

Hillfields Nursery School Admissions form



SIMS DATE _____ Eligible 2's 30 hours NURSERY BOOKLET DECLARATION FORM PHOTO PERMISSION HOME VISIT

The information we take is to help us provide the best service for you and your family. It will be kept on our Database and may on occasions be shared with partner agencies.

We share your information with Department for Education, Coventry City Council and NHS and ensure General Data Protection Regulation compliance within a written agreement. You can find our privacy statements for parents and children on our website www.hillfieldscoventry.co.uk

Signature: _____ **Date:** _____

Child's information

Forename: _____ Middle Name: _____ Surname: _____

Address: _____

Gender: _____ Date of Birth: _____ Religion: _____

Home Language: _____ English as a 2nd Language: Yes/ No

NHS No: _____ Birth Certificate No: _____ Seen by: _____ Date: _____

Ethnic Origin: _____ Country of birth: _____

Parental Information

Mother

Mr / Mrs / Miss / Ms

DOB _____

NI _____

Name: _____

Address (if different from child's):

PR: Yes / No

Phone Number: _____

Email: _____

Refugee Asylum Seeker EU Leave to Remain

Language Spoken: _____

English as a second language: Yes / No

Lone Parent Married Living with Partner

Father

Mr / Mrs / Miss / Ms

DOB _____

NI _____

Name: _____

Address (if different from child's):

PR: Yes/ No

Phone Number: _____

Email: _____

Refugee Asylum Seeker EU Leave to Remain

Language Spoken: _____

English as a second language: Yes/ No

Lone Parent Married Living with Partner

Siblings

Name _____ D.O.B _____ School _____

Name _____ D.O.B _____ School _____

Name _____ D.O.B _____ School _____

Name _____ D.O.B _____ School _____

Emergency Contacts and Collection

If I am unable to collect my child, I agree to inform the nursery in advance. I hereby authorise the following people as emergency contacts to collect my child on my behalf

Title: Mr/ Mrs/ Miss/ Ms Full name: Address: Contact Number: Relationship to child/ family:	Title: Mr/ Mrs/ Miss/ Ms Full name: Address: Contact Number: Relationship to child/ family:
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Safeguarding Information Shared

Signed: Parent/Carer

Medical

Does your child have any medical condition? Yes/ No
 If Yes please specify

Does your child have any allergies? Yes/ No
 Please state allergy, reaction and treatment required

Does your child have any specific dietary needs? Yes/ No
 If Yes please specify

IMPORTANT: I agree that if my child should require emergency medical treatment, a member of staff may take him/her to the appropriate Health Centre/ Casualty Department.
 Minor accidents will be recorded on site and recorded in the accident book.

Signed: _____ Date: _____

Staff Signature: _____ Date: _____

Name of doctor: _____

Address of surgery : _____

Other Agencies involved

Any other Professionals involved with your Family **Yes/ No** LAC CIN CP

Name and number of professional _____

Social Worker Consultants Solicitors CPN Probation Early Help

Any other information

FB/MC Feb 2020

White	Code	Mixed	Code	Asian	Code	Black	Code	Other	Code
White - British	WBRI	Mixed - White Black Caribbean	MWBC	Asian or Asian British - Indian	AIND	Black or British - Caribbean	BCRB	Chinese	CHNE
White - Irish	WIRI	Mixed - White Black African	MWBA	Asian or Asian British - Pakistani	APKN	Black or British - African	BAFR	Other Ethnic origin	OOth
White - Other	WOTH	Mixed - White Asian	MWAS	Asian or Asian British - Bangladeshi	ABAN	Black or British - Other	BOTH	Gypsy/Roma	WROM
White Eastern European	WEEU	Mixed - Other	MOTH	Asian or Asian British - Other	AOTH				