



# Chapel Street Nursery School Admission Form

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## Adults to be listed

Parent/ carer 1	Title & First Name:	Surname:	DOB:	NI number:	Relationship to Child(ren):
Parent/ Carer 2	Title & First Name:	Surname:	DOB:	NI number:	Relationship to Child(ren):

## Children to be listed

Child at nursery	First Name:	Surname:	DOB:	Male / Female
Child 2	First Name:	Surname:	DOB:	Male / Female
Child 3	First Name:	Surname:	DOB:	Male / Female
Child 4	First Name:	Surname:	DOB:	Male / Female

## Contact Details for Adult 1

Address:	
Post Code:	E Mail Address:
Landline	Mobile

## Job details for Adult 1

Place of work:	Occupation:	Job Title:
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## Contact Details for Adult 2 if different

Address:	
Post Code:	E Mail Address:
Landline	Mobile

## Job details for Adult 2

Place of work:	Occupation:	Job Title:
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Details of Child Attending Chapel Street Nursery School			
Name of Child:		Known as /pronunciation:	
Name on Name Card:		Gender:	Ethnicity:
Date of Birth:		Religion:	
Class:		Birth Certificate Seen: Y / N	
Start Date		Key Worker:	
First Language		English spoken <input type="checkbox"/> Not spoken <input type="checkbox"/> Basic <input type="checkbox"/> Conversational <input type="checkbox"/> Fluent <input type="checkbox"/>	
Country of Birth		Nationality	
Weekly Sessions			
Password for security purposes			
Daytime/work contact telephone number			
Is there anyone who is not to collect your child/ren?			
Important Contacts			
	Regular person collecting and dropping off	Emergency contact	Emergency contact
Name			
Address			
Contact Number			
Relationship with child			
Know to the child as			
Usual method of transport to and from the centre: Car <input type="checkbox"/> Public Transport <input type="checkbox"/> Walk <input type="checkbox"/> LA provided <input type="checkbox"/>			
Do you have any concerns? (Sleeping/Eating/Behaviour Toilet training etc)			
Allergies (Dairy/Nuts/ Plasters etc) If yes, please provide full details.			
Any health problems? If yes please state			
Special dietary requirements? If yes please state.			

GP Information	Dentist Information
Name & Address of Family Doctor's Practice:	Name & Address of Family Dentist:
Phone number:	

**About you and your family**

	Ethnicity	Religion	First Language	English Spoken	Disability Y / N	Lone Parent Y/N	Pregnant Y/N & Due Date	Smoker Y / N	Employment Status
<b>Parent /carer 1</b>				Not spoken <input type="checkbox"/> Basic <input type="checkbox"/> Conversational <input type="checkbox"/> Fluent <input type="checkbox"/>					Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> In training / education <input type="checkbox"/> Full-time Parent <input type="checkbox"/> Claiming Income Support <input type="checkbox"/> Claiming JSA <input type="checkbox"/>
<b>Parent /carer 2</b>				Not spoken <input type="checkbox"/> Basic <input type="checkbox"/> Conversational <input type="checkbox"/> Fluent <input type="checkbox"/>					Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> In training / education <input type="checkbox"/> Full-time Parent <input type="checkbox"/> Claiming Income Support <input type="checkbox"/> Claiming JSA <input type="checkbox"/>

**Early Years Pupil Premium for 3 and 4 year olds**

Nurseries can claim extra funding through the Early Years Pupil Premium to support children's development, learning and care if parents satisfy certain criteria, e.g. if they receive:

Income Support, Income-based Jobseekers Allowance, Universal Credit, Income-related Employment and Support Allowance, Support under Part VI of the Immigration and Asylum Act 1999, the guaranteed element of State Pension Credit, Child Tax Credit (provided the annual gross income is less than £16,190).

3 and 4 year olds will also be eligible if they have been in local authority care for 1 day or more in England or Wales; if they have been adopted from care in England or Wales; if they have left care through a special guardianship order or a child arrangement order in England or Wales.

## Privacy Notice

Chapel Street Nursery School is committed to protecting your privacy when you give us your personal data and that of your child.

We have a Data Protection Officer who makes sure we respect your rights and follow the law. If you have any concerns or questions about how we look after your personal information, please contact the Data Protection Officer [paula.creighton@sptcompliance.co.uk](mailto:paula.creighton@sptcompliance.co.uk)

Data Controller	Chapel Street Nursery School
Data Protection Officer	Paula Creighton, SPT Compliance Co UK
Personal Data	Name, Address, medical details, ethnicity, national insurance number, progress, NASS number, SEND, Safeguarding.
Purpose for using it	To support your child's learning and pastoral needs, to provide access to school meals, to shape service delivery.
Lawful basis	To carry out the performance of a public task and for special category data in the public interest of providing education and providing for the welfare of your child.
Who we share it with	Luton Borough Council, other education providers, Time For Two's, Government Portal, the Police. In some cases: Department of work and pensions and further education establishments.
Why we share it with them	Statutory returns for local government reporting, educational support eg SENCO or Educational Psychologist, to safeguard children if needed, to provide continuity of education. In some cases: To obtain funding
Any automated decision making	None
Transfer of data to a non-EU country	None
Exercising your rights	You have the right to ask us to amend or delete your data as well as transfer it or limit its use. Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you.

October 2020

I / We have read and agree with the Privacy Notice above.

Signature: ..... Name: ..... Date: .....

## Declarations of Consent

The school is required to ask parents' permission before children are able to take part in certain activities. You do not have to give consent for the below activities and are able to withdraw your consent at any time by contacting the school.

Permission requested	Yes or No	Initial
I/We give permission for my/our child's photograph to be used in their learning story and displays around the nursery.	Y/N	
I/We give permission for my/our child's photograph to be used to promote the nursery and on the website.	Y/N	
I/We give permission for my/our child to be videoed for recording their development.	Y/N	
Should an urgent matter of concern arise I/we give permission for my/our child to be given emergency treatment and/or contact to be made with the appropriate medical or health authorities. We will act in the best interests of the child.	Y/N	
I/We give permission for my/our child to be taken on out-of-nursery visits.	Y/N	
I/We give permission for my/our child to have sunscreen applied at school with the help of staff.	Y/N	
I/We give permission for my/our child to use a computer when the internet is connected.	Y/N	
I/We give permission for my/our child to have their face painted.	Y/N	
I/We give permission for the nursery to use my/our mobile telephone numbers and my/our email addresses to contact me/us regarding matters relating to the nursery school via ParentMail.	Y/N	
I/We agree for my/our child to be given Calpol or Paracetamol in line with government dosage for a child's age. Reasons would be teething and/or high temperature. A child will not be given Calpol or Paracetamol within 4 hours of arriving at nursery if we cannot contact the parent.	Y/N	
I/We give permission for the nursery to apply for Early Years Pupil Premium in respect of my/our child.	Y/N	
I/We give permission for the nursery to check for Free School Meals eligibility in respect of my/our child.	Y/N	
I/We understand that my/our child could lose their place if their attendance is consistently poor.	Y/N	
You have the right to ask us to amend or delete your data as well as transfer it or limit its use. Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you.		
Signature: _____	Signature: _____	
Print name: _____	Print name: _____	
Date: _____	Date: _____	