



Student Details

Legal Surname: _____ Preferred Surname: _____

First Name: _____ Known Name: _____

Middle Name(s): _____ Date of Birth DD/MM/YYYY: _____

Gender: Male Female Home Telephone 1: _____

Home Address: _____ Home Telephone 2: _____

Mobile: _____

Email Address: _____

Nationality: _____

Postcode: _____ Religion: _____

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)

Country of Birth: _____

Ethnicity (please tick)

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

First Language English Other (please state) _____ Prefer not to say

Language Spoken at Home English Other (please state) _____ Prefer not to say

What type of lunchtime meal will your child be having?
(e.g. Dinners, Free Dinners, Go Home, Sandwiches etc.) _____

Is your child entitled to free transport to and from school? Yes No

What is your child's usual mode of travel to and from school? E.g. walk, car, bus _____

Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main hone no.
						Home / Mobile / Work
Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main hone no.
						Home / Mobile / Work
Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main hone no.
						Home / Mobile / Work
Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main hone no.
						Home / Mobile / Work
Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
5						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main hone no.
						Home / Mobile / Work

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

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Siblings

If your child has any siblings who attend this school, please provide their names and dates of birth.

Known Name	Surname	Date of Birth

Medical Details

Doctor's Name _____ Telephone Number _____

Medical Practice Name _____

Practice Address

Postcode _____

Do you give permission for the school to call the doctor in an emergency? Yes No

Do you give permission for the school to administer first aid in an emergency? Yes No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines, etc.)

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Parental Consent

Consent Type	Permission (Please circle your response)		Notes
Off-site school trips/activities - participation	Denied	Granted	
Off-site school trips/activities - receive first aid or urgent medical treatment	Denied	Granted	
Off-site school trips/activities - visit places of worship	Denied	Granted	

Photographs/Videos - for use within school premises	Denied	Granted	
Photographs/Videos - for use in school publications E.g. School Brochure	Denied	Granted	
Photographs/ Videos - for use on school website	Denied	Granted	
Photographs/Videos - for use in school Facebook page	Denied	Granted	
Photographs/Videos - for use in school Twitter Page	Denied	Granted	
Photographs/ Videos - for use on Parent hub	Denied	Granted	
Photographs/Videos - for use in local newspapers, magazines, Parish Matters.	Denied	Granted	

Booking Request

Preferred start date:

Please detail the sessions that you would like to book:	Monday	Tuesday	Wednesday	Thursday	Friday

Emergency Medical Treatment

In the event of an emergency, St. Gilbert's will take your child to the doctor or to the hospital for treatment.

If you do not consent to this, please speak to the school administrator so that suitable alternative arrangements can be made before your child starts at St. Gilbert's School & Nursery.

Do you give permission for St. Gilbert's to seek emergency medical advice and/or treatment for your child in the event of sudden illness or injury?

YES:

NO:

Signed:

Application of plasters

<p>At St. Gilbert's we make risk assessments of all the areas children have access to and ensure that the spaces are as safe as we can possibly make them.</p> <p>However, on occasions accidents happen and your child may need to receive first aid.</p> <p>There is always a fully trained paediatric first aider within St. Gilberts.</p>	<p>I give permission for my child to receive first aid.</p> <p>Signed:</p> <p>I give permission for my child to wear plasters.</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Signed:</p>
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Nappy Creams

<p>We require your authorisation in order to be able to apply nappy cream to your child.</p> <p>We do ask parents to supply their own nappy creams.</p> <p>If you would prefer that we do not apply nappy cream to your child, please tick the NO box.</p>	<p>Do you give permission for the Staff at St. Gilberts to apply cream to your child if needed?</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Special Instructions:</p> <p>Signed:</p>
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Sun Cream

<p>During times of hot weather, we will require your authorisation to apply sun cream to your child to avoid sun burn during outdoor play.</p> <p>We do ask that you supply sun cream with a factor of minimum 50 for us to apply.</p> <p>If you would prefer that we do not apply sun cream to your child, please tick the NO box.</p> <p>Please be aware that if you refuse to give permission for us to apply sun cream we may have to limit access outdoors to your child due to the risk of burns.</p>	<p>Do you give permission for the Staff at St. Gilbert's to apply cream to your child if needed?</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Special Instructions:</p> <p>Signed:</p>
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Outings that do not require motorised transport

