

Haven Nursery School

Registration Form



CHILD DETAILS			
Forename:		Surname:	
Preferred Name:		Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Date of Birth:			
Home Address:			
	Postcode:		
Country of Birth:			
Nationality: (please tick)	British <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Refused <input type="checkbox"/>		
	Other (please specify) <input type="checkbox"/>		
Ethnicity: (please tick)	Any other Asian background <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any other White background <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> Any other Ethnic group <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black - African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Indian <input type="checkbox"/> Other Gypsy/Roma <input type="checkbox"/> Pakistani <input type="checkbox"/> Refused <input type="checkbox"/> Roma <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/>		
First language:		Second language:	

CONTACT DETAILS																
Parent/Carer: Mr/Mrs/Ms/Miss/Other				Parent/Carer: Mr/Mrs/Ms/Miss/Other												
Forename:				Forename:												
Surname:				Surname:												
Address: (if not home address above)				Address: (if not home address above)												
Post Code:				Post Code:												
*Date of Birth:	DD	MM	YYYY	*Date of Birth:	DD	MM	YYYY									
*National Insurance or NASS Number:								*National Insurance or NASS Number:								
* This information will be used by Haven to check for eligibility to claim additional grant money (the 'Early Years Pupil Premium') from central government. It will be used for no other purposes and will remain confidential to Haven.																
Tel No's:	Home:			Tel No's:	Home:											
	Mobile:				Mobile:											
E-mail:				E-mail:												
Workplace:				Workplace:												
Address:				Address:												
Tel No:				Tel No:												
Priority to contact in an emergency: 1st 2nd 3rd 4th 5th				Priority to contact in an emergency: 1st 2nd 3rd 4th 5th												
Relationship to child:				Relationship to child:												
Parental Responsibility: Yes / No				Parental Responsibility: Yes / No												
Authorised to collect child: Yes / No				Authorised to collect child: Yes / No												
Currently serving in the Armed Forces: Yes / No				Currently serving in the Armed Forces: Yes / No												

ADDITIONAL EMERGENCY CONTACTS

Forename:	Forename:
Surname:	Surname:
Relationship to child:	Relationship to child:
Home Tel. No:	Home Tel. No:
Mobile Tel. No:	Mobile Tel. No:

MEDICAL INFORMATION

DOCTOR

Surgery Name, Address and Tel No:

Doctor's Name:

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Halal | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No beef | <input type="checkbox"/> Other (please specify) | |

MEDICAL INFORMATION

Known allergies:

(please provide official medical evidence to support this)

Known medical conditions:

Any other relevant medical information:

Regular medication:

All medicine must be clearly labelled. Only prescribed medicine will be administered to children attending the nursery, except as below:

*We can administer paracetamol based suspension products e.g. Calpol, if it is appropriate and parents have previously agreed. We will always make every effort to contact parents for consent on each occasion before administering this type of product. In the unlikely event that a parent cannot be contacted, we will administer the product only if it is believed to be in the best interest of the child, the child has been in our care for more than 4 hours and all such instances will be recorded and notified to parents.

Have any other services been involved with your child? (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc.)

Is there any other information you feel we should be aware of? (e.g. does your child have Special Educational or Behavioural Needs about which you are aware?)

PREFERRED SESSIONS

Please complete below the section relevant to the area of the nursery your child would attend.

To whom should your invoice be addressed (if applicable):

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Willow Room and Catkin Room (typically 0-2 year olds) Please tick the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Start (7.45 – 8.00)					
8.00 – 12.00					
8.00 – 13.00					
8.00 – 16.00					
8.00 – 17.00					
8.00 – 18.00					
9.00 – 12.00					
9.00 – 13.00					
9.00 – 16.00					
9.00 – 17.00					
9.00 – 18.00					
13.00 – 16.00					
13.00 – 17.00					
13.00 – 18.00					

Requested Start Date:

2 Year Old Funding Please tick the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00 – 12.00					
13.00 – 16.00					

Requested Start Date:
2 Year Old Funding Ref:

How many weeks a year will your child attend nursery? (please tick)

Term Time Only** (39 weeks)

All Year (51 weeks)

Cherry Room and The Hive (typically 2 – 4 year olds)

Please confirm the preferred pattern of attendance for your child, by inserting a tick in the relevant boxes below. Please indicate which of these hours are to be taken as part of the government funded 'Free Early Years Entitlement' (up to 15 hours per week), by writing the word 'Free' next to the relevant ticks. See also the notes below.

	Monday	Tuesday	Wednesday	Thursday	Friday
7.45 – 8.00					
8.00 – 9.00*					
9.00 – 12.00					
12.00 – 13.00 (packed lunch)					
12.00 – 13.00* (cooked lunch)					
13.00 – 16.00					
16.00 – 17.00*					
17.00 – 18.00					

Requested Start Date:

30 Hours Free Childcare Ref:

How many weeks a year will your child attend nursery? (please tick)

Term Time Only** (39 weeks)

All Year (51 weeks)

* Additional meal costs are charged for these hours.

** Term time only attendance patterns are only available for children in The Cherry Room and The Hive who attend 30 hours or less per week.

