



NURSERY ADMISSION AND CONTRACT FORMS

LENT RISE SCHOOL

'Learn, Reach, Shine'



Please attach a small photograph of your child in the space above.

Child's full name: _____

Date of birth: _____

Name of person completing this form: _____

Relationship to the child: _____



LENT RISE NURSERY

ADMISSION FORM AND CONTRACT [CONFIDENTIAL]

All schools are required by law to keep on record details of children admitted.
Please complete this form in **BLOCK CAPITALS** and hand it into school before your child is admitted.
Your child's birth certificate should be presented for copying and placing on file at the time of your child's admission.
This form must be completed by someone with Parental Responsibility for the child named.

PUPIL DETAILS

Legal Forename:

As shown on Birth Certificate

Legal Surname:

As shown on Birth Certificate

Middle Name(s):

Preferred Forename:

Preferred Surname:

Date of Birth:

Gender:

WHERE DOES YOUR CHILD LIVE?

House No:

House Name:

Street:

Town/City:

County:

Postcode:

PARENT/CARERS

Please put parents and carers details in order of who you would like to be contacted first for day to day enquiries.

Parent/Carer 1: Title: Mr / Mrs / Miss / Ms / Other _____	
Full Name:	
Relationship to child:	
Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if not main address):	
Tel:	Home:
	Mobile:
e-mail:	
Work: Name & Address: Tel No:	

Parent/Carer 2: Title: Mr / Mrs / Miss / Ms / Other _____	
Full Name:	
Relationship to child:	
Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if not main address):	
Tel:	Home:
	Mobile:
e-mail:	
Work: Name & Address: Tel No:	

<p>Is there anything about your family circumstance you would like the school to be aware of?</p>

Working with external agencies

Have any external agencies worked with your child? ☐ Yes ☐ No

E.g. children's services, early help, Children First etc.

Please explain a little so our team can get in contact if needed:

Is the child resident with foster parents: Yes ☐ No ☐

If 'yes'; which local authority is financially responsible for maintenance? _____

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility.

Title: Mr / Mrs / Miss / Ms / Other _____

Full Name:

Relationship to Child:

Home Address:

Work Address:

Telephone Numbers:

Home:

Mobile:

Work:

Email:

WHO ELSE COULD WE CONTACT IN AN EMERGENCY?

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. We will attempt to contact the parent / carers listed above first but please list below (in order of preference) the details of at least one additional person we may contact.

No.	Full name	Relationship to the child	Telephone number
1	Mr / Mrs / Miss / Ms / Other Name:		Mobile: Home:
2	Mr / Mrs / Miss / Ms / Other Name:		Mobile: Home:
3	Mr / Mrs / Miss / Ms / Other Name:		Mobile: Home:

SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)

Does your child have an Education Healthcare Plan (EHCP) for SEND?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In progress <input type="checkbox"/>
EHCP Date of issue:			
Issuing Local Authority:			

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below.*

A child is considered to have a disability if their parent indicates substantial and/or long-term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Hand Function | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Eating and drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Communication | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Asperger's | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ | |

Are you concerned about your child's speech? ☐ Yes ☐ No

If yes, please specify:

Does/has your child attended speech therapy: ☐ Yes ☐ No

If yes, please specify through which organisation / Local Authority and give any details:

Does your child have any issues with their sight? ☐ Yes ☐ No

If yes, please specify:

Does your child wear glasses? ☐ Yes ☐ No

Does your child have any issues with their hearing? ☐ Yes ☐ No

If yes, please specify:

Does your child wear a hearing aid? ☐ Yes ☐ No

Do you have any concerns regarding your child's development?

☐ Yes

☐ No

If yes, please specify:

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them achieve their potential. Please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Office.

GP Surgery Name:

Doctor's Name:

Surgery Telephone Number:

We strongly recommend that all children keep up-to-date with childhood immunisations recommended by the NHS before and during their time at school.

Does your child suffer from?

