



MAULDEN LOWER SCHOOL

Towards a better life

Church Road, Maulden
Bedfordshire, MK45 2AU

01525 402 286

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www.mauldenlower.com

New Starter Form - Pre-School

Personal details of pupil

Surname	
Legal Surname	
Other Names	
Preferred known name	
Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>

Home address

Number and street name		
Town		
Postcode	Phone	

Name of any related pupil currently at this school

Full Name
Relationship to above pupil

Name of PLAYGROUP/NURSERY or PREVIOUS SCHOOL attended (if applicable)

Playgroup/Nursery/ Previous school Name
County

Additional information

Religion (if any)
Language(s) spoken by the pupil at home

Court Orders

Are any court orders applicable to your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give further details below		

Ethnic Group (please tick one of the boxes below)

White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Traveller of Irish Heritage	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>
	Italian	<input type="checkbox"/>
	White other	<input type="checkbox"/>
Mixed	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other Mixed background	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
Chinese		<input type="checkbox"/>
Any other ethnic background (please state)		
Prefer not to say		<input type="checkbox"/>

Emergency Contact Information

Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

Contact 1

Title	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (please specify)
Full Name					
Date of birth					
National Insurance number					
Address if different from pupil address					
Contact 1 telephone numbers:			Tick priority contact number		
Home	<input type="checkbox"/>	Relationship to child			
Mobile	<input type="checkbox"/>				
Work	<input type="checkbox"/>				
E-mail					

Contact 2

Title	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (please specify)
Full Name					
Date of birth					
National Insurance number					
Address if different from pupil address					
Contact 2 telephone numbers:			Tick priority contact number		
Home	<input type="checkbox"/>	Relationship to child			
Mobile	<input type="checkbox"/>				
Work	<input type="checkbox"/>				
E-mail					

Contact 3

Title	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (please specify)
Full Name					
Date of birth					
National Insurance Number					
Address if different from pupil address					
Contact 3 telephone numbers:			Tick priority contact number		
Home	<input type="checkbox"/>	Relationship to child			
Mobile	<input type="checkbox"/>				
Work	<input type="checkbox"/>				
E-mail					

Contact 4

Title	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (please specify)
Full Name					
Date of birth					
National Insurance Number					
Address if different from pupil address					
Contact 4 telephone numbers:			Tick priority contact number		
Home	<input type="checkbox"/>	Relationship to child			
Mobile	<input type="checkbox"/>				
Work	<input type="checkbox"/>				
E-mail					

Medical Information

Doctor's name	
Practice name	
Practice address	Practice telephone number
Do you give permission for the school to contact Doctor if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any HEALTH problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details (e.g. Asthma; Allergy.) and any emergency procedures that need to be followed if relevant:	
Do you give permission for the school to administer medicine if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other information relating to your child's health that you feel the school should be aware of:	
Dietary Needs (if any)	

Meal arrangements *(please tick relevant box)*

Free School Meal <input type="checkbox"/>	Paid School Meal <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Home <input type="checkbox"/>
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Usual mode of travel to school *(please tick relevant box)*

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Car Share* <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>
Public Service Bus <input type="checkbox"/>	School Bus <input type="checkbox"/>	Bus (type not known) <input type="checkbox"/>				

* *car share* – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school

Does your child have any Special Educational Needs?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	ECHP <input type="checkbox"/>
If Yes/EHCP, please give details		

Session Requirements

Please place a tick in the session(s) you will require (if known). Any hours over your free nursery education hours will be charged to you by Maulden Lower School.

Start Date					
	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

If your child is also attending another setting, please fill in the boxes below.

Name of 2 nd Provider
Local Authority (if not Central Bedfordshire)

Please confirm how many funded hours your child attends at the 2nd provider

	Monday	Tuesday	Wednesday	Thursday	Friday
Funded hours only					

Declaration and Submission

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the Free Early Education Entitlement.

- I understand that the free entitlement must be free at the point of delivery and that I cannot be charged for this in advance.
- I understand that I am entitled to claim for no more than the maximum number of free hours for each period and that any hours my child attends over this will be charged to me by the childcare provider(s).
- I have received detailed information from the childcare provider above regarding the Free Early Education Entitlement and advised of any additional services available for my child and I understand that I will have to pay fees for these services if I want to receive them.
- I understand that I cannot change provider(s) within one term of this agreement, unless the reason for it is covered by one of the circumstances detailed in the guidance notes of this form and I have advised the childcare provider and the Local Authority.
- I confirm that my child will be regularly attending the nursery education hours as indicated above and that if my child is attending more than one provider; all providers and the total number of hours I am looking to claim at each provider have been listed on this form.
- I understand that if I have given any false information on this declaration, I may be asked to reimburse the Provider.
- I confirm that I have shown the provider proof of my child's current address and date of birth.
- I confirm that I have read and fully understood the guidance for parents/carers completing the declaration form.
- I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/guardian _____

Print name _____ Date _____

Data Protection Act 1998

The information submitted in this document is being collected by Central Bedfordshire Council for the following purposes:

Nursery Education Funding for 2, 3 and 4 year olds, Early Years Annual Census data collection and checking for eligibility of the Early Years Pupil Premium (EYPP). The information provided may also be shared with Central Bedfordshire Children's Centres and organisations working in partnership with them, other local authorities and DfE

Please note that personal details supplied on this form will be held and/or computerised by Maulden Lower School for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.