Cambridge Nursery School

**CAMBRIDGE NURSERY SCHOOL**

**REGISTRATION FORM**

**Please complete all sections**

 **APPLYING FOR**: TWO YEAR OLD PLACE (2 year olds) MORNING 8.45am – 11.45am/AFTERNOON 12.30pm – 3.30pm

 *(Please specify)* NURSERY PLACE: (3/4 year olds) MORNING 8.45am – 11.45am/AFTERNOON 12.30pm – 3.30pm

 30 HOUR (3 & 4 year olds) 9.00am – 3.00pm

 30 HOUR CODE……………………………………………………….. 2 YEAR OLD VOUCHER CODE………………………………………………….

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| Your choice of early education is a very important decision. At Cambridge Nursery School you can be sure your child will be in a safe and happy learning environment with friendly and qualified staff who are dedicated to caring for and teaching your children. We provide your child with a happy, warm, stimulating and secure learning environment. We aim to meet the individual needs of our children, giving them the social skills and confidence they need in their foundation years and providing them with a sound platform for transition into school life.***Ofsted have rated the quality and standards of our early years provision as Good*** |
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| When completing the parent/carer section you MUST record the full name, date of birth and address of both parents and any other adults/carers who live with the child or who we may come into contact with during your child’s time at Nursery School (e.g. parent’s partner). Please tick the PR box to indicate who has Parental Responsibility (these will be the parents named on the child’s birth certificate). Each individual listed needs to give consent for their information to be held by the school by signing the permission box GDPR to ensure we adhere to General Data Protection Regulations. The information provided may be held securely on site for a period of 12 months from the date your child leaves nursery and you may withdraw your consent at any time by informing the school in writing. Confirmation this request has been actioned will be issued by Cambridge Nursery School for your records. |
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| Child’s legal first name – | Child’s middle name - |
| Child’s legal surname – | Preferred name - |
| Date of Birth - ...............................................Admin to sign to verify sight of Birth Certificate   | Gender - Male Female |
| Child’s home address – ………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………… Postcode -  |
| HOME LANGUAGE …………………………………………… | ETHNICITY…………………………… RELIGION………………………………………… |
| Contact 1: |
| **PARENT/CARER DETAILS**  Relationship to child – MOTHER/FATHER/OTHER Please specify: ....................................... Home address (if different from child) - ......................................................................................Post code:……………….cartoon mobile phone Mob No: .................................. telephone Home No. ..................................... Work No:........................................................ EMAIL ADDRESS………………………………………………….. required to sign up to our new parents AppCOVID 19 - Are you classed as a key work/critical worker? YES/NOIf so, please provide details of your occupation and place of work………………………………………………………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/CarerSurname | First Name(s) | Date of birth | GDPR- consent to hold your detailsPlease sign below |
|  |  |  |  |  |  |

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| Does the **person above have (PR) parental responsibility for this child? Please tick YES NO**  |
| **Contact 2:** |
| **PARENT/CARER DETAILS** Relationship to child - MOTHER/FATHER/OTHER Please specify: ....................................... Home address (if different from child) - ......................................................................................Post code:……………….cartoon mobile phone Mob No: .................................. telephone Home No. ..................................... Work No:........................................................ EMAIL ADDRESS………………………………………………….. required to sign up to our new parents AppCOVID 19 - Are you classed as a key work/critical worker? YES/NOIf so, please provide details of your occupation and place of work…………………………………………………………………………………………………...