☐ Asthma

☐ Epilepsy

☐ Diabetes

☐ Hayfever

☐ Eczema

☐ Nosebleeds

☐ Ear infections

☐ Bowel or bladder problems

☐ Serious allergies

☐ Any other medical condition _____

Does your child attend any medical clinics?

☐ Yes

☐ No

If you have ticked any of the above boxes, please give further details below:

Have you had a 2 year check review with your Health Visitor or previous Nursery?

☐ Yes

☐ No

Did the review flag any concerns? Please state below:

ALLERGIES

Does your child have an allergies? ☐ Yes ☐ No

If yes, please specify what your child is allergic to and whether your child has a hospital allergy care plan?

Does your child have an allergy to plasters? (all of the plasters used in school are hypoallergenic)

☐ Yes ☐ No

I consent for staff to apply generic factor 50 child friendly sun cream to my child ☐ Yes ☐ No

I will provide an alternative sun cream in its named original container instead ☐ Yes ☐ No

Details:

DIETARY REQUIREMENTS

My child has the following dietary requirements:

☐ Vegetarian ☐ Vegan ☐ Halal ☐ No Pork ☐ No Beef ☐ No Nuts

Other _____

MILK

Milk is provided free to 3-4 year olds.

☐ I would like my child to be offered the semi skimmed milk provided.

☐ I do not want my child to be offered milk at school.

Please note we are not able to provide dairy free or any other alternative milks as part of the free milk scheme.

FOOD TASTING

Throughout your child's time here at Lent Rise School, they will be able to taste / make different types of food.

☐ I would like my child to be able to take part in food tasting throughout their time at Lent Rise.

☐ I do not want my child to take part in food tasting throughout their time at Lent Rise.

FRUIT

Children in nursery will be provided with an offering of fruit and vegetables each day.

☐ My child has an allergy to the following fruit / vegetables:

SNACKS

Children in nursery will be provided with an offering of a snack each day such as, breadsticks, crackers etc.

☐ My child has an allergy/intolerance to gluten. Your child's key worker will discuss this with you to make appropriate arrangements.

SCHOOL PHOTOGRAPHY

☐ I give permission for my child's photo to be used around school on displays

☐ I give permission for my child's photo to be used in the school newsletter, on the school website and our social media

☐ I give permission for my child's photo to be used in the media e.g. newspaper - this includes any First Day at School newspaper articles in the local press.

We use an external photographer company, Tempest, to take our individual and group photos:

☐ I give permission for my child's photo to be taken by Tempest

ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of information on ethnicity and language experience of all pupils.

Child's Country of Birth _____ Child's Nationality _____

☐ British

☐ Irish

☐ Traveller of Irish Heritage

☐ Gypsy/Roma

☐ Any other white background

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any other Asian background

☐ White & Black Caribbean

☐ White & Black African

☐ White & Asian

☐ Any other mixed background

☐ Caribbean

☐ African

☐ Any other Black background

☐ Chinese

☐ Any other ethnic group

☐ I do not wish an ethnic background category to be recorded

First Language - The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ | | |

Religion

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion | <input type="checkbox"/> Other (Please specify) _____ | | |
- ☐ I do not wish to provide this information

EARLY YEARS HISTORY

Preschool / Nursery Name / Childminder	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason for Leaving
	Address: Keyworker name: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
	Address: Keyworker name: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion

Permission for Lent Rise staff to contact previous settings?

☐ Yes

☐ No

Was your child eligible for two-year-old funding?

☐ Yes

☐ No

SIBLINGS AND FAMILY LINKS

Does your child have any siblings or relatives attending or due to attend Lent Rise School?

☐ Yes ☐ No

If yes, please provide details below:

Name _____ Class _____ Relationship _____

Name _____ Class _____ Relationship _____

COLLECTION

Who has permission to collect your child?

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

If your child is to be collected by another person, as a one off, please state a password to be used that office staff and teachers may request upon collection. School staff must always be informed beforehand if someone other than the nominated people are collecting.

