

Admission Forms

All nurseries are required by law to keep on record details of children admitted; we would therefore be grateful if you would complete **ALL SECTIONS** of this form and return it to Pebbles as soon as possible, with proof of address and your child's birth certificate.

Admission Details

CHILD'S LEGAL SURNAME:		CHILD'S SURNAME: (if different from the legal surname)					
FORENAMES:		PREFERRED FORENAME: (if different from the forename)					
DATE OF BIRTH:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Male</td> <td style="width: 50%; text-align: center;">Female</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Male	Female			CHILD'S PREVIOUS SCHOOL:	
Male	Female						
NATIONALITY:	COUNTRY OF BIRTH:	FIRST LANGUAGE:					
CHILD'S PERMANENT ADDRESS:							
POSTCODE:		HOME TELEPHONE:					
Mothers Name:		Fathers Name:					
Title:		Title:					
Address (if different from above):		Address (if different from above):					
Postcode:		Postcode:					
Parental Responsibility: YES / NO		Parental Responsibility: YES / NO					
Home Telephone Number:		Home Telephone Number:					
Work Telephone Number:		Work Telephone Number:					
Mobile Telephone Number:		Mobile Telephone Number:					
Email Address:		Email Address:					
With whom does the child live?		SIBLINGS:					
IS EITHER PARENT CURRENTLY IN THE ARMED FORCES? YES / NO		IS THE CHILD RESIDENT WITH FOSTER PARENTS? YES / NO					
ARE YOU ATTACHING COPIES OF ANY COURT ORDERS RELATING TO YOUR CHILD? YES / NO		DO YOU BELIEVE YOUR CHILD IS ENTITLED TO FREE SCHOOL MEALS? YES / NO					

PLEASE GIVE DETAILS OF ALL PERSONS TO BE CONTACTED IN AN EMERGENCY IN PRIORITY ORDER, AND THOSE WHO HAVE PARENTAL RESPONSIBILITY (for definition please see below):

Contact Details

PRIORITY	NAME AND RELATIONSHIP TO THE CHILD	HOME ADDRESS (If different from the child)	CONTACT NUMBERS	PARENTAL RESPONSIBILITY
1	Mr/Mrs/Miss/Ms/Other: Surname: Forename: Relationship:	Address:	Home: Work: Mobile:	YES / NO
2	Mr/Mrs/Miss/Ms/Other: Surname: Forename: Relationship::	Address:	Home: Work: Mobile:	YES / NO
3	Mr/Mrs/Miss/Ms/Other: Surname: Forename: Relationship:	Address:	Home: Work: Mobile:	YES / NO
4	Mr/Mrs/Miss/Ms/Other: Surname: Forename: Relationship::	Address:	Home: Work: Mobile:	YES / NO

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. A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he's:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility. They both keep parental responsibility if they later divorce.

Unmarried parents

An unmarried father can only get legal responsibility for his child in 1 of 3 ways:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

Civil partners

Same-sex partners who were civil partners at the time of the treatment will both have parental responsibility.

Non-civil partners

For same-sex partners who aren't civil partners, the 2nd parent can get parental responsibility by either:

- applying for parental responsibility if a parental agreement was made
- becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

Health/Medical Details



Childs Name:	Year:
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Please complete this information so we can ensure that our records are correct for your son/daughter.

Doctor / Practice:	
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Does your son/daughter have any of the following (if answering yes to any please provide details below):

ADHD	Yes / No	Epilepsy	Yes / No	Severe allergies	Yes / No
Arthritis	Yes / No	Hearing defects	Yes / No	Diabetes	Yes / No
Asthma	Yes / No	Heart problems	Yes / No		
Bladder problems	Yes / No	ODD	Yes / No		

Further / other details:

Regular medication taken for:	
Does medication need to be taken during school hours?:	Yes / No <i>You maybe contacted for further information</i>

Is your child currently seeing any Specialist/Therapist or undergoing any Specialist treatment e.g. Speech Therapy, Physiotherapy, Social Worker, Occupational Therapy, Paediatrician, CAMHs, other?

Please specify:

Would you like to discuss any particular concerns (in confidence) with a member of staff: **YES/NO**

Please ensure that your contact details are kept up to date and that we have more than one emergency contact. If you change telephone numbers during the year please advise us immediately.

My child is allergic to:	
My child suffers from:	

In the event of my child requiring emergency treatment and the Principal (or his/her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities

Signature of person with legal responsibility:	Date:
	Relationship to Child:

Declaration

I have completed this form myself:	Yes	<input type="checkbox"/>	*No	<input type="checkbox"/>
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*The person completing this form must fill out Section 2 below

Somebody has translated this form for me:	**Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**The person translating this form must fill out Section 2 below

I have received, read and understood the expectations and policies set out for Pebbles Nursery.
 I wholeheartedly agree to comply with, support and uphold all aspects of the policies.
 I understand that I must inform Pebbles Nursery of any changes to my child's details / circumstances as soon as possible.

