BARKSTON ASH NURSERY SCHOOL

*REGISTRATION DOCUMENT*

At Barkston Ash Nursery we teach the children in line with British Values

**All consent and records of personal information will be held in accordance with General Data Protection Regulation (GDPR) 2018. Information will only be held for the duration of your child(ren’s) time at Barkston Ash Nursery School. Once your child leaves the setting all personal data will be destroyed.**

**Start Date…………………………..**

Childs Surname

**Christian Name**

**Name known as**

**Ethnic Origin**

**Date of Birth**

**Place of Birth**

**\* Please attach a copy of Birth Certificate\***

Permanent address

Home Telephone Number

**Email:**

**Mothers/Carers Name**

**Profession**

**Work Number**

**Mobile Number**

**National Insurance Number:**

**Fathers/Carers Name**

**Profession**

**Work Number**

**Mobile Number**

**YES**

**YES**

**NO**

**NO**

**Does your child live with both Parents/Carers?**

**If NO, please advise name of parent/carer with legal responsibility……………………………………**

**YES**

**YES**

**NO**

**NO**

**If YES please provide confirmation of consent to hold their name and telephone number and relationship to …………………………………………………………………………**

**Permission must be obtained to hold emergency contact details and details for authorised persons to collect you child(ren)**

**I hereby confirm that permission has been given to hold the following information:**

**Signed………………………. Date…………………**

**EMERGENCY CONTACT NAMES**

**1st name**

**Telephone number**

**2nd name**

**Telephone Number**

**Name(s) of authorised Person(s) to collect child**

NAME

**RELATIONSHIP to Child**

**Telephone number**

**\* Please make a note of this as people unfamiliar to staff will be asked for this word.**

**Medical Consent**

**Do you give consent for medical information to be supplied and held on file at Barkston Ash Nursery School:**

**Yes No**

**• If yes, please complete below**

**Doctors Name:**

**Address:**

**Tel:**

**Health Visitor Name:**

**Address:**

**Tel:**

**Dentist Name:**

**Address:**

**Tel:**

**Please list ALL inoculations that your child has received with dates:**

**MEDICATION**

NO

NO

YES

YES

***Please indicate***

***If YES please advise details***

***Condition...........................................................................................................***

***Symptoms.........................................................................................................***

***Medication .....................................................................Action required............................................***

**Please note that we will not administer Calpol or other medication that has not been prescribed by a doctor**

**SIGNED…………………………………………….. DATE……………………………………..**

**Safeguarding**

**• we require your permission to display a photo together with a description of your child’s Medical condition on the wall in the snack area to ensure that we protect and offer continuity of care.**

**SIGNED…………………………………………… DATE……………………………………..**

**EMERGENCY MEDICAL TREATMENT**

YES

YES

NO

NO

***Please indicate***

**SIGNED…………………………………………….. DATE…………………………………….**

DIETRY REQUIREMENTS

**YES**

YES

NO

NO

**Please indicate**

***If YES please give details***

***Condition...........................................................***

***Symptoms..........................................................***

***Medication....................................................................Action Required...................................................***

**SIGNED…………………………………………….. DATE…………………………………….**

**SAFEGUARDING**

**• we require your permission to display a photo together with a description of your child’s allergy on the wall in the snack area to ensure that we protect and offer continuity of care.**

**SIGNED…………………………………………… DATE……………………………………..**

**CHILD PROTECTION**

**WE HAVE A RESPONSIBILITY TO ANY CHILD IN OUR CARE FOR THEIR SAFETY AND WELLBEING.**

WE ARE THEREFORE OBLIGED TO REPORT ANY SUSPECTED ABUSE OR NEGLECT TO THE AUTHORITIES

Please sign below to confirm that you have read and understand this statement

**SIGNED…………………………………………….. DATE……………………………………**

**SPECIAL EDUCATIONAL NEEDS AND DISABILITIES**

We are an inclusive setting and aim to meet the needs of ALL children.We provide care in line with the Special Educational Needs code of conduct 2015 and the UN Convention of the Rights of the Child 1989.

If your child has additional needs or a physical disability, please provide as much information as possible to help us provide the correct level of support.

Condition…………………………………………………….

Symptoms……………………………………………………

Are outside professionals/agencies involved in the care of your child yes no

If yes please provide details…….

**It will be necessary for Barkston Ash Nursery School to contact outside agencies and professionals to enable continuity of care, please sign below to give consent.**

Signed …………………………………… Date…………………………………..

**\*Please note that your consent below will be for the duration of the time your child is at the nursery setting; once your child leaves the setting all personnel data will be destroyed\***

**In Line with GDPR 2018 Data Protection**

**DO WE HAVE YOUR PERMISSION TO:**

**YES**

**NO**

**Hold personal information; full name, date of birth, place of birth and address of your child(ren).**

**Hold personal information of parent/carers; Address, telephone numbers and email addresses.**

**Share information with other Nursery settings, including personal and medical information and learning and assessments**

**Share information with other professionals, including Health visitors, schools, children’s centres and child specialists.**

**Observe and record information about your child.**

**Take appropriate photographs to use on displays, literature etc.**

**Share group photographs amongst other children in their learning journeys and use Christian names.**

**Use photographs for press releases, advertising, web site, social networks and other media.**

**Provide your child’s full name and school name to a third party for the provision of book bags and clothing.**

**Share names with other parents at the setting for special events, example: Christmas cards.**

**Other permission**

**Give Piriton if your child shows symptoms of an allergy or has an allergic reaction**

**Take on trips or outings away from Nursery (including car journeys)**

Change your Childs clothes if too hot or wet

**Change your Childs nappy when required**

**Apply nappy cream** (supplied by parent only)

**Take your child to toilet and give assistance if required**

**Apply sun cream** (supplied by parent) (must be handed to a practitioner with child’s name clearly marked).

**Give your child a cuddle when upset and/or requested**

**Give assistance to wipe bottom**

**Apply a plaster or dressing if required**

**Take Temperature reading using non-evasive head thermometer**

**Drive or walk to Barkston RC School for wrap around care**

**Apply face paints**

**I/We have read and agree to abide by the Nursery Policies & Procedures. I/We confirm that all the details provided above are correct.**

**Signed…………………………………Parent/Carer Date…………………………**

**Signed................................................Parent/Carer Date.....................................**

**Any changes to the above information must be notified in writing as soon as possible.**

**Important : We must have up to date contact telephone numbers at all times**