



Admission Form

Child's Details

| | |
|------------------|---------------------|
| Surname: | Forename(s): |
| Date of Birth: | Town/City of Birth: |
| Current Address: | Previous Address: |
| Postcode: | Postcode: |

Parent/Carer's Details

| | |
|---|---|
| Name of parent/carers (1): | Name of parent/carers (2): |
| Relationship to child: | Relationship to child: |
| Current Address: | Current Address: |
| Postcode: | Postcode: |
| Telephone numbers | Telephone numbers |
| Work: | Work: |
| Home: | Home: |
| Mobile: | Mobile: |
| If you would like to receive Newsletters via email please fill out your email address below | If you would like to receive Newsletters via email please fill out your email address below |
| Email address: | Email address: |
| Does this person have parental responsibility? Yes/No | Does this person have parental responsibility? Yes/No |

Emergency Contact Information (other than main carers)

| | |
|--|--|
| Name: | Name: |
| Relationship to child: | Relationship to child: |
| Telephone numbers Home: Work: Mobile: | Telephone numbers Home: Work: Mobile: |
| Address: | Address: |
| Postcode: | Postcode: |

Child Collection information

| | |
|---|------------------------|
| Names of people authorised to collect your child from Preschool | |
| Name: | Relationship to child: |
| Name: | Relationship to child: |
| Name: | Relationship to child: |
| Name: | Relationship to child: |
| Name: | Relationship to child: |

Please advise Debbie if any of the above names/details need to be amended.

If you wish for your child to be collected by some who isn't listed above, please provide us with a password that can be used for authorisation. Your child will not be released if collection isn't from the named people above or password not given.

My child's unique password is.....

Medical Information

| | | |
|--|-------------------|----|
| Name of G.P: | Telephone Number: | |
| Address: | | |
| Postcode: | | |
| Are all your child's immunisations up to date? | Yes | No |
| Does your child have any health or medical conditions, which the staff should be aware of? If yes please state: | Yes | No |
| Does your child require any medications? If yes please state: | Yes | No |
| Does your child have any known allergies? If yes please state, including type of reaction: | Yes | No |
| Do you give permission to seek any necessary emergency medical advice or treatment for your child? | Yes | No |
| Does your child have any specific dietary requirements? If yes please state: | Yes | No |
| Milk/Water and a healthy snack are provided at snack times unless we are advised otherwise. Is this acceptable? | Yes | No |
| Are there any specific cultural or religious beliefs which you wish us to be aware of to help care for your child? If yes please state: | Yes | No |

Other Relevant Information

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|---|-----------------------------|
| Please provide names, roles and contact details of any relevant professionals who have contact with your child/family. (health visitor, social worker) | |
| Are there any relevant court orders in place including those that effect any person's access to the child? (e.g. residence orders, care orders, injunctions) If yes please provide details | Yes No |
| Is or has your child ever been on the Child Protection Register? | Yes No |
| Are there any other factors that may impact on the safety and welfare of your child? If yes please provide details: | Yes No |
| Please provide details of any previous/current settings your child attends: | |
| Please provide details of any additional needs your child may have: | |

Safeguarding Children

As an organisation we have a duty to safeguard and promote the welfare of all children in our care. If abuse of a child is suspected, Preschool will follow procedures outlined by the North Yorkshire Safeguarding Children Board. In the majority of cases, concerns will be discussed directly with the parents or carers of the child prior to a referral to social services being made. However, please be aware that there are specific situations in which we may speak to the police or social services without your permission. These situations are; if we suspect sexual abuse; fabricated or induced illness; or if, by informing you the child or staff would be put in danger, or further investigations would be hindered. We thank you for your understanding in this.