Signed: _____ <i>(Parent or Carer)</i>	Date: _____
Print Name: _____	Relationship to Child: _____

SECTION 2

If you have filled this form out / translated this form on behalf of the Parent / Carer, please complete the section below.

Title: Mr Ms Mrs Miss Other (please specify) _____

Surname: _____ Forenames: _____

Address: _____

 Postcode: _____

Telephone: _____

 Mobile: _____

 Relationship to Child: _____

I have completed this form on behalf of the Parent / Carer:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have translated this form for the Parent / Carer:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signed:

Date:



Consent Register


Childs Name:	Year:
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My child's name to appear on work displays around Pebbles Nursery and White Cliffs Primary School		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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Photos of my child in their Learning Journeys, SeeSaw and on work displays to be kept in Pebbles Nursery		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's name to appear in the White Cliffs Primary School Newsletter		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's image to appear in the White Cliffs Primary School Newsletter		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's name to appear on the Pebbles Nursery, White Cliffs Primary School and DFAMAT Websites		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's image to appear on the Pebbles Nursery, White Cliffs Primary School and DFAMAT Websites		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's name to appear in event programmes (such as Speech Day, Dance Festival, Christmas Concert)		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's name to appear in local media for achievements and celebrations (such as mothers / fathers day, new reception class)		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's image to appear in local media for achievements and celebrations (such as mothers / fathers day, new reception class)		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's name to appear on awards and trophies (such as Speech Day awards, Sports trophies)		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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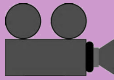


My child's name to appear in the Pebbles Nursery, White Cliffs Primary School and DFAMAT Prospectus		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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My child's image to appear in the Pebbles Nursery, White Cliffs Primary School and DFAMAT Prospectus		Yes <input type="checkbox"/> I give permission	No <input type="checkbox"/> I do not give permission
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Signed:	<i>(Parent or carer)</i>	Date:
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PRINT NAME:	Relationship to child:
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Consent Register

Childs Name:	Year:	
Professional photographer to take class and individual photographs of my child.	 <p>Yes <input type="checkbox"/> I give permission</p>	<p>No <input type="checkbox"/> I do not give permission</p>
Video taken of my child on SeeSaw, at any performance or competition they may represent Pebbles Nursery, White Cliffs Primary School or Federation in, which may be purchased by other parents	 <p>Yes <input type="checkbox"/> I give permission</p>	<p>No <input type="checkbox"/> I do not give permission</p>
My child to travel on a Dover Federation for the Arts minibus for short trips e.g. to attend swimming, singing practices and other schools etc.	 <p>Yes <input type="checkbox"/> I give permission</p>	<p>No <input type="checkbox"/> I do not give permission</p>
My child to be taken off Pebbles Nursery premises in a supervised group whilst they attend Primary School. (Please note that we will always issue individual letters for any Primary School outings or trips)	 <p>Yes <input type="checkbox"/> I give permission</p>	<p>No <input type="checkbox"/> I do not give permission</p>

Signed: _____ <i>(Parent or carer)</i>	Date: _____
PRINT NAME: _____	Relationship to child: _____

Childs Name:

CONSENT FORM – FOOD TASTING

As part of the Curriculum, children will sometimes be involved in the preparation and tasting of food.

Please sign the consent below indicating if your child has any known food allergies (we do not purchase anything containing nuts).

I / We give full consent for the above named child to be involved in the preparation and tasting of food in line with the Pebbles Nursery and White Cliffs Primary Primary School Healthy Eating Guidelines.



Yes

I give permission

No

I do not give permission

If your child has any special dietary requirements (e.g. is a vegetarian) or has any known allergies please list them below:

Please inform the Primary School Office of any changes in circumstances relating to the preparation and tasting of

Signed: *(Parent or carer)*

Date:

Childs Name: **Year:**

CONSENT FORM—PARENTAL GUIDANCE MATERIAL

From time to time the children watch extracts of films or television programmes to support their learning. Occasionally the material is classes as a 'PG' (Parental Guidance), therefore I am asking all parents to give their permission for their child / children to watch films and television programmes that are classes as 'PG'

Examples of these would be: Matilda, Goodnight Mr Tom, The Chronicles of Narnia.

I / We give full consent for the above named child to watch material classed as 'Parental Guidance' (PG) for educational purposes.



