

MAULDEN LOWER SCHOOL – PRE-SCHOOLChurch Road
MAULDEN
Beds
MK45 2AU

Headteacher: Mrs K Dwyer

Tel: 01525 402286

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

No and street name			
Town			
Postcode		Address tel no	

Name of any related pupil currently at this school:

Full Name		Relationship to above pupil	
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Name of **PLAYGROUP/NURSERY** or **PREVIOUS SCHOOL** attended if relevant:

Playgroup/Nursery/Previous school Name	
County	

Additional information

Religion		Mother Tongue (Language spoken at home)	English <input type="checkbox"/>	NOT English <input type="checkbox"/>		
Ethnic Group	(Please tick one of the boxes below)		Court Orders			
White	- British	<input type="checkbox"/>	Are any court orders applicable to your child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	- Irish	<input type="checkbox"/>	If yes, please give further details below			
	- 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		<input type="checkbox"/>				
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	Ms	Miss	Other (please specify)	
Full Name					
D.O.B.					
National Insurance No.					
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 Address					

Contact 2

Title	Mr	Other (please specify)			
Full Name					
D.O.B.					
National Insurance No.					
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 Address					

Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 3 telephone numbers:				Please tick priority contact number		
Home		<input type="checkbox"/>	Relationship to child			
Mobile		<input type="checkbox"/>				
Work		<input type="checkbox"/>				
Additional information						

Contact 4 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 4 telephone numbers:				Please tick priority contact number		
Home		<input type="checkbox"/>	Relationship to child			
Mobile		<input type="checkbox"/>				
Work		<input type="checkbox"/>				
Additional information						

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 (eg: Asthma; Allergy etc.) 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"/>	Statemented <input type="checkbox"/>
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Session Requirements (please tick relevant boxes)

Start Date:					
	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

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.

If your child is 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 2 nd 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.