

# Wedmore First School Academy

Blackford Road, Wedmore, Somerset, BS28 4BS

Tel: 01934 713824

E-mail: duckclass@wedmorefirstschool.org.uk



The information requested is being collected under legal and statutory obligations within the Education Act 1996, The Children Act 2004; Education and Inspections Act 2006; Education Act 2011; and the Family and Childcare Act 2014.

Under the provisions of the General Data Protection Regulation, it will only be used for the purpose of pupil administration, will be held securely and will only be disclosed to staff in the school, the Wessex Learning Trust, the local authority Somerset County Council, the Department for Education (DfE) and the school the pupil attends after leaving us, where there is a right of access. For further information please refer to the Privacy Notice published on our website.

## Nursery Registration Form

Child's Name	Surname		First Name	
--------------	---------	--	------------	--

Date of Birth				Sex	Male		Female	
---------------	--	--	--	-----	------	--	--------	--

Address			
Post Code			

Parent/Carer's Name		Parental Responsibility	Yes / No
Mobile Number		Home/Work Number	
Email address			
Parent/Carer's Name		Parental Responsibility	Yes / No
Mobile Number		Home/Work Number	
Email address			

**Emergency Contacts (If different to above). There must be at least 1 emergency contact. Please also list any adults who are likely to collect your child and create a password which you can remember to pass on to those collecting. Please continue list on the back of this page if necessary.**

Name			
Address			
Post Code		Telephone No.	Mobile

Name			
Address			
Post Code		Telephone No.	Mobile

Name			
Address			
Post Code		Telephone No.	Mobile

Password (something easy for you to remember and pass on confidentially to the person collecting who must then relay it to a member of staff when collecting your child)



## Wedmore First School Academy

<b>Is your child currently attending another Nursery setting or child minder?</b>	<b>Yes</b>		<b>No</b>	
If yes, please give name of setting				
<b>Will they be continuing to attend the other setting?</b>	<b>Yes</b>		<b>No</b>	
Please state days and times				

Please confirm the date you would like your child to start				
--	--	--	--	--

Please confirm the session(s) that you would like for your child to attend by ticking the box(es) below

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b> (8.00am - 8:45am)					
<b>Morning</b> (8:45am - 12.30pm)					
<b>Afternoon</b> (12.30pm - 3.15pm)					
<b>Late Session</b> (3.15pm - 6.00pm) <small>Please state collection time 4:30/5/5:30/6</small>					

### Ethnic/Cultural

Ethnicity:	Religion:
<i>Please give any comments or information you feel we should be aware of with regards to religion or culture:</i>	

First Language(s) spoken at home	
----------------------------------	--

### Young carers:

Please complete this box if you would like the school to be aware that your child has regular, caring responsibilities for someone who has a disability or long term health need? (When did their caring role start?)	
If your child is a young carer and your health/disability might make it difficult for you to accompany them to Accident and Emergency (if that were necessary during the school day), do you give permission for your child to attend Accident and Emergency with a staff member?	



**Post Looked After Arrangements: (please tick as appropriate)**

Adopted from care	
Left Care under a Special Guardianship Order	
Left Care under a Residence or Child Arrangements Order	

**Service Child**

Is the parent the child resides with currently serving in the (regular) Armed Services?	
---	--

**Medical Information**

Doctor's Name		Telephone Number																	
Address																			
Health Visitor's Name		Telephone Number																	
Address																			

Has your child been immunised against: (please write yes or no)

Diphtheria		Whooping Cough		Tetanus	
Polio		Measle (MMR)		Hib	
Meningitis					

Does your child need any special care, have any specific needs, allergies, or dietary requirements?  
If yes, please state the condition/disability

If your child takes regular medication, please provide details (a separate form will need to be completed if it is necessary for Nursery staff to administer medication). Please note we do not give general medication and antibiotics unless urgent.

Please give details in the space below of any existing marks on your child such as birthmarks or scars:-



## Wedmore First School Academy

Does your child have a social worker, if yes, please give details.

Social Worker's Name		Telephone Number																	
Address																			

Please provide information regarding any other professionals involved with your child.

Name & Role		Telephone Number																		
Name & Role		Telephone Number																		
Name & Role		Telephone Number																		
Name & Role		Telephone Number																		

### Permissions

**I give permission for staff at Wedmore First School Academy and Nursery to (please put yes or no)**

Take and display photos of my child for the use of the Nursery only	
Take and display photos of my child for promotional reasons	
Take and display photos of my child for use on the website	
Have local newspapers take photos of groups of children including my own	
Be part of a group photograph taken by a professional photographer	
Make observations and records on my child	
Change my child's clothes if necessary	
Apply sun cream provided by nursery	
Apply face paint on special occasions	
Share information with any professionals (such as a Health Visitor, Speech and Language Therapist)	
Share information with other settings (such as another Nursery, Preschool that your child is attending)	
<b>Print Name:</b>	<b>Signed:</b>
<b>Date:</b>	



**Outings**

We sometime go out to the play area and playing field next to the nursery. Please complete the form below if you are happy for your child to be taken on such outings. If we decide to go further away we will send a separate slip with details.

Parental Consent

I give consent for my child to be taken on outings from Nursery to places such as the play area and playing fields. I know of no medical reason why he/she should not participate.

I am aware that:

- a) Except for visits abroad arrangements are the same as for students in education establishments i.e. the Academy only provides cover against proven negligence by the employees.
- b) I should consider making my own insurance arrangements for personal accident cover for my son/daughter.

<b>Print Name:</b>		<b>Signed:</b>	
<b>Date:</b>			

**Parental permission form for staff to use emergency treatment**

I/we ..... agree to the Manager (or person in charge on the day) taking any necessary action to ensure that my child..... receives the best treatment, care and attention if there should be an emergency or accident in Nursery or on authorised outings. I/we understand that the Manager (or person in charge on the day) will make every effort to contact and inform me as soon as possible of any emergency or accident but it may be necessary for them to accompany my child to hospital in my absence. I/we give permission for the Manager (or person in charge on the day) to authorise hospital staff to administer essential treatment in my absence.

<b>Print Name:</b>		<b>Print Name:</b>	
<b>Signed:</b>		<b>Signed:</b>	
<b>Date</b>		<b>Date</b>	

**If you do not agree with the above declaration please make an appointment to see the manager to discuss preferred arrangements. We will do our best to accommodate your wishes.**

**I/We do not agree with the declaration above and would like to discuss alternative arrangements with the manager.**

<b>Print Name:</b>		<b>Print Name:</b>	
<b>Signed:</b>		<b>Signed:</b>	
<b>Date</b>		<b>Date</b>	



## A Unique Child

To help your child to settle into Nursery it would be useful to have some extra information. Our curriculum is planned around the interests of the individual child; to enable us to do this it is useful to have some background information from home. We would be grateful if you would answer these questions. All information is confidential.

Childs Name	
Names of siblings/others who live in the family home	
Pets	
Parent/Carer 1 career/occupation	
Parent/Carer 2 career/occupation	
Has your child had an extended stay in hospital? Was your child's birth traumatic or was your child born prematurely? If so, please provide details	
Are you a lone parent? If so, is your child in shared custody?	
Has your child experienced time away from you on a regular basis? If so, what have they experienced?	
If you have recently moved to the area please give a little information about your previous home environment	
Child's main interests and likes	
Favourite toy/comforter	
Favourite book	
Nappy changing/toileting info	
Finally, 3 words you would use to describe your child	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

