CHALVEY NURSERY SCHOOL

**REGISTRATION AND FAMILY DETAIL FORM**

We need to know lots of things about your child and family. Please help us by completing the information requested. Some of this information is required by the Education Authority. Other details relate to keeping your child safe and well looked after. Other information will allow us to get to know your child and understand issues that concern them. You **MUST** inform us promptly of any changes to these details – especially contact numbers. ***Page 7 is to be completed for 30hr children only****.*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Girl / Boy?

Address:

|  |
| --- |
|  |

Miss / Mrs / Ms (Please circle)

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, if different from above: Address, if different from above:

|  |  |
| --- | --- |
|  |  |

Parental responsibility? Yes 🞏 No 🞏 Parental responsibility? Yes 🞏 No 🞏

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Insurance No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours worked per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours worked per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself a keyworker? Y / N Do you consider yourself a keyworker? Y / N

Names and date of birth of any other children in the family:

|  |
| --- |
|  |

Other regular carers’ names and relationship:

|  |
| --- |
|  |

If applicable, please tell us when your child arrived in the country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you asylum seekers? Yes 🞏 No 🞏

Name of others supporting your child:

Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speech Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a Child Protection Plan? Yes 🞏 No 🞏

Does your child wear glasses? Yes 🞏 No 🞏

Is your child’s hearing satisfactory? Yes 🞏 No 🞏

Can your child use the toilet on their own? Yes 🞏 No 🞏

Does your child use any of these? Dummy 🞏 Bottle 🞏 Nappies 🞏

Name, address and telephone number of doctor:

|  |
| --- |
|  |

Name, address and telephone number of dentist, plus any treatment undertaken:

|  |
| --- |
|  |

Does your child have any food allergies? Yes 🞏 (Give details below) No 🞏

|  |
| --- |
|  |

Is there any other food or drink your child should not have? Yes 🞏(Give details below) No 🞏

|  |
| --- |
|  |

Home language spoken by:

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your Home Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What festivals do you celebrate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any family customs you would like us to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to share this with your child’s class? Yes 🞏 No 🞏

Who is to collect your child? Is there anyone who cannot collect your child?

|  |  |
| --- | --- |
|  |  |

Please give details of 3 emergency contacts, (not parents) in order your wish to be contacted:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Telephone Number | Relationship to child |
| 1st |  |  |  |
| 2nd |  |  |  |
| 3rd |  |  |  |

**Security Password**: (This will be needed by anyone collecting your child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consent to us taking your child off site on trips? (details will be sent as and when)

Yes 🞏 No 🞏

**Medical Details**

Medical information is treated in the strictest confidence and in no way jeopardises the provision of a place for your child. However, failure on the part of the parent to disclose this information will mean that Slough Borough Council will not accept liability for your child if a severe reaction occurs whilst he/she is in school.

Does your child suffer from any other conditions of which you think we should be made aware, e.g. asthma, diabetes, blackouts, fits, fainting, clumsiness, walking on tip-toes, etc. YES NO

**Please give details and any medication that they take regularly.**

………………………………………………………………………………………………………………………………………………

Does your child suffer from any chronic/severe allergy (e.g. nuts, wasp stings, etc.) whereby he/she may require a life-saving injection whilst at school? YES NO

If YES, please supply the following details: (please print)

Cause of allergy ………………………………………. Antidote drug ……………………….………..

Do you have any concerns about your child’s development? NO YES (*please specify) ……………………………………………………………………………………*

If your child has already turned 2, can they:

Put on a coat? Yes 🞎 No 🞎 Play with other children? Yes 🞎 No 🞎

Pull down a zip? Yes 🞎 No 🞎 Walk upstairs using 2 feet? Yes 🞎 No 🞎

Use the toilet? Yes 🞎 No 🞎 Hold a book & turn pages? Yes 🞎 No 🞎

Wash their hands? Yes 🞎 No 🞎 Tidy away toys? Yes 🞎 No 🞎

Use a tissue? Yes 🞎 No 🞎 Use simple sentences? Yes 🞎 No 🞎

Eat and drink independently? Yes 🞎 No 🞎 Drink from a cup? Yes 🞎 No 🞎

Respond to simple instructions? Yes 🞎 No 🞎 Ask for help when needed? Yes 🞎 No 🞎

Do you have any concerns about your child’s behaviour? NO YES ( (*please specify)*

………………………………………………………………………………………………………………………………………..…

Date of last tetanus injection: ………………………………..(**Shown in red book as DTaP/IPV/Hib**)

**Photographs**

At Chalvey Nursery School, we sometimes take photographs of pupils. We use these photos on the school’s website and on display boards around school. No photos on the website are named unless specific permission is granted.

We would like your consent to take photos of your child, and use them in the ways described below.

