for NNS to record my child and use the photographs/ videos for evidence of learning. This will be stored securely and deleted when my child leaves nursery. Some photographs may be shared with me in a document at the end of the school year. This document will contain my child's name and <u>will not</u> be shared outside of nursery. |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |
| <b>School performances:</b><br>I give consent for NNS to record my child during school performances. In the case of group pictures/videos, these may be shared with the parents of the other children.  |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |
| <b>Photographs and videos by other parents:</b> I give consent for my child to be recorded by other parents /carers during school performances. Photos or videos I take must not be shared online including on social media.  |  |                              | <input type="checkbox"/> |           | <input type="checkbox"/> |

**Parent/Carer Name:** \_\_\_\_\_

**Parent/Carer Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_