



## Admissions Form

We have a legal obligation to collect and process the following information in accordance with the Early Years Foundation Stage (welfare requirements) regulations 2012 and therefore we do not need to your consent for the first section of the form.

Where information to be supplied is voluntary, the information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child, therefore, we ask you to complete the following admissions form giving as many details as possible.

You will also be required to bring in 2 photographs of your child to use for their learning journal ready for when they start. It is also necessary for us to see your child's birth certificate. The following must be completed before your child can attend for the first time and be updated when necessary.

We will comply with the GDPR 2018 legislation and any subsequent legislation on information handling and privacy. We will do this through Starlings Preschool Data Protection policy.

Basic Details	
Child's name:	Known as:
Date of birth: Birth certificate seen/date:	Gender:
Name of parent(s) with whom the child lives:	
Siblings:	
Parent  Do you have parental responsibility for this child? <b>Yes/No</b> (please delete as appropriate)  If no, do you have legal contact? <b>Yes/No</b> (please delete as appropriate)	Parent  Do you have parental responsibility for this child? <b>Yes/No</b> (please delete as appropriate)  If no, do you have legal contact? <b>Yes/No</b> (please delete as appropriate)
Address of parent(s) with whom the child lives:	
Home telephone number:	Mobile telephone numbers:

Email address

Would you prefer to receive newsletters and information via email?

**Yes/No** (please delete as appropriate)

If YES please sign here to consent to us contacting you for the purposes above .....

Name of parent(s) with whom the child **does not** live:

Does this parent have parental responsibility? **Yes/No** (please delete as appropriate)

Does this parent have legal contact? **Yes/No** (please delete as appropriate)

Does this parent have legal access to the child? **Yes/No** (please delete as appropriate)

Address:

Home telephone number:

Mobile telephone number:

**Emergency Contact Details**

*Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.*

**NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.**

Emergency Contact 1

Emergency Contact 2

Name

Name

Home telephone no

Home telephone no

Mobile telephone no

Mobile telephone no

Relationship to child

Relationship to child

**Security Details**

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

My secure password is

Persons authorised to collect the child. This is any other adult who may collect your child in your absence. <b>Authorised persons must be over 18 years of age.</b>	
Authorised Person 1  Name  Home telephone no  Mobile telephone no  Relationship to child	Authorised Person 2  Name  Home telephone no  Mobile telephone no  Relationship to child
Additional Security Information	
<p>We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.</p> <p>We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance using the relevant security password you have supplied when they collect your child.</p>	

## Health Information

### *About your child*

*Has your child received the following immunisations?*

*(Please confirm and provide date of immunisations given)*

Two months old Yes/No <i>(delete)</i>	Date:	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Three months old Yes/No <i>(delete)</i>	Date:	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Four months old Yes/No <i>(delete)</i>	Date:	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
12 months old		Haemophilus influenza type b (Hib) and	Hib/MenC

meningitis C.

Yes/No  
(delete)

Date:

13 months old

Measles, mumps and rubella (German measles).  
Pneumococcal infection.

MMR and PCV

Yes/No  
(delete)

Date:

**Three years and four months  
or soon after**

Diphtheria, tetanus, pertussis (whooping cough)  
and polio.  
Measles, mumps and rubella.

DTaP/IPV (or  
dTAP/IPV) and  
MMR

Yes/No  
(delete)

Date:

(for setting - Has the child's health record book been seen to confirm immunisation dates? Yes/No  
(delete))

Does your child suffer from any of the following (*please tick those which apply*)

Asthma

Epilepsy

Heart Condition

Kidney/Bladder problems

Diabetes

Bee Sting Allergy

Sight Impairment

Deafness

Wears Glasses

Other

If you have ticked any of the boxes above please give details here:

Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? (*Please give details of the medication and dosage*)

Does your child have any special dietary needs or preferences?

**Yes/No** (*Please delete as applicable*)

If yes please give details below

<p>Does your child have known allergies?</p> <p><b>Yes/No</b> (<i>Please delete as applicable</i>)</p> <p>If yes please give details below</p>
<p>Name of GP:</p> <p>Surgery:</p> <p>Address:</p> <p>Telephone number:</p>

<b>Safeguarding Children</b>	
Does your family have a social worker for any reason?	
Name	Telephone number
Based at	
What is the reason for the involvement of Social Services with your family?	
<p><b>FOR OFFICE USE</b> - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.</p>	

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor	
Name	Telephone number
Based at	

Has your child had their two year old progress check?

**Yes/No** (*Please delete as applicable*)

If so, on what date was this completed?

Are you able to share this information with the setting?

**Yes/No** (*Please delete as applicable*)

**The following section requires information classed as ‘sensitive personal data’ for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child’s needs.**

### **Ethnicity and Cultural background**

How would you describe your child’s ethnicity/cultural background?

What is the main religion of your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting?

