

STOW-on-the-WOLD NURSERY SCHOOL

heart hand mind

Registration form

Child's details		
Child's first name(s)		Surname
Name known by		
Child's full address		
Gender	Date of birth	Birth certificate seen and copy made Yes No
Family details		
Who does the child live wi	ith?	
Contact details 1:		
Parent/carer full name		
Relationship to child		
Daytime/work telephone		Mobile
Email		
Home address		
Work address		

Does this parent have parental responsibility for the child? Yes $\ \square$ No $\ \square$

Contact details 2:			
Parent/carer full name			
Relationship to child			
Daytime/work telephor	ne	Mobile	
Email			
Home address			
Work address			
Does this parent have	parental responsibility for the	child? Yes □ No □	
Ethnicity data gather	ed for monitoring purposes on	ly. Parents are not obliged to giv	e this information.
White British		— Pakistani	
White Irish		Indian	
White other		Asian other	
Black British		Chinese	
Black African		Chinese other	
Black Caribbean		White and Black Caribbean	
Black Other		White and Black African	
Bangladeshi	0	White and Black Asian	
Other please state			
What language is spol	ken at home?		
I have read and under	stood the Nursery handbook		
Signed		Date	

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me and emergency services will be called as necessary. I understand that my child may be taken hospital accompanied by the manager or authorised deputy for emergency treatment. I understand that health professionals will be responsible for decisions about medical treatment in my absence.

Signed	Date
Name	
Medical details	
Does your child have any on-going medical conditions? If so, pleas	se specify:
If you please aposity which external agencies are involved a given	adiatriaian appaultant diatiaian appaah
If yes, please specify which external agencies are involved e.g. pagent and language therapist, etc:	ediatrician, consultant, dietician, speech
Do you have any concerns about your child's learning and develop	ment? Yes □ No □
If yes, special notes:	
Is your child known to have any allergies or food intolerances? If so	o, please specify:

Details of professionals involved with your child

GP	
Name	Telephone
Address	
Health Visitor	
Name	Telephone
Address	



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Parental	permission	forms:

E:safety

There are procedures in place that govern the use of IT equipment on site.

In some instances children will use ICT equipment to promote their learning and development under the supervision of staff. Children do not normally have access to the internet and never have unsupervised access to the internet.

I give permission for my child to use ICT equipment for the purposes stated above. I understand that there are procedures and risk assessment in place to govern its use and that staff and visitors may also use ICT equipment to record and monitor children's learning and development.

Signed	Date
Sun cream	
I give permission for staff to administer sun cream	
Signed	Date
Short trip - general outings	
I give permission for my child to take part in short trips or ge assessments are carried out for each type of trip or outing a	
Signed	Date

Photographs and videos

To comply with the Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. We may take photographs for several reasons whilst your child is with us:

- · To document what they enjoy doing;
- · To upload to Tapestry Online Learning Journal to record their learning and development and to share this with you;
- · To include in newsletters and displays;

We use Tapestry as our online learning journal provider. We will use this to send you observations of your child which might include photos and videos. If you give your permission in the form below, you will be able to see group observations which might include photos, and videos with other children in and consequently, other relatives might be able to view photos and videos of your child.

Please note that you have the option to view any photographs that we have or intend to use.

Please read and indicate your consent clearly:

- 1. I consent to photographs, recordings and videos of my child being taken by a member of the Nursery team. Yes No
- 2. I consent to photographs and videos of my child being uploaded to Tapestry Online Learning Journal Yes No
- 3. I consent to photographs containing my child's image being included in other children's learning journals Yes No
- 4. I agree to treat photographs containing images of other children as well as my own as for my own personal use only. This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or guardian of those children who may be included. For example, any such photographs cannot be posted on a social networking site or displayed in a public place.

Yes No

5. I consent to photographs containing my child's image being used in promotional material for local newspapers and on the Nursery website. Yes No

Please note that you can	withdraw your consent, in writing, or request to see photos taken at any time. This	
form is valid for the dura	tion of your child's time at Nursery. It is your responsibility to let us know if you	
vant to withdraw or change your consent at any time.		
If we wish to use any ima	ages of your child for publicity or marketing purposes we will seek your written	
consent for each image	we wish to use.	
I give permission for my	child to be photographed/recorded as per the conditions above.	
Signed	Date	
Sharing Information)	
Working in partnership w	rith other settings and professionals supports children's developments. We would	
like your permission to sl	hare your child's development and learning records and any other relevant	
•	ners at any other settings they attend or with professionals from services they are	
•	se would always be that the children's needs are mat and that there is continuity in	
their learning.		
Signed	Date	
A copy of the setting's po	olicies and procedures are available in the Nursery entrance hall and parents may	
request to see them at a	ny time.	
Please sign below to ind	icate that the information on this form is accurate and that you will notify us of any	
changes as they arise.		
Parent's name:		
Signed	Date	

Child's Name:

Who are the special people in your child's life?
Does your child have a comforter or special toy?
Does your child have any fears or dislikes?
Is your child used to being left?
What does your child particularly enjoy playing with?
What is your child's favourite book?
What is your child's favourite song?
What is your child's favourite television programme?
Does your child attend any other settings?
Does your child manage the toilet independently?
Is there any other information you would like us to know?