**Little Seahorses**

**Admission to Nursery**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Office Admin use only:*** | *Yes/No* | *Name/Signature* | *Date* |
| *LCC Funding Declaration Form received*  |  |  |  |
| *Birth/Adoption Certificate seen* |  |  |  |
| *Funding code in date* |  |  |  |

 **Child’s details**

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Date of Birth |  |
| Religion |  |
| Home address |  |
| Main language spoken at home |  |

 **Parent/Carer 1.**

|  |  |
| --- | --- |
| Full name |  |
| Relationship to Child |  | Do you have parental responsibility Yes/No |
| Address |  |
| Telephone | Home: Mobile: Work: |
| Email |  |

**Parent/Carer 2.**

|  |  |
| --- | --- |
| Full name |  |
| Relationship to Child |  | Do you have parental responsibility Yes/No |
| Address |  |
| Telephone | Home: Mobile: Work: |
| Email |  |

**Court Orders/Special Guardianship Orders**

|  |
| --- |
| Please detail any Court Orders applying to the child e.g. Ward of Court, Legal rights of access: |

**Medical Information- (please circle as appropriate)**

Does your child suffer with any of the following:

|  |  |
| --- | --- |
| Asthma | Yes/No |
| Eczema | Yes/No |
| Allergies | Yes/No |

Does your child have difficulty with any of the following:

|  |  |
| --- | --- |
| Hearing | Yes/No |
| Speech & Language | Yes/No |
| Eyesight | Yes/No |
| Mobility | Yes/No |
| Learning | Yes/No |

Has your child had any involvement with the following Outside Agencies:

|  |  |
| --- | --- |
| Pediatrician | Yes/No |
| Health Visitor | Yes/No |
| Early Help Worker | Yes/No |
| Support Worker | Yes/No |
| Social Worker | Yes/No |
| Speech & Language | Yes/No |

Is there any other medical history, condition or medication that the Nursery should be aware of? Yes/No

|  |
| --- |
| If the answer to any of the above is yes, please provide details:  |

Please provide contact details for your child’s Doctor:

|  |  |
| --- | --- |
| Name of GP Practice |  |
| Practice Address  |  | Telephone: |

**Parent/Carers Loco Parentis Authority**

In Loco Parentis: The parent/Carers authorise staff to act in loco parentis in all respects.

Please circle Yes/No below to confirm the following:

|  |  |
| --- | --- |
| I give my permission for the use of such physical contact with my child as may be lawful, appropriate and proper for teaching and to provide comfort to my child in distress or to maintain safety and good order.  | Yes/No |
| I give my permission for first aid being administered and emergency medical treatment if certified by a Doctor and I (parent/carer) cannot be contacted in time. | Yes/No |
| I give my permission for nursery staff to apply barrier cream to my child when nappy changing (please refer to the nursery intimate care policy [www.chapel-cit.co.uk](http://www.chapel-cit.co.uk/) | Yes/No |
| I give my permission for nursery staff to take the temperature of my child if deemed necessary | Yes/No |
| I give my permission for nursery staff to apply sun cream to my child as and when required. | Yes/No |

Parent/Carer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph Consent** (please refer to the Photograph policy [www.chapel-cit.co.uk](http://www.chapel-cit.co.uk) )

|  |  |
| --- | --- |
|  | Please circle your answer |
| I give my permission for my child’s image to be used within nursery for display purposes | Yes/No |
| I give my permission for my child’s image to be used on the Nursery website | Yes/No |
| I give my permission for my child to have a class/group photograph taken. I understand this printed/digital photograph can be purchased by parents. | Yes/No |
| I give my permission for my child’s image to be used in Learning Journeys belonging to other children e.g. your child playing in the role play area with another child. Your child’s name will NOT be used. | Yes/No |

I confirm I have read and understood the Photograph policy and the conditions of image usage as detailed above.

Parent/Carer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent and Carer Tapestry User Agreement-** (Please read the Tapestry information provided separately in the Welcome pack before reading and signing the User agreement below):

Tapestry is a secure online Learning Journal which is used to keep a record of your child’s development and experience during their Early Years in line with the Early Years Foundation Stage curriculum. This may be through photographs, videos, observations and comments. These can be shared with parent/carers to see what your child has been learning in our setting.

To be set up with a relative account on Tapestry parent/carers are agreeing to the following:

1. I will not download or screenshot photographs onto my personal device that contain children who are not my own.
2. I am aware that my child may appear in photographs on other children’s Learning Journals but also know that they will **NOT** be named in any Learning Journal that is not their own.
3. I will keep my user details up to date and correct.
4. I will inform Nursery if my child has a Tapestry account from a previous setting.
5. I know that any observations deemed inappropriate will not be added to my child’s Learning Journal.
6. I understand that for additional security purposes my child will not be linked to my parent/carer account until I have verified that I have activated my account. This can be done through email/phone contact with the school office.

Parent/Carer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursery Sessions/booking information**

When your child attends Nursery they will be entitled to at least 15 funded hours.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique funding code -15 Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique Funding code- 30 Hours-if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like my child to start on date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below which sessions you would like your child to attend each week for the summer term 22.4.24 to 19.7.24. It will be assumed the same sessions are required for each week, if this is not the case, please discuss this with the Nursery Administrator or Miss Pettit, Early Years Leader.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:50am – 11:50am |  |  |  |  |  |
| 12.30pm – 3.30pm |  |  |  |  |  |

Should your child be unable to attend the agreed Nursery sessions due to illness, please contact the school office before 9am 01754-872429. Unfortunately, these hours are not able to be transferred to another day.

If you wish to change or terminate your child’s sessions, a minimum of 2 weeks’ notice is required.

*Please refer to the important information on page 1 of the Funding Declaration form regarding the expiry and renewal of the 30-hour codes*.

Little Seahorses Nursery is open for 38 weeks/190 days per year, following Chapel St. Leonards Primary School term dates (with the exception of the summer 2024 term when the nursery will open 1 week later than the Primary School).

Terms are Autumn (Sept – Dec), Spring (Jan-Mar/Apr) and Summer (April-July). Exact dates are available on Chapel St. Leonards Primary School Website [www.chapel-cit.co.uk](http://www.chapel-cit.co.uk)

**Collection arrangements**

In the event you are unable to collect your child from the end of the Nursery session, we ask that wherever possible you inform us *in advance* who is going to be collecting your child so that both your child and ourselves know who to expect. When that person arrives, we will ask for their photo identification and a password that you provide. If the details correspond, we will release your child to that person. However, if we have reason for any concern, then your child will **not** be released, and a phone call made to you to verify details.

Password:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm I agree to all of the above terms and conditions.

I understand and accept that it is my responsibility to inform Nursery of any relevant changes to the information contained on this form.

Signed Parent/Carer (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. National Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for Chapel St. Leonards primary school to check the eligibility of my funding code with the Local Authority.

Parent/Carer (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_