Highbury Primary School & Nursery



Nursery Pupil Registration Form

NB. If you would like an interpreter or someone to help you to complete the forms then please ask and this can be arranged

Child's Name	
Date of Birth	
Gender	Male/Female/prefer not to say

Nursery Start Date:

When your child begins nursery, you will be asked to provide a copy of your;

- Child's full Birth Certificate
- Proof of address

Please complete and return the forms and this booklet to the Foundation Stage Office



Please provide a password – this will be required if someone else is collecting your child and is not known to st	taff.
This is a safeguarding requirement.	
Decovered	



Pupil Information

Surname

Highbury Primary School & Nursery

Middle/other name(s)



The information you provide to the nursery will be used to support pupil learning and to ensure pupil safety and wellbeing. Personal information is only collected and used where it is needed by the school or the local authority for education purposes or where required by law. Further information on how we use and share pupil information can be found on our website. http://www.highburyprimary.org

Please complete all relevant sections of the form and return it to the Foundation Stage Office.

Forename

Male/Female/prefer r say	not to	Date of birth		Date of an	rival in UK (if applicable)
Please list all nurseries/pre-schools attended		Contact	Dates attended		
				no:	
Parent/Carer Info	ormatic	n			
Mr/Mrs/Miss/other	Surnam			Forena	me
		permanent address at v	vhich the		
child is living with the	ir parent	s/carer(s))		Mobile	No
				IVIODIIE	INO.
				Home 7	Геl:
Postcode:				Work T	el:
Posicode.					
Email address:				<u> </u>	
Deletionabie to abild	/	h / f - + h / - + + h / -	. t = f = t = = / =		-t-\
Relationship to child	(e.g. mot	her/father/stepmother/s	stepratner/gr	andparent (etc.)
Devental responsibility					
Parental responsibilit	y:				
Yes No					

Other Parent/Car	er Informa	tion (please ensu	ire you have cons	ent to share this i	nformation)	
Mr/Mrs/Miss/other:	Surname:		Forename):		
Address: (If different f	rom above)		Mobile No:			
			Home Tel			
			Tiome rei	•		
			Work Tel:			
Postcode:						
Email address:						
Relationship to child:	(e.g. mother/fa	ather/stepmother/st	epfather/parent's p	partner/grandpare	nt etc.)	
Derental recognibility	,					
Parental responsibility	/. 					
Yes No						
Other children in Name	the family	Relationship (e.g	n hrother/sister	Date of birth		
Traino		stepbrother/step		Date of Sitti		
Doctor's details			T = 1 .			
Name of GP Surgery	<i>!</i> :		Telephone no:			
Address:						
Address.						
Dentist's Details	(if register	ed)				
Name of Dentist Sur			Telephone no:			
Address:			I			
	. <u>-</u>					
Oral Health Info	<u>rmation</u>			Yes	No	
My child is registered	with a dentist	and has visited wi	thin the last six m	onths.		

Custody and Court Orders – The Please indicate whether any Order is in formal court of the court			ny Court Orders affecting your child. Yes No
If YES, please specify (e.g. residence, co	ontact/acces	s, prohibited ste	eps)
If the Court order/Child Arrangement Ord specify;	er in place i	s to prevent per	son/s collecting your child, please
Name of person:		Relationship to	o child:
Which Court made the order:			Date Order was made:
Please supply a copy of the Cour	rt Order/Ch	ild Arrangemer	nt Order with this application.
Emergency Contacts – In an emergency who may be contacted to act on your behalf			•
Name:		ip to child:	Home tel:
			Mobile No:
Name:	Relationsh	ip to child:	Home tel:
			Mobile No:
Also, please name up to two adults, with	their conta	ct numbers, who	o can collect your child from nursery.
Name:	Relationsh	ip to child:	Home tel:
			Mobile No:
Name:	Relationsh	ip to child:	Home tel:
			Mobile No:
It is your responsibility to inform the nurse the responsibility of picking up your child contact numbers.			
Service Children			
Please tick this box if either/both parent units of all forces, or in the Armed Forces, parental care and responsibility.			