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/CarerSurname | First Name(s) | Date of birth | GDPR -consent to hold your detailsPlease sign below |
|  |  |  |  |  |  |

Does the **person above have (PR) parental responsibility for this child? Please tick YES NO**    |
| In the event of an emergency please add contact details for 2 additional people who we can contact if you are unavailable. Each contact must also sign to give their consent for Cambridge Nursery to hold their contact details |
| **Contact 3:** |
| Name of third contact – (In the case of unavailability of 1st and 2nd contact) – Title: Mr. Mrs. Miss Full Name:……………………………………………………………………..Relationship to child:................................................Address - .........................................................................................................:.. Post Code………………………… cartoon mobile phone Mob No: ....................................................... telephone Home No. ...................................................... |
| GDPR – Please sign to give your consent for Cambridge Nursery School to hold you details. Signature.............................................................. |

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| **Contact 4:** |
| Name of fourth contact – (In the case of unavailability of 1st, 2nd  and 3rd contact) – Full Name ............................................................ Relationship to child:...................................................................Address - ......................................................................................................... Post Code:....................................   cartoon mobile phone Mob No: ....................................................... telephone Home No. ...................................................... |
| GDPR – Please sign to give your consent for Cambridge Nursery School to hold you detailsSignature.............................................................. |

Contact details - in case of an emergency please contact

1st……………………………… 2nd……………………………… 3rd…………………………………………. 4th.................................

(E.g 1st Mother 2nd Father 3rd Contact 4th Contact)

**Early Years Pupil Premium (EYPP)**

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to enhance the quality of their early years experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child’s progress and development. For more information please speak to the Office Manager.

If you believe that your child may qualify for the EYPP please provide the following information for the **main benefit holder** to allow the school to claim funds.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/carerFirst Name |  | Parent/carer Last Name |  |
| Parent/carerDate of Birth |  |
| Parent/carer NationalInsurance Number/NASS Number |  | Parent/carerSignature |  |

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| --- | --- |
| If you have recently arrived in this country, which country did you arrive from? ………………………………………………..Are you an asylum seeker/refugee? Yes/No | Date of arrival…………………………………………….. |

Attendance at another Nursery

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| Has your child attended any other nursery or playgroup, if so please give details**………………………………………………………………………………………………………………………………………………………………………………** |

Other children at home

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | School attending if at school age |
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**HEALTH INFORMATION**

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| --- | --- |
| Child’s GP – Name: | Health Visitor – Name: |
| Surgery address –  | Address –  |
| telephone Tel no: | telephone Tel no: |

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| Has your child had any serious illnesses? YES/NO (If yes, please give details) |
| Has you child ever had a febrile convulsion? YES/NO (If yes, please give details) |
| Has your child ever been hospitalised? YES/NO (If yes, please give details) |
| Has your child had surgery? YES/NO (If yes, please give details) |
| Does your child have any medical needs / conditions? YES/NO (If yes, please give details) |
| Does your child have any known allergies? YES/NO (If yes, please give details) |
| Is there anything else you feel we should need to know about your child? (Such as, their behaviour/eating habits) |

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| --- | --- | --- | --- |
| Age | Immunisations | Datereceived | Any problems related to this immunisation? |
| **2 months** | Diphtheria, tetanus, whooping cough, polio and Hib type b (Known as DTaP/IPV/Hib, given as a 5-in-1 single jab)  |  |  |
| Pneumococcal infection   |
| **3 months** | 5-in-1, second dose (DTaP/IPV/Hib) |  |  |
| Meningitis C |
| **4 months** | 5-in-1, third dose (DTaP/IPV/Hib)  |  |  |
| Pneumococcal infection, second dose  |
| Meningitis C, second dose  |
| **Around 12 months** | Meningitis C, third dose  |  |  |
| Hib, fourth dose (Hib/MenC given as a single jab)  |
| **Around 13 months** | MMR (measles, mumps and rubella), given as a single jab  |  |  |
| Pneumococcal infection, third dose  |
| **3 years and 4 months, or soon after** | MMR second jab  |  |  |
| Diphtheria, tetanus, pertussis and polio (DtaP/IPV), given as a 4-in 1 pre-school booster |
| **2 year old Development Check** | Has your child had their 2 year old development check YES/NIf yes; who completed the check:  |  | Date: |

