



APPLICATION FOR A NURSERY SCHOOL PLACE

YOUR CHILD'S DETAILS

First name (s)

Family name

Home address (where the child is normally resident)

Postcode

Date of birth

Birth Certificate attached

Male or Female M F

To help us provide equal opportunities for everyone, please provide your child's ethnic group code (from list below):

Ethnic Group Code see below

Nationality

What language is used at home?

Brother / Sister's full name Date of birth

School attending Eligible for free school meals? Yes No

Brother / Sister's full name Date of birth

School attending Eligible for free school meals? Yes No

(Please continue on a separate sheet if you have more children, stating the addresses if different to yours)

Does your child attend any other pre-school group? If Yes, please give details

Does your child have any specific needs (medical/educational/social) Details

Are there other professionals involved with your child/family? (e.g. Social Worker) Details

YOUR DETAILS

Title / First name

Family name

Address

Postcode

Home telephone

Relationship to child

Ethnic Group Code see below

Country of origin

Ethnic Group Codes		Black-Caribbean	BC	Mixed: White and Black African	WBA	Asian-Pakistani	AP
White-British	WB	Black-African	BA	Chinese	C	Asian-Bangladeshi	AB
White-Irish	WI	Black-Other	BO	Other ethnic group	O	Asian-Other	AO
White-Other	WO	Mixed: White and Black Caribbean	WBC	Asian-Indian	AI	Mixed: White and Asian	WA
						Mixed: Other	MO

MEDICAL REGISTRATION FORM

Doctor's Details

Doctor's Name

Doctor's telephone number

Practice Name and Address

Post code

Health Visitor

Medical information

Has your child any allergies?

Yes

No

If Yes, please give details

Has your child any phobias?

Yes

No

If Yes, please give details

Is your child currently taking any medication? (Please see our policy regarding administering medication)

Yes

No

If Yes, please give details

Please give any other information that will assist the Nursery staff to provide care for your child

I give my consent for the Nursery School to give or arrange emergency medical treatment for my child

Print name

Sign

Date

EMERGENCY CONTACTS

First Contact

Second Contact

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

Third contact

Non-Resident Parent Details

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

TRAVEL INFORMATION – we are required to collect the following information by Devon County Council

Please tick to indicate which of the following you and your child are most likely to use to get to Nursery School

car share car or van bicycle bus taxi walk

other (please specify)

CONSENT

Child's name

Date of birth

Trips within the St Thomas area

During the year the children may leave the school site and go into the Cowick Street / St Thomas area with their teachers and learning support staff. This will be for planned work and will be carefully supervised. We would be grateful if you would indicate below if you are agreeable to your child taking part in class projects in the St Thomas area.

If you do NOT give permission for your child to leave the school site to trips within the St Thomas area, please tick the box.

Photography

On occasions photographs may be taken by visitors to the Children's Centre, Children's Centre staff and also by the local press to accompany articles being published. Please sign below to say that your agreement is given for your child to take part in a photography / video shoot for West Exe Children's Centre and that you consent to full use of the material be West Exe Children's Centre in any form and in any medium which reasonably promotes or advertises the aims of West Exe Children's Centre, or for service evaluation. The photographs / video will not be used for any other means.

If you do NOT give permission for photographs/video to be taken of yourself or your child(ren) during the Children's Centre activities, please tick the box.

Massage in Schools Programme – Information for parents

The programme started in Sweden and schools in Britain are now taking part.

Children wear their normal school clothes and give massage to each other on the back, head and arms. Adults in the classroom will demonstrate the massage strokes on each other, not on the children. They take part in ten to fifteen minutes of massage daily.

The massage programme is planned to be part of the school's pastoral work. Studies have shown that, when children give massage to each other, they become calmer, concentrate better and have more confidence. They learn to respect themselves and other children. They also understand the importance of, and how to recognise positive touch. Each child gives permission for massage to take place. If children do not want to give or receive massage they sit and watch. They will still benefit from the calm environment created for massage which includes relaxation music.

If you do NOT give permission for your child to decide if she/he wishes to take part in giving and receiving clothed massage as part of the Massage in Schools Programme, please tick the box.

Data Protection

- The information given in this form will be stored electronically and used to enable the Nursery School and West Exe Children's Centre Staff to offer appropriate support.
- At times the information may be passed to other professionals working on our behalf to provide a service to you and to Devon County Council for monitoring and evaluation purposes.
- We are legally obliged to share information with other agencies if there are any safety concerns about you or your child(ren).
- All data will be kept in accordance with the Data Protection Act 1998 and you have the right to access any information we hold on you or your child(ren).

Print name

Sign

Date

Children are offered 5 morning or 5 afternoon sessions. If you want anything other than this, please let u know.