Consent Forms

Consent to photograph

| | | |
|---|--------------------------|--------------------------|
| Name of Child: | | |
| I am the legal parent/guardian of the child above and I give permission for my child to be photographed at Preschool for the below proposed uses: | | |
| Tick appropriate box | Yes | No |
| Child's file | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed publications | <input type="checkbox"/> | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | <input type="checkbox"/> |
| Display around the premises (please note the village hall is used by other members of the community) | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature of parent/guardian: | | |
| Name of parent/guardian (block capitals): | | Date: |

Consent to apply sun cream

| | | |
|--|-----|-------|
| Name of Child: | | |
| I am the legal parent/guardian of the child above and I give permission for staff at Preschool to apply sun cream to my child when appropriate | | |
| | Yes | No |
| Signature of parent/guardian: | | |
| Name of parent/guardian (block capitals): | | Date: |

Consent to use hypo-allergenic plasters if required

| | | |
|---|-----|-------|
| Name of Child: | | |
| I am the legal parent/guardian of the child above and I give permission for staff to apply hypo-allergenic plasters to my child if required | | |
| | Yes | No |
| Signature of parent/guardian: | | |
| Name of parent/guardian (block capitals): | | Date: |

Consent to follow Emergency Medical Procedures

| | |
|---|-------|
| Name of Child: | |
| <p>In an emergency Preschool may need to seek medical advice or treatment for your child. The following procedures would be followed:</p> <ul style="list-style-type: none"> • The child would be cared for in accordance with the Medical Emergency Procedure (displayed on the Preschool notice board) • All the relevant details from the child's enrolment form will be taken into account. E.g. cultural & religious beliefs. • The Parent/Guardian would be contacted, if they are unavailable the emergency contacts would be contacted | |
| To ensure that we have your permission to follow these procedures please sign this form. | |
| Signature of parent/guardian: | |
| Name of parent/guardian (block capitals): | Date: |

Consent to go on walking outing in Sutton on the Forest

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|---|-------|
| Name of Child: | |
| <p>I am the legal parent/guardian of the child above and I give permission for my child to go out on a walk in Sutton on the Forest Village.</p> <p style="text-align: center;">Yes No</p> | |
| Signature of parent/guardian: | |
| Name of parent/guardian (block capitals): | Date: |

Consent for your details to be included on the parent's contact list

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|--|-------|
| Name of Child: | |
| Name of Parents/Carers to go on list | |
| <p>I give permission for my details (name, phone number and email address) to be printed on the Preschool parent's contact list available to all parents.</p> <p style="text-align: center;">Yes No</p> | |
| Signature of parent/guardian: | |
| Name of parent/guardian (block capitals): | Date: |

Consent to share information about your child between settings they attend

| | |
|--|-------|
| Name of Child: | |
| I am the legal parent/guardian of the child above and I give permission for Sutton on the Forest Preschool to share care, learning and development information regarding my child with to enable and encourage continuity of care. Yes No | |
| Signature of parent/guardian: | |
| Name of parent/guardian (block capitals): | Date: |

Privacy Notice

| | |
|--|-------|
| I have read the Privacy Notice. This privacy notice explains what personal data we collect, why we collect it, how we use it and how we protect it. Please sign below to indicate that you have read and agree to this policy. I am aware that this can also be viewed online at www.suttonpreschool.co.uk . Yes No | |
| Signature of parent/guardian: | |
| Name of parent/guardian (block capitals): | Date: |

Policies

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|---|-------|
| I have been made aware of the operational file containing copies of Sutton on the Forest Preschool's policies for me to access at all times. I am aware some of these can also be viewed online at www.suttonpreschool.co.uk . Yes No | |
| Signature of parent/guardian: | |
| Name of parent/guardian (block capitals): | Date: |

Proof of child's age and identity for funding

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|--------------------|-------|
| Name of Child: | |
| Town of Birth: | |
| Date of Birth: | |
| Evidence Provided: | |
| Witnessed by: | Date: |

Your child's keyworker

.....'s key worker will be Who has been chosen as they are on duty for the majority of the sessions that your child attends preschool. They will be responsible for helping to settle your child into preschool, keeping an extra watch on them and compiling the observations made on your child into their progress records.
Please remember that all other staff will continue to provide care and support for all children even if they are not their key worker

Ethnic information about your child

In order to incorporate the ethnic diversity of our children in lesson planning, the Preschool Staff would very much appreciate it if parents/carers would complete this form. This is also an OFSTED requirement.

Child's name

Please tick one box only to indicate the ethnic background of your child.

White

- British
- Irish
- Traveller of Irish heritage
- Gypsy/Roma
- Any other white background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded