DENTON NURSERY CONSIDERATION FORM

The information that you give on this form will help the nursery to give your child the best possible support. It is important therefore that you fill in this form accurately. The personal information you give will be held on computer systems at the school/nursery in accordance with relevant data protection legislation. For more information about how your information is used, please see the school’s privacy notice which can be found on the school website.

**Completion of this form does not mean that your child has a place in the nursery. Once this form has been received, your child will be placed on our consideration list and, when your child turns 3 years old, and a space becomes available, you will be contacted by the nursery teacher.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

School Name: Denton Nursery Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pupil Details:**

Legal Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy Girl

Date of

Birth

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

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

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this address permanent or Temporary? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Nursery**

Name of last/current nursery attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates attended: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notice period at

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ current setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Additional Support:**

Does your child have an Education, Health and Care Plan (EHCP)? Yes No

Do you have contact with any outside agencies such as Speech Therapy, CAMHS, Social Services, ESBAS, Education Psychology Service:

If so, please state which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details:**

We need to know about any medical conditions your child may have. Please till ALL relevant boxes

|  |  |
| --- | --- |
| ADHD |  |
| ASD |  |
| Dyslexia |  |
| Dyspraxia |  |

|  |  |
| --- | --- |
| Asthma |  |
| Eczema |  |
| Epilepsy |  |
| Hay fever |  |

|  |  |
| --- | --- |
| Colour Blindness |  |
| Eyesight problems |  |
| Hearing problems |  |
| Diabetes |  |

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other illnesses or conditions that we need to be aware of? Yes No

If yes, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please continue on a separate sheet if necessary)

Does your child have any allergies or dietary needs we should be aware of? Yes No

If yes, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency contact details, please state in priority order:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Full Name | Landline number | Mobile number | Relationship to pupil |
| 1 |  | (H)(W) |  |  |
| 2 |  | (H)(W) |  |  |
| 3 |  | (H)(W) |  |  |
| 4 |  | (H)(W) |  |  |

**Emergency treatment:**

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of school staff signing the consent form if I am/we are unable to be contacted.

1. Signed ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctors details:**

Doctor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Community nursing**

I agree to my child having Community School Nursing team health checks Yes No

(If neither box is ticked, we will assume that you require Community School Nurse input)

The school/nursery can give you information regarding the Community School Nursing Service.

**Family details:**

Does your child have any brothers or sisters attending this school Yes No

If yes, please give details

|  |  |
| --- | --- |
| Full Name | Date of Birth |
|  |  |
|  |  |
|  |  |
|  |  |

**Parent/Carer details:**

Parent/carer 1 Parent/carer 2

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Relationship

To pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental responsibility Yes No Parental responsibility Yes No

National Insurance No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National insurance no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should correspondence be addressed to Should correspondence be addressed to

this person Yes No this person Yes No

Should correspondence be addressed jointly Yes No

Are you Asylum Seekers Yes No Is a translator required:

Are you travellers Yes No Parent/carer 1 Yes No

 Parent/carer 2 Yes No

Are you entitled to 30 hours free childcare Yes No

If so, please provide your 11 digit code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent declaration:**

The details supplied on this form are correct to the best of my knowledge. I understand that the nursery teacher/school must be informed of any changes.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/carer 1 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/carer 2 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the school office. If you complete all the information required, we can check whether your child qualifies for the early years pupil premium which gives the nursery additional funding.

If you have any questions about the form and how to complete it, please contact the school office.

Data protection

Personal information will be held and processed by the school office in accordance with the Privacy Notice available here: <http://www.dentonprimaryschool.co.uk/website/policies>

**Ethnic background monitoring form**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We want to make sure that everyone who uses our services is treated fairly. Finding out more about who uses our services helps us to know if we are doing a good job for all people.

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

Please study the groups listed below and tick only one box to indicate the ethnic background of the child named above. There are no right or wrong answers, just mark the box that you think best describes your child.

|  |  |  |  |
| --- | --- | --- | --- |
| **White** |  | **Black or Black British** |  |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Gypsy/Roma |  | Any other Black background |  |
| Traveller of Irish Heritage |  |  |  |
| Any other white background |  | **Asian or Asian British** |  |
|  |  | Indian |  |
| **Mixed** |  | Pakistani |  |
| White and Black Caribbean |  | Bangladeshi |  |
| White and Black African |  | Any other Asian background |  |
| White and Asian |  |  |  |
| Any other Mixed background |  | Chinese |  |
| Other group (please specify) |  | Prefer not to say |  |
|  |  |  |  |

Please note that this information you give will be passed on to future schools, to save it having to be asked again.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/carer)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_