Other Services – Please give details of other services that have recently been involved with you child (e.g. Social Services, Educational Psychologist, Bilingual Support, Assessment Unit etc.
Details:
Child's Health – Please give details of any health concerns that the nursery should be made aware of. (e.g. hearing or sight problems, allergies, need for regular medication i.e. inhaler etc.) Please include any food allergies or intolerances.
Details:
Is there any other information that you think the school should be made aware of? (e.g. language problems, religious considerations, special diet etc.
Details:
Please use this box for any information that did not fit into previous sections
First Language
You do not need provide first language if you do not want to (if so, please tick the refused box
below).
If you used a language other than English in your home during your child's early development and they still experience it at home/in your community, please enter it. If more than one language has been used (including English), please enter the one used most.
Although you do not have to provide first language if you do not want to, providing this information helps to identify possible additional language needs for your child.
I do not wish a first language category to be recorded

•			•	o, please tick the	e relevant box below).
I would describe my child's ethnic origin as (please tick):					
Asian/ Asian British	Black/ Black British	Mixed		White	Chinese
Indian	Caribbean	White & Black Caribbean	k	British	Chinese
Pakistani	African	White & Blac African	k	Irish	
Bangladeshi	Any other Black Background	White & Asia	ın	Traveller of Irish Heritage	e
Any other Asian background		Any other Mix background	ked	Gypsy/Roma	
				Any other W	hite background
Any other ethnic b	ackground				
I do not wish an e	thnic category to be rec	orded			
Health Summar	¥				
Do you have any	concerns about y	our child's	s: (please t	tick)	
Walking	Talking	Hea	ring	Sight	Happiness
Would you like he	elp with your child	d's: (please	tick)		
Eating and health weight	y Toilet Tr	aining	Н	learing	Sight
Early Help: Stopping small issues from becoming big problems. Would you like: (please tick)					
Advice from your Ea Years Practitione			Sure Sta	to your local art Children's Centre	Referral to your local Family Hub
If you have ticked any	of the boxes above	, please outl	ine your co	ncerns:	

Permissions

From time to time, we may wish to take your child on a visit linked to their learning in the curriculum such as the library, local parks and nearby churches. These activities will take place in nursery time. Risk Assessments have been carried out and there will be an adequate number of adults accompanying the children.

I give my permission for my child to visit: (please tick)		
Foxes Forest	Yes	No
Cosham Library	Yes	No
Local Parks	Yes	No
St Phillip's Church	Yes	No
McColls Shop	Yes	No
Hilsea Splash Park (prior notice will be given)	Yes	No
I give the following permissions: (please tick)		
My child can have their face painted	Yes	No No
My child can have sun cream applied	Yes	No
Information and Images		
Information and Images Use of information and image (including photographs and video recording academic year, we would like to include images and examples of children's we not names would be published. Also there will be occasions when your child not videos and T.V. productions taken in nursery of special events such as nursevents and parent workshops. These might be used for display purpose prospectus, local newspaper etc.	vork on our so nay be include rsery performa	cial media pages. d in photographs, ances and sports'
Use of information and image (including photographs and video recording academic year, we would like to include images and examples of children's work No names would be published. Also there will be occasions when your child no videos and T.V. productions taken in nursery of special events such as nursevents and parent workshops. These might be used for display purpose.	vork on our so nay be include rsery performa	cial media pages. d in photographs, ances and sports'
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Internet Use

In order to fulfil National Curriculum requirements, we provide children with supervised access to the internet. Although there have been concerns about pupils having access to undesirable materials we take every step to deal with this risk in school. Our internet access provider (Portsmouth City Council) operates a filtering system that restricts access to inappropriate materials. Whilst every endeavour is made to ensure that suitable restrictions are placed on the ability of children to access inappropriate materials, the Council have stated that they cannot be held responsible for the nature or content of materials accessed through the Internet and they will not be liable under any circumstances for any damages arising from your child's use of internet facilities. Therefore, in order to minimise any risks, the internet access will be supervised at all times.