What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child’s first experience of being in an English-speaking environment?

**Yes/No** (*Please delete as applicable*)

### **Special Educational Needs and Disabilities**

Does your child have any special needs or disabilities?

**Yes/No** (*Please delete as applicable*)

If yes please give details below

What (if any) special support will your child require in our setting?	
Professionals involved with the child	
Name	Name
Agency	Agency
Role	Role
Telephone no	Telephone no

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

**Permissions and Consent**

Please read the statements below and tick the box next to the statement to give your consent to the following:

<input type="checkbox"/>	I consent for staff to apply Starlings preschools own supply of high factor hypoallergenic suncream to my child.
<input type="checkbox"/>	I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc.
<input type="checkbox"/>	I consent to my child having their photograph taken for use in displays, for name pegs, etc. within the setting
<input type="checkbox"/>	I consent to my child having their photograph taken to be used for publicity purposes – website
<input type="checkbox"/>	I consent to my child’s artwork (with their name) being displayed in the setting
<input type="checkbox"/>	I consent to my child’s photograph being used in learning journeys of other children within the setting
<input type="checkbox"/>	I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children’s behaviour
<input type="checkbox"/>	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc. if necessary

	I consent to my child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority
	I consent for my child to take home sweets/treats when another child has brought them in on their birthday to hand out
	I consent for my child's photographs to be used by the preschool in printed publications ( <i>preschool may sometimes use the photographs of children in publications, eg Basingstoke Gazette etc. in addition</i> )
	I consent for my child's photography and work to be used on the preschool website ( <i>the website can be viewed throughout the world and not just in Britain where British Laws applies</i> )
	I consent for my child's photographs to be sent to publications when appropriate ( <i>the committee have agreed that family members may video their group or special performances at preschool as they will be a personal record for that family. These must not be shared on any social networking sites</i> )

Please sign below to confirm your consent for the indicated statements above:

Signature of Parent(s)/Guardian:

## **Tapestry**

### ***Permission for use of Tapestry Online Journal***

We observe your child through there time at Starlings Preschool and record there development in line with the Early Years Foundation stage, this is recorded on an online programme called Tapestry.

The programme is electronic and will be available for parents to view on line, a paper copy is also printed at the end of each term and this will be given to you when your child leaves our setting or on the last week of term with us before school.

We need consent to allow your child's photos and observations to be used as follows:

	I consent to allow my child to be included in the journals online
	I understand that my child may be used in group activity photographs and I/we will not share the journal on any social media nor will I/we copy any photographs which may contain another child's image
	I consent to providing my email address to set up my login to Tapestry and this is as follows:  Parent/Guardian: _____



Parent/Guardian: \_\_\_\_\_

I consent to my child's keyperson updating my child's online Tapestry journal at home if and when necessary. *(all technology used is password protected, and staff must adhere to the data protection and confidentiality policy. Information taken home may contain names, addresses and date of birth)*

## General Parental Permissions

### *Emergency treatment declaration*

*In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the Manager (or authorized deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. I understand the setting would call me as soon as possible to advise of these actions.*

*Parent(s) signature:*

### **For inhaler/Epipens only**

I give permission for a member of staff who has been trained to administer the inhaler/epipen (supplied by me)

Signed :

## Earrings

Starlings preschool have no objection to earrings being worn in the setting and subsequent environments (in the care of Starlings preschool staff); we would suggest that children wear quick release/easily removable, small close-fitting stud earrings.

If earrings are worn you are aware that Starlings preschool policy and procedure on earrings and are aware of the risks involved.

I give consent to my child wearing earrings at preschool and will not hold them or it's insurers responsible for any resulting damage or injury to my child whilst in the care of the preschool and it's staff.

Signed:
<b>Key Persons</b>
<i>Information for parents</i>

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person is your first point of contact for anything you wish to discuss about your child. Your child's key person will be allocated on your start date or sooner if known.

Has the settling-in process been agreed? Yes/No (*delete*)

If so, detail:

*To be completed by the key person/manager:*

Start date at Starlings Preschool	
Day and days attending	
Are there any fees payable? If so please note here	

<b>Policies and Procedures</b>
<i>Information for parents</i>

**Policies and procedures**

A copy of our complaints policy is available, please ask the Manager to see a copy if needed. Posters indicating how to contact Ofsted are displayed on our noticeboards.

All our policies are kept in hard copy for parents to see, these are located inside the pre-school in the Managers office.. Please ask if you would like to see a copy. Please sign below to confirm that you have been provided with details of how to access the settings policies and procedures.

I acknowledge that Starlings will comply with the GDPR 2018 legislation and any subsequent legislation on information handling and privacy. We will do this through Starlings Preschool Data Protection policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please sign below to indicate that all the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent 1

Signed

Date

Parent 2

Signed

Date

Key person

Signed

Date

Manager

Signed

Date

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

## **Starlings Preschool**

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