In respect of Free Early Years Entitlement hours, please note the following:

- there is no 'free' hour's entitlement on 5 nominated inset days per academic year or on bank holidays
- a maximum of ten 'free' hours can be taken in one day
- minimum session length for 'free' hours is 3 hours
- 'free' hours are only available during the Hampshire School Term (except for the limited number of 'stretched offer' places)

Important - We are unable to offer any refund of fees in respect of sickness, other absence or holidays. Any reduction in hours, or request to end the childcare arrangement, must be notified to us, in writing, at least 1 month in advance if charges are not to be applied. We cannot guarantee that a return to the original hours will be possible at a later date. Please also see our Terms and Conditions.

ADDITIONAL INFORMATION

Will your child be attending a childcare provider in addition to Haven?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the name of the other childcare provider and the number of 'free funded' hours your child attends there.
Does your child have any special requirements? e.g. cultural, religious etc.	
How will you usually travel to nursery?	Walk <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Cycle <input type="checkbox"/> Other <input type="checkbox"/>
We need to be made of aware of any court orders affecting your child. Please indicate whether any such order is in force, providing details as specified (you may wish to provide a copy of the order for ease)	Court order in force: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of court order: Name of court making order: Details of court order e.g. residence, contact/access, prohibited steps etc.):

PERMISSIONS

Do you give permission for your child to take part in walks and outings away from the Centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for staff to apply sun creams, lotions and insect repellent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for staff to apply plasters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In an emergency do you give permission for your child to receive medical treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for staff to administer paracetamol based suspension products e.g. Calpol?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PARENT DECLARATION

• I declare that all information I have provided in this form is true to my knowledge and any false or incorrect information could lead to any entitlement to funding being withdrawn and I understand that I may be liable for any fees and charges.

• By registering these details I understand that the information will be held electronically and confidentially by Haven Nursery School and only shared with partner organisations for the purpose of contacting families to provide appropriate and timely support and for statistical analysis and with the Department for Education.

• I agree that Haven Nursery School will use the information provided to process my claim for Early Years Pupil Premium and/or Free Early Years Entitlement (if applicable) and will contact other sources as allowed by law to verify my entitlement.

• I agree that the information may be used to ensure accuracy of records held by the local authority and to check against fraud.

• I understand that whether I use this scheme or not, it will not affect any of the welfare payments/benefits I may be entitled to.

• I have seen the HCC privacy/data protection notice at the setting.

• Under the Data Protection Act 1998, any confidential information regarding my family will not be passed onto organisations outside of Children's Services partners, as mentioned above, without my consent, unless it is of a Child Protection nature, in which case information will be shared with appropriate agencies. Registration data may be shared with neighbouring authorities if I live outside of Hampshire County Council boundaries to ensure I receive appropriate services.

• I agree that email addresses and mobile phone numbers provided may be used as a means of contact to provide news and information about the Centre by email and/or text. These details will not be passed on to any third parties.

• By accepting a place for my child, I accept and agree to adhere to the Terms and Conditions of Haven Nursery School (available at www.haven-sch.org and upon request).

• **I have read and understood the above and give my consent for Haven Nursery School to store the information in this form and any further information provided.**

Signed:	Print Name:	Date:
Signed:	Print Name:	Date:

Using Images of Children

Consent form for use by Hampshire County Council Nursery Schools

To Name of the child's parent or guardian: _____

Name of child: _____

School: _____

Occasionally, we may take photographs of the children at our school. We may use these images in our schools prospectus or in other printed publications that we produce, as well as on our website or on project display boards at our school. We may also make video or webcam recordings for school-to-school conferences, monitoring or other educational use.

From time to time, our school may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for promotional purposes. Please answer questions 1 to 4 below, then sign and date the form where shown.

Please return the completed form to the school as soon as possible.



Please circle your answer

- | | |
|--|-----------------|
| 1. May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes or on project display boards? | Yes / No |
| 2. May we use your child's image on our website? | Yes / No |
| 3. May we record your child's image on video or webcam? | Yes / No |
| 4. Are you happy for your child to appear in the media? | Yes / No |

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Please also note that the conditions for use of these photographs are on the back of this form.

I have read and understood the conditions of use on the back of this form.

Parent's or guardian's signature: _____ Date: _____

Name (in block capitals): _____

Conditions of use

1. This form is valid for five years from the date you sign it, or for the period of time your child attends this school. The consent will automatically expire after this time.
2. We will not re-use any photographs or recordings after your child leaves this school.
3. We will not use the personal details or full names (which means first name **and** surname) of any child or adult in a photographic image on video, on our website, in our school prospectus or in any of our other printed publications without good reason. For example, we may include the full name of a pupil in a newsletter to parents if the pupil has won an award.
4. If we name a pupil in the text, we will not use a photograph of that child to accompany the article without good reason. (See point 3 above.)
5. We will not include personal e-mail or postal addresses, or telephone or fax numbers on video, on our website, in our school prospectus or in other printed publications.
6. We may include pictures of pupils and teachers that have been drawn by the pupils.
7. We may use group or class photographs or footage with very general labels, such as “a science lesson” or “making Christmas decorations”.
8. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

Please note that the press are exempt from the Data Protection Act and may want to include the names and personal details of children and adults in the media.

** Please delete the option that does not apply.*

For Office use only:

DOB Evidence:			Added to Database:			Family Group:	
Added to T2P:			Added to Email:			Funding Type:	
Added to SIMS:			Permissions Updated:			Customer Number:	