Yes

I give permission

No


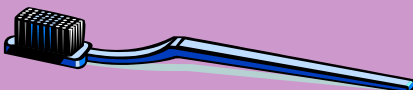

I do not give permission

Signed:

Date:

Toothbrush Consent Form

Childs Name:	Year:
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As part of our curriculum, children learn about keeping safe and healthy. Each year we offer dental check ups for all our children and regular sessions from the dental hygienist. We would like to offer each child the opportunity to clean their teeth during the Nursery day.

Pebbles Nursery will provide a personal toothbrush, toothbrush holder and toothpaste for each child.

We would encourage all parents to accept this opportunity. Please complete and return the slip below.

Thank you.



I give permission for my child (child's name) to be able to clean his / her teeth during the full Nursery day using their own personal toothbrush.

Signed:	<i>(Parent or Carer)</i>	Date:
Print Name:	Relationship to Child:	

Trips Declaration / Consent Form

Childs Name:	Year:
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PRE-DECLARATION

From time to time there are visits within and around the local area to which students will be walked or transported by coach, mini bus or staff car. For residential trips, a separate consent form will be requested. We will notify you by letter of any trips or outings.

Visits which are considered to be covered by this declaration will state in the letter to you:

“This visit is covered by your pre-declaration”

All visits will, in line with our Pebbles Nursery and Primary School Policy, be rigorously Risk Assessed and checked by Senior Management.

Please complete and sign the declaration below

I give my consent for my son / daughter to take part in any such activity and for any necessary medical treatment, including anaesthetic, to be administered should the need arise.

Signed:	<i>(Parent or Carer)</i>	Date:
Print Name:	Relationship to Child:	

This declaration is valid for the time that your son / daughter is a pupil at Pebbles Nursery. It will be reviewed on an annual basis.

It is the Parent/Carers responsibility to inform the Nusery of any changes in circumstances.

MEDICAL QUESTIONNAIRE

Childs Name:	Year:
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Has your child had any of the following?

Asthma or Bronchitis	YES	NO	
Heart Condition	YES	NO	
Fits, fainting or blackouts	YES	NO	
Severe Headaches	YES	NO	
Diabetes	YES	NO	
Allergies to any known drugs or medication	YES	NO	
Any other allergies e.g. material, food, insect bites etc.	YES	NO	
Other illness or disability	YES	NO	
Any recent contact with contagious diseases and infections	YES	NO	
An anaphylactic allergy (e.g. peanuts)	YES	NO	

If the answer to any of these questions is **YES** please **give details below** *
If you need to continue on a separate sheet, please ensure that it is firmly attached.

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?	YES	NO
Has your child been given specific medical advice to follow in emergencies?	YES	NO
Are there any other health issues of which we should be aware?	YES	NO

If the answer to ANY question is YES please give details below * (including dosage of any medicines/tablets):

*Please give further details


IMMUNISATION STATUS

Has your child received vaccination against Tetanus in the last ten years?	YES	NO	
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Signed:	<i>(Parent or Carer)</i>	Date:
Print Name:	Relationship to Child:	

NHS SCREENING CONSENT FORM

Childs Name:	Year:
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NHS SCREENING

Dear Parent / Carer

In the UK the Government provide a national health screening programme for children throughout their school life.

The NHS regularly requests that schools pass on administrative information, such as names, addresses and dates of births of children so that no child misses out on the opportunity to either be screened or vaccinated against potentially life threatening illnesses and diseases.

We therefore request that you give your consent for Pebbles Nursery to pass on such information in protection of your child. Please complete the consent form below and return to Pebbles.

I give my consent for Pebbles Nursery to provide the NHS with my child's full name, date of birth and current address for the purposes of vital health screening and vaccination programmes.

This consent remains valid throughout my child's time at Pebbles Nursery.

Signed:	<i>(Parent or Carer)</i>	Date:
Print Name:	Relationship to Child:	

Ethnic Data Collection Form

Childs Name:	Year:
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Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

White:

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>	Gypsy / Roma
<input type="checkbox"/>	European (please specify): <input type="text"/>
<input type="checkbox"/>	Any other White background

Black or Black British:

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background

<input type="checkbox"/>	Any other ethnic background
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<input type="checkbox"/>	I do not wish an ethnic background category to be recorded
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My child's religion is (please specify):	<input type="text"/>
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Any information you provide will be used solely to compile statistics on Pebbles careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow pupils to be identified. From time to time the information will be passed to the Local Education Authority and the Department for Children, Schools and Families (DCSF) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

Mixed:

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background

Asian or Asian British:

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background

<input type="checkbox"/>	Chinese
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This information was provided by:

<input type="checkbox"/>	Parent / Carer
<input type="checkbox"/>	Pupil

First Language:

<input type="checkbox"/>	English
<input type="checkbox"/>	Welsh
<input type="checkbox"/>	British Sign Language
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Slovak
<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Other (Please specify) <input type="text"/>

Privacy Notice

1. Privacy Notice - Data Protection Act 1998

Pebbles Nursery and White Cliffs Primary Primary School for the Arts are a data controller for the purposes of the Data Protection Act. We collect information from you and may receive information about you / your child from their previous school, Kent County Council (KCC) and the Learning Records Service.