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| **If you or your child is receiving any additional support please provide details below:** |
|  **Contact** | **Name**  | **Telephone number** |
| Educational psychologist  |  |  |
| Early Help Worker |  |  |
| Hearing impairment service |  |  |
| Hospital consultant |  |  |
| Occupational therapist |  |  |
| Paediatrician |  |  |
| Physiotherapist  |  |  |
| Portage worker |  |  |
| Social worker |   |  |
| Specialist nurse (eg Asthma, Diabetes, Epilepsy) |  |  |
| Speech therapist |  |  |
| Visual support service |  |  |
| Other |  |  |

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| Does your child have a disability or learning difficulty? (Please give details to enable us to meet your child’s individual needs)  |
| No special educational need |  | Education and Health Care Plan |  |

**Please indicate how you travel to Nursery:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Car |  | Train |  | Bus |  | Bicycle |  | Walk |  | Other |
|  |  |  |  |  |  |  |  |  |  |  |

I HAVE BEEN INFORMED THAT THE POLICIES AND PROCEDURES IN PLACE AT CAMBRIDGE NURSERY SCHOOL AND CHILDREN’S CENTRE ARE ACCESSIBLE TO ME AS COPIES ARE AVAILABLE IN RECEPTION AND ACROSS THE CENTRE.

I AM AWARE THAT CENTRE STAFF HAVE A LEGAL DUTY TO SAFEGUARD CHILDREN AND PROMOTE THEIR WELFARE BY PROTECTING THEM FROM HARM OR POTENTIAL RISK OF HARM; THEREFORE STAFF MAY BE REQUIRED TO KEEP WRITTEN RECORDS REGARDING MY CHILD OR REPORT THEIR CONCERNS TO SOCIAL CARE.

THE TERM ‘SAFEGUARDING’ IS DEFINED IN THE WORKING TOGETHER TO SAFEGUARD CHILDREN 2010 GOVERNMENT DOCUMENT AS:

‘*The process protecting children from maltreatment by preventing impairment of children’s health of development by ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable children to have optimum life chances and to enter adulthood successfully.’*

*TERMS & CONDITIONS*

* I understand that be child must be accompanied to and from the nursery by a person aged 16 years or above.
* I understand that if my child does not attend regularly, the place may be withdrawn after extensive discussion with parents.
* I confirm that I am the legal parent/carer for the child on this form and that information provided is correct.
* I agree that you will use the information I have provided to process my claim to find out if I am able to claim for my child 2 year old funding, 15 hour 3 & 4 year old funding, 30 hour extended entitlement for 3 & 4 year olds, Early Years Pupil Premium to verify my entitlement. I understand that my information will be checked using the Department for Education eligibility checking service and the results will be supplied to my child’s school.
* I agree to inform the school of any change in my circumstances.
* Under the Data Protection Act 1984 and 1998, I give permission for Sefton Council and its agents to keep personal details for me and my child(ren) on a database. Sefton Council and its agents may share this information with the government, local authority departments and other authorised organisations for administrative, statistical and research purposes.
* I understand that my child’s records will be transferred to his/her next school within the schools’ data system

 If you require more information about how we and/or DfE store and use your personal data please

visit:https://www.gov.uk/data-protection-how-we-collect-and-share-research-data

**I have read and understood the statements above. I understand that if I have given any false information on this declaration I may be asked to reimburse the provider. I understand that checks on the system are made each half term**

**I (parent/guardian) apply for the admission of the above named child to attend Cambridge Nursery School.**

**In support of this application I am confirming that all information provided is true and correct.**

**PARENTS SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY -**

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| Child’s birth certificate Seen by - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date application received \_\_\_\_\_\_\_\_ Session Preferred - AM PM  |

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| **NURSERY/30 HOUR PLACE** |
| Extended entitlement 30 hour code |  |
| Proof of DOB: Birth Cert, passport National ins no. |  |

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| **2 YEAR OLD PLACE** |
|  Proof of DOB: Birth Cert, passport, National ins no. |  |