Password: _____

PRE-SCHOOL / NURSERY EXPERIENCE

Please describe your child's pre-school experiences, for example if they did attend playschool or nurseries did they settle in well? Were there any problems? If your child was at home before attending Lent Rise Nursery are they confident with other children and adults? Are they used to playing and sharing with other children? Please give details below:

ANXIETIES

Please describe any anxieties your child has?

SETTLING IN

If there is anything that you would like to share with your child's key worker to help them get to know your child further and to support the settling process, please note it below:

Does your child have a favourite story or character?

TOILETING

Is your child confident and capable of using the toilet independently? ☐ Yes ☐ No

Is your child using nappies? ☐ Yes ☐ No

Details:

Please note, that all nappies need to be provided by the parent.

In an emergency, parents will be charged 50p per nappy provided by the nursery.

PERSONAL HYGIENE

For each child please provide each day:

A full change of clothes including underwear and socks

For those who remain in nappies:

Nappies

Wipes

Should your child run out of nappies or spare clothes, nursery provision will be used with a fee of 50p a nappy.

Does your child have an allergy to wipes? ☐ Yes ☐ No

EMERGENCY MEDICAL TREATMENT CARE

I agree that if my child should urgently require medical / dental treatment during the school day or whilst out on a school activity and it is not possible to contact me, or a named contact I have provided who has parental responsibility, I authorise the teacher in charge at the time to give consent on my behalf.

Signed:

Date:

SESSION PREFERENCE

Session Structure

Session times at Lent Rise Nursery are as follows:

- Morning session (15 hours universal entitlement): 8:30am - 11:30am
- Afternoon session (15 hours universal entitlement): 12:15pm - 3:15pm
- Full day includes the lunchtime session (30 hours extended entitlement): 8:30am - 2:30pm

In addition, we also offer optional paid extensions for families who require a little extra time:

- Extended afternoon for 30-hour children: 2:30pm - 3:15pm - optional and charged at £5 per session
- Lunchtime session (only for those children attending 15-hour morning or afternoon sessions): 11:30am - 12:15pm - optional and charged at £5 per session. Parents may provide a packed lunch or purchase a hot meal through The Kids Lunch Company.

You can use your 15-hour universal 3 and 4-year-old free entitlement for 5 morning or 5 afternoon sessions. If you are eligible for the extended 30 hours of free entitlement, then you will need to obtain an eligibility code from <https://www.gov.uk/apply-30-hours-free-childcare>.

If you are not eligible for 30-hour funding, additional sessions can be booked and paid for at a cost of £25 per session, each session is 3 hours.

☐ My child is eligible for 15-hour universal 3 and 4-year-old free entitlement.

☐ Preference of morning session

☐ Preference of afternoon session

☐ I would like to pay for lunch sessions outside of the universal 15-hour entitlement. (Please indicate days)

☐ I would like to pay for additional sessions outside of the universal 15-hour entitlement. (Please indicate number of sessions)

☐ My child is eligible for the extended 30 hours of free entitlement.

30-hour free childcare eligibility code _____

☐ I would like to pay for late collection 2.30-3.15pm.

☐ I believe my child may be eligible for EYPP. Further information available at [Early years pupil premium | Family Information Service \(buckinghamshire.gov.uk\)](#) or speak to a member of the office team.

Please note when allocating Nursery spaces we follow the nursery admissions policy (this can be found on the school website).

☐ I understand that payments for extra sessions, late collections will be visible on the Parentmail app and I understand if payments are not made on time this may result in my child's place being withdrawn.

**Changes to any sessions require 4 weeks written notice.*

**We expect your child to attend every session, unless they are ill. Regular unauthorised absence will result in a meeting request with the parent/carer. If your child's attendance does not improve this may result in the place being withdrawn*

PARENTAL DECLARATION

DATA PROTECTION STATEMENT: *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.*

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

Name: _____ Relationship to the name child: _____

Signed: _____ Date: _____