I give permission for 'my child to access the internet on the terms above: (plea	ise tick)	
	Yes	No
Forest School We encourage all children to take part in our Forest School program. The innovative educational experience for your child which will allow them to learn thr and first hand experiences. Highbury Primary Forest School promotes the et people should be able to access and explore the outside (particularly in a fore only a host of different experiences but also creates multi-sensory ones. Lesso school grounds and in ALL weathers.	ough an interact hos that childre st setting). This ns will be held c	ive approach n and young provides not
I give my permission for my child to take part in Forest School activities: (please	se tick)	
	Yes	No
Famly- Parent Communication and Online Learning Journal We have chosen to use an online system of recording your child's learning in Nuit is a secure, yet interactive way of keeping track of your child's development. Faccessed on a computer or laptop, and also on any Apple or Android device such We use Famly to instantly upload photos, videos and observations of your child alert you that something new has been added to your child's Learning Journa your child has been up to and you can instantly add your own comments to ent	Famly is an app with as a tablet or some the dren. You are the l. You can log o	which can be smart phone.
I give my permission for the following: (please tick)		
An online Learning Journey to be created and maintained for my child	Yes	No
My child's photo may appear in any group photos	Yes	No
My child's keyworker may work on their learning journey at home in line with the staff policy and user agreement	Yes	No
I agree not to electronically shared by social media or other platforms, any part of my child's learning journey	Yes	No

<u>Food Tasting</u>
During your child's time at nursery they will have the opportunity to take part in food preparation and tasting activities. This may be due to a topic or a theme or appreciating other cultures. If you would like your child to take part in these, please tick the appropriate box below as well as telling us any food allergies or specific dietary requirements your child has.

I give permission for my child to take part in food preparation and tasting activ	rities: (ple	ase tick)		
	Yes	N	No	
Medical Consent During your child's time at nursery, they may need to be given first aid, receive authorities or be given prescribed medication. In order to do so, we need y appropriate boxes below and outline any medical conditions or allergies which	our cons	ent. Pleas	e tick	
I give my permission for the following: (please tick)				
My child can be given first aid by a trained member of staff during any on- site or off-site activities	Yes	N	No	
My child can receive urgent medical, dental or surgical treatment including anesthetics, as may be considered necessary by medical authorities present, during any on-site or off-site activity	Yes	N	No	
My child's information can be shared with the NHS and other relevant health professionals where necessary	Yes	N	No	
Plasters to be applied	Yes	N	No	
No Jewellery Policy As a parent, we ask that you do not send your child into nursery wearing jewel for the child since many activities could cause your child to catch their jewellery from them, causing injury. I agree to the No Jewellery Policy: (please tick)	•		•	
	Yes		No	
<u>Communication</u>				
I give my permission to be contacted via: (please tick)				
Famly	Yes	1	No	
Telephone	Yes	1	No	
Email	Yes	1	No	

Administering Paracetamol	in School	
As part of the Think-Every Day Co governors, a policy has been produce endorsed by Steven West – Chief F Pharmacist Solent NHS Trust and K Trust.	ced regarding the giving of paraceta Pharmacist Solent NHS Trust, Hele	amol in school. This policy has been an Albon – Specialist Mental Health
This initiative is in place so that child has been made to ease their pain. I or lying down for a while, we may concert paracetamol. (The dose will be the reparacetamol is given.	If a child still complains of pain ever ontact the parent or carer by phone	n after having a drink, sitting quietly to ask permission to give a dose of
It is a legal requirement that the reparacetamol is given. Therefore, ple event of headache etc. The nurser verbal consent and to confirm if you paracetamol will not be issued without	ease indicate your consent to give p y will contact you by phone before ir child has taken any medicines be	aracetamol liquid suspension in the any paracetamol is given for your
I give my permission for paracetame	ol to be administered to my child:	
		Yes No
I declare that the information	n I have given is correct to t	he hest of my knowledge I
will inform the nursery of any		
Signature of parent/carer:	Name (print):	Date:

The General Data Protection Regulation (GDPR)

The GDPR came into force on 25 May 2018, superseding the Data Protection Act.

In order to henceforth comply with the new regulations we must obtain permission to enable us to retain certain records once your child has left the nursery.

We maintain a nursery archive with photos and information and in recent years we have added the annual class photograph and records of any memorable events that have taken place during the year.

We would like to continue to do this and so request that you give your permission for us to retain your child's image and record by signing the permission below.

Thank you for your co-operation in this matter.

Rebecca Frost Nursery Manager

I give permission for my child's name, photograph and records of memorable events to be retained in the Highbury Primary School & Nursery archive, in perpetuity.				
Signature of parent/carer:	Name (print):	Date:		

Email: nursery@highbury-prim.portsmouth.sch.uk Website: www.highburyprimary.org Telephone 023 921 5600