

Early Years Foundation Registration Form

<b><u>Personal information</u></b>	
Child's name:	
Home address:	
Postcode:	Telephone no:
Date of Birth:	Male/female:
Age on entry:	Position in family:
Person(s) who have legal responsibility:	
Birth Certificate verified and copied – Yes/No	
National Insurance Number: _____ -	

<b><u>Emergency contact details</u></b>		
<b><u>1<sup>st</sup> Contact</u></b>		
<u>Name</u>	<u>Number</u>	<u>Relationship to child</u> Please select one of the following: Parent / Carer / Grandparent / Aunt / Uncle / Friend / Other.....
<b><u>2<sup>nd</sup> Contact</u></b>		
<u>Name</u>	<u>Number</u>	<u>Relationship to child</u> Please select one of the following: Parent / Carer / Grandparent / Aunt / Uncle / Friend / Other.....
<b><u>3<sup>rd</sup> Contact</u></b>		
<u>Name</u>	<u>Number</u>	<u>Relationship to child</u> Please select one of the following:

		Parent / Carer / Grandparent / Aunt / Uncle / Friend / Other.....
<b>4<sup>th</sup> Contact</b>		
<u>Name</u>	<u>Number</u>	<u>Relationship to child</u>
		Please select one of the following: Parent / Carer / Grandparent / Aunt / Uncle / Friend / Other.....

Email address:

Security Pick up Password:

Meal Requirements:

Free School Meals –Yes/No

School Meal – Yes/No

Packed Lunch –Yes/No

**Ethnicity:**

Please tick the following which applies:

- Any other Asian Background:
- Any other Black background:
- Any other ethnic group:
- Any other mix background:
- Any other white background:
- Bangladeshi:
- Black African:
- Black Caribbean
- Chinese
- Gypsy
- Gypsy/Roma
- Indian
- Information Not Yet Obtained
- Other Gypsy/Roma
- Pakistani
- Refused
- Roma
- Traveller of Irish Heritage
- White British
- White Irish
- White and Asian
- White and Black African
- White and Black Caribbean

Home language:

**Country of Birth:** \_\_\_\_\_

**First language:** \_\_\_\_\_

Other languages spoken:

Religion:

- Buddist
- Christian
- Hindu
- Jewish
- Muslim
- No Religion
- Other Religion
- Refused
- Sikh

**Previous nursery/playgroup:**

**Does your child suffer from any of the following?**

Epilepsy ( ) Diabetes ( ) Asthma\* ( ) Eczema ( ) Heart Condition ( )

Asthma – Inhaler usage: \_\_\_\_\_

Date given to school \_\_\_\_\_

(If your child is asthmatic, an inhaler must be kept in school at all times, clearly labelled with your child's name and dosage. If your child requires an inhaler, however, they do not have one in school, school will provide your child with an emergency inhaler).

I agree to my child being given an emergency inhaler in school when required.

Signed: \_\_\_\_\_

**Dietary Requirements:** Halal ( ) Vegetarian ( ) Other: \_\_\_\_\_

**Allergies**

Hay Fever ( ) Penicillin ( ) Plasters ( ) Any medicine ( ) Food Allergy ( )

Other, please state \_\_\_\_\_

Information regarding:

Glasses ( ) Hearing Aid ( ) Other Agency involvement ( )

\_\_\_\_\_

**Any other medical information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School can only administer medicine prescribed by a doctor. All medicine must be clearly labelled with the child's name and dosage. Forms (available from the office) must be completed prior to school agreeing to administer any medication.

**Does your child have any identified special needs? If yes please give details:**

**Early Years Pupil Premium Eligibility:**

Yes/No

At home times, in addition to parents/carers, please state any other named adults who may collect your child. If for any reason your child needs to be collected by someone else the school office **MUST** be informed before your child is collected. We will only allow your child to leave school with adults named on this card or if you have contacted the school office with an alternative position.

1. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Consent forms**

I hereby give my consent for Partington Central Academy to use my email address for School Comms, whilst my child is in attendance at the school.

YES

NO

I can withdraw my consent at any time, by writing to the school directly and requesting this information be removed.

I hereby give my consent for Partington Central Academy to use my mobile telephone number for School Comms, whilst my child is in attendance at the school.

YES

NO

I can withdraw my consent at any time, by writing to the school directly and requesting this information be removed.

I hereby give my consent for Partington Central Academy to take & store photographs of my child for use in the following means (please tick where you are providing consent)

Display Boards (In and around the school)

School Website

Social Media (Facebook / Twitter)

Printed material shared outside of the school  
(e.g. Prospectus)

I understand I can withdraw my consent at any time, by writing to the school directly and requesting this information be removed.

I hereby give my consent for Partington Central Academy to share my child's educational record (i.e. progress or attainment grades) with selected third parties (secondary schools and/or colleges and/or Further Education / Higher Education that your child is / hopes to make the transition to)

I understand I can withdraw my consent at any time, by writing to the school directly and requesting this information be removed.

YES

NO

\* Delete as appropriate

I do/do not\* give my consent to staff at Partington Central Academy to seek emergency medical advice and/or treatment in my absence:

I do/do not\* give my consent for my child to take part in cooking and tasting activities. I have made staff aware of any food allergies or illnesses my child may have.

I do/do not\* give my consent for my child to be escorted off school premises to local excursions.

Full name of child: \_\_\_\_\_

Year Group: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name of parent / carer: \_\_\_\_\_

Parent / carer signature: \_\_\_\_\_

Date: \_\_\_\_\_