**Please tick the relevant boxes below and return this form to school**.

I am happy for the school to take photographs of my child.

I am happy for photos of my child to be used on the school website while my child is attending.

I am happy for photos of my child to be used on the school website after my child has left.

I am happy for photos of my child and our family to be used in internal displays.

I am happy for photos of my child to be included in their own folder which will be

given to me when my child leaves the nursery.

I am **NOT** happy for the school to take or use photos of my child.

If you change your mind at any time, you can let us know by emailing office@chalveyeyc.slough.sch.uk , calling the school on 01753 978660 or just popping in to the school office.

If you have any other questions, please get in touch.

Ethnic Background Record Form (EBRF)

**Pupil’s Name**: ……………………………………………..…..…………………………………

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick **one box only** to indicate the ethnic background of the pupil named above.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Afghan |  |  | Hong Kong Chinese |  |  | Serbian |  |
| African Asian |  |  | Indian |  |  | Singaporean Chinese |  |
| AKAS - Kashmiri |  |  | Iranian |  |  | Sri Lankan Other |  |
| Albanian |  |  | Iraqi |  |  | Sri Lankan Sinhalese |  |
| Arab |  |  | Italian |  |  | Sri Lankan Tamil |  |
| Asian/Black |  |  | Japanese |  |  | Taiwanese |  |
| Asian/Chinese |  |  | Kashmiri Pakistani |  |  | Thai |  |
| Asian and other ethnic group |  |  | Kashmiri Other |  |  | Traveller – Irish Heritage |  |
| Bangladeshi |  |  | Korean |  |  | Turkish |  |
| Black Angolan |  |  | Kosovan |  |  | Turkish Cypriot |  |
| Black Caribbean |  |  | Kurdish |  |  | Vietnamese |  |
| Black Congolese |  |  | Latin /South/Central American Americancan |  |  | White Cornish |  |
| Black European |  |  | Lebanese |  |  | White English |  |
| Black Ghanaian |  |  | Libyan |  |  | White Irish |  |
| Black Nigerian |  |  | Malay |  |  | White Scottish |  |
| Black North American |  |  | Malaysian Chinese |  |  | White Welsh |  |
| Black Sierra Leonian |  |  | Mirpuri Pakistani |  |  | White Eastern European |  |
| Black Somali |  |  | Moroccan |  |  | White European |  |
| Black Sudanese |  |  | Nepali |  |  | White Western European |  |
| Black and Chinese |  |  | Other Asian |  |  | White/Any other ethnic group |  |
| Black and any other ethnic group |  |  | Other Black  |  |  | White/Any other Asian |  |
| Bosnian-Herzegovinian |  |  | Other Black African |  |  | White/Black African |  |
| Chinese and any other ethnic group |  |  | Other Chinese |  |  | White/Black Caribbean |  |
| Croatian |  |  | Other Ethnic Group |  |  | White/Chinese |  |
| Egyptian |  |  | Other mixed background |  |  | White/Indian |  |
| Filipino |  |  | Other Pakistani |  |  | White/Pakistani |  |
| Greek |  |  | Other White British |  |  | Yemeni |  |
| Greek Cypriot |  |  | Polynesian |  |  |  |  |
| Gypsy/Roma |  |  | Portuguese |  |  | **I do not wish any ethnic background category to be recorded** |  |

(Any information you provide will be used solely to compile statistics on the experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again).

**CHILD PROTECTION STATEMENT**

We are committed to ensuring that all our children are well cared for, safe and protected.

We follow Slough Borough Council’s Child Protection procedures and aim to work together with other agencies that support children and families.

We are required to be watchful for signs and symptoms of:

Physical Abuse Sexual Abuse Emotional Abuse Neglect

Parents should be aware that in urgent/repeated incidents, the school is obliged to discuss/refer these to other agencies.

Slough Borough Council has a legal duty to safeguard the welfare of privately fostered children. We are obliged to inform them when a child is looked after for 28 days or more in the care of someone who is not their guardian or close relative, by private arrangement between parent and carer.

Please TICK which session you would prefer at Chalvey Nursery School:

|  |  |  |
| --- | --- | --- |
| Mornings: 8.30am to 11.30am | Afternoons: 12.30pm to 3.30pm | 3&4-Year-Old 30hours: (eligibility rules apply) 8.30am to 2.30pm |

**For School Use Only:**

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position in Family: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comment |
| Has your child had any serious illnesses since birth? |  |  |  |
| Is your child able to play by themselves for short periods of time? |  |  |  |
| Do you have a bedtime routine? |  |  |  |
| Does your child nap during the day? |  |  |  |
| Does your child like to drink milk? |  |  |  |

Home visit staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

|  |  |  |
| --- | --- | --- |
| **BC Seen:**  | **POA Seen:**  | **SIMS:** |