2. How we use your personal information

We hold this personal data and use it to:

- Support teaching and learning;
- Monitor and report on progress;
- Provide appropriate pastoral care,
- Assess how we are doing.

This information includes contact details, national curriculum assessment results, attendance information and personal characteristics such as ethnic group, any special educational needs and relevant medical information.

We are required by law to pass some information to the Department for Education (DfE) and, in turn, this will be available for the use of the Local Authority. Where necessary or required we also share information with healthcare, social and welfare advisors or practitioners.

If you need a copy of the personal information that we hold, please contact the **Primary School Office on 01304 206174**

If you would like to get a copy of the information that KCC shares with the DfE or how they use your information, please contact:

Information Resilience & Transparency Team
Kent County Council
 Room 2.71
 Sessions House
 Maidstone, Kent
 ME14 1XQ
 Email: dataprotection@kent.gov.uk

Public Communications Unit
Department for Education
 Sanctuary Buildings
 Great Smith Street
 London
 SW1P 3BT
 Tel: 0370 000 2288

You can also visit the KCC website if you need more information about how KCC use and store your information. Please go to:
<http://www.kent.gov.uk/about-the-council/contact-us/access-to-information/your-personal-information>

To view KCC's Privacy Notice, please follow this link on the KCC website:
<http://www.kent.gov.uk/about-the-council/about-the-website/privacy-policy>

I confirm that I have read and understood the White Cliffs Primary Primary School for the Arts Privacy Notice.

Signed:	<i>(Parent or Carer)</i>	Date:
Print Name:		Relationship to Child:

CHECKLIST

Please tick to confirm that all sections have been completed in full and sign below.

Childs Name:

Year:

I CONFIRM THAT I HAVE:

<input type="checkbox"/>	Completed in full and Signed the Admission details	Page 1
<input type="checkbox"/>	Completed in full and Signed the Contact details	Page 2
<input type="checkbox"/>	Completed in full and Signed the Health / Medical details	Page 3
<input type="checkbox"/>	COMPLETED AND SIGNED THE DECLARATION	PAGE 4
<input type="checkbox"/>	Completed in full and Signed the Consent Register	Page 5
<input type="checkbox"/>	Completed in full and Signed the Food Consent Form	Page 7
<input type="checkbox"/>	Completed in full and Signed the Parental Guidance Material Consent Form	Page 7
<input type="checkbox"/>	Completed in full and Signed the Toothbrush Consent Form	Page 8
<input type="checkbox"/>	Completed in full and Signed the Trips Pre-Declaration Consent Form	Page 9
<input type="checkbox"/>	Completed in full and Signed the Trips Medical Questionnaire	Page 10
<input type="checkbox"/>	Understood, Completed and Signed the NHS Screening Consent Form	Page 11
<input type="checkbox"/>	Completed the Ethnic Data Collection Form	Page 12
<input type="checkbox"/>	Understood, Completed and Signed the Data Protection Privacy Notice	Page 13

Signed:

(Parent or Carer)

Date:

Print Name:

Relationship to Child:

For Office use only:

	Original Birth Certificate Seen and copy taken	INITIAL:	
	Proof of Address seen (less than 3 months old) and copy taken		
	Copy of Court Order provided (if applicable)	DATE:	
	All forms completed in full and Signed		



EARLY YEARS SEESAW CONSENT FORM



This form is to provide consent for a unique online learning journey to be created for your child. It will document your child's 'wow' moments, social interactions and development across the year. This learning journey will be used as a form of assessment by College and not shared publicly.

I give permission for my child's learning to be stored on their private online profile.

YES

NO

I give permission for photographs of my child to be posted into their private online profile.

YES

NO

I give permission for video footage of my child to be posted into their private online profile.

YES

NO

I give permission for my child to be included and named in group observations.

YES

NO

**Group observation by definition means that we will be photographing and recording your child interacting with several other children. This observation will then be shared on all involved children's private online profiles.*

I understand that my child's profile is being used to record and assess their learning and development. Therefore, any photographs, videos or observations shared between College and my child's online account will remain on the SeeSaw app and will not be shared on any forms of social media, such as Facebook, Twitter etc.

I understand that any comments I make on my child's online profile must be appropriate. I understand that inappropriate comments and language on these profiles will not be tolerated by College staff and may result in my access to the profile being removed.

Email address to be linked to **Seesaw Family app**:.....

Signed:.....

Print Name.....

Name of child:.....

Date:.....