<p>From time to time, the St. Gilbert's staff will organise outings/walks to visit the locality and local attractions. E.g. Village park, village post office, village church.</p> <p>Appropriate staff ratios will be maintained at all times and procedures are in place to ensure safety.</p>	<p>Do you give permission for your child to be taken on outings that do not involve motorised transport?</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Signed:</p>
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Photographs

<p>We often take photographs of children to be used in displays around the School & Nursery buildings.</p> <p>These photographs will not be used for any other purpose without your written permission.</p>	<p>Do you give permission for photographs to be taken of your child for the purpose described?</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Signed:</p>
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Observations

During your child's time at St. Gilbert's we will be making observations to ensure that your child is making appropriate development.

We use a program called Tapestry to do this. Tapestry is a secure online learning journal to which we upload observations of your child along with photographs.

This program allows you (parents/carers) to log in at any time from home to look at the learning journey and add comments and observations of your own.

I give permission for my child to be enrolled on the Tapestry program.

I give permission for photographs to be used on the Tapestry program.

I would like to be enrolled on to the Tapestry program to access my child's learning journal.

Signed:

Email Address 1:

Email Address 2:

Terms and Conditions

Securing your child's Nursery place

Please ensure that this document is filled in correctly and take it to School & Nursery Office. We do not ask for a deposit.

Fee Payment Terms

Each month an invoice will be sent to you via the Nursery staff. Payments need to be paid to the school office. There will be a late payment charge of 5% if payment is not made before the date stated on the invoice.

Notice Requirement

In order to terminate your child place here at the Nursery we require four weeks' notice. This should be given in the form of a written letter.

Illnesses and Medication

If your child is absent due to illness, please notify the School & Nursery office know that morning. Please note staff may refuse your child into School & Nursery if they have suffered or are suffering any illnesses named on our Illness and Exclusion policy. Certain infectious childhood ailments (e.g. Chicken pox) will require your child to be excluded from the School & Nursery for an appropriate period to prevent the spread of infection (please see our Illness and Exclusion Policy). We take advice from NHS Direct and follow guidance issued by the Department of Health to determine the most appropriate course of action in each case. If your child becomes ill whilst at the School & Nursery, we may ask you to collect him or her.

Children who have vomited or suffered from diarrhoea must not come to School & Nursery for 48 hours after the last episode of illness to prevent the risk of spreading infection.

All absences need to be notified to the School & Nursery office as soon as possible on 01529 240465 or via email admin@pointon.lincs.sch.uk.

Attendance

If a child is off ill or on holiday they will still be charged for the time they are not attending the setting. More information on attendance can be found in our attendance policy.

Medication

Any medication that is prescribed to your child must be clearly labelled with a doctor's label and handed to a member of staff, please do not leave any medication in your child's bag. You will be asked to sign a medicine consent form each time a medicine is administered. Our policies state that we will only administer prescribed medication with your permission.

Updates to details

It is very important that you keep us updated with relevant circumstances occurring in your child's life, as many things, big or small, may have drastic effects on the way your child feels and behaves at St. Gilbert's School & Nursery. Examples of things that you may need to let us know about are: moving house, parental separation, bereavement, new sibling, medical needs etc.

Early Years Funding

If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.

Is your child eligible for Early Years Pupil Premium? If so, please state the eligibility reason:

- Eligible through economic criteria
- Eligible through other reasons
- Eligible through economic criteria and other reasons

Is your child entitled to early years' free childcare? Yes No
 (This is the 15 hours of free childcare available for 3 to 4 year olds and some 2 year olds)

Is your child entitled to the extended 30 hours of free childcare? Yes No

What is your child's 30 hour code?

(This is an 11-digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)

Is your child eligible for the Disability Living Allowance (DLA)? Yes No
 (Used for checking the eligibility of the Disability Access Fund)

Parent, Guardian or Carer's information for funding eligibility

If you believe your child is eligible for additional funding as indicated in the Funding related sections above, please provide your details below so that we can carry out eligibility checks.

First Name: _____

Surname: _____

Date of Birth: / /

National Insurance Number:

I confirm that the above information is correct:

Signed: _____

Date: / /

Data Protection Act 1998 - The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.