***Please complete all sections***

Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  | Gender | |  |
| Home address |  | | | |
| Religion | Nationality | | Place of Birth | |
|  |  | |  | |
| How did you hear about Cookridge Academy? |  | | | |

**Agreement**

I agree to abide by the terms and conditions; policies and procedures of Cookridge Academy which I have read and fully understand.

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

Print name…………………………………........…………………………………………….

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

Print name…………………………………........…………………………………………….

Your family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mother/carer** | | | | |
| Title | | First name | Surname | Date of Birth |
|  | |  |  |  |
| Home address | |  | | |
| Personal email | | | Mobile | |
| Employer | | | Work tel number | |
| Responsibilities  (Tick all that apply) | | Parental responsibility Payment of fees  Collect from preschool Contact in emergency | | |
| **Father/carer** | | | | |
| Title | | First name | Surname | Date of Birth |
|  | |  |  |  |
| Home address | |  | | |
| Personal email: | | | Mobile | |
| Employer: | | | Work Tel number | |
| Responsibilities  (Tick all that apply) | Parental responsibility Payment of fees  Collect from preschool Contact in emergency | | | |
| I would be interested in learning more about volunteering opportunities at the preschool Y/N | | | | |

Other Emergency contacts

|  |  |
| --- | --- |
| Name:  Relationship to the child:…………………….  Contact number:………………..  **Responsibilities:**   1. Collection from preschool 2. Contact in emergency | Name:  Relationship to the child:…………………….  Contact number :…………………………….  **Responsibilities**   1. Collection from preschool 2. Contact in emergency |

Medical Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have any allergies?  If yes, please give details of the cause and reaction | | Yes / No  (please circle) |  | |
| Does your child have any special dietary requirements? | | Yes / No  (please circle) |  | |
| Details of any other medical / health conditions | | Yes / No  (please circle) |  | |
| Has your child had any of the following immunisations?  Please tick and date | | | | |
| BCG | *HIB* | | Tetanus | Any others? |
| Diphtheria | Meningitis C | | Whooping cough |  |
| *MMR* | Poliomyelitis | |  |  |

**DATA PROTECTION**

The Preschool is the data controller and in line with our Code of Conduct and policies. We hold you and your child’s personal data to: • Support your child’s learning; • Monitor and report on their progress; • Provide appropriate pastoral care, and •Assess how well our setting is doing. We would like to keep sending you information about your child/our preschool by phone, but we need to be sure we have your permission to do this. We keep your information so you can receive important updates about your child and the nursery. We will keep your information secure and never share it unless required to do so by law.

By ticking this box, you are consenting to Cookridge Academy to continue to hold & process your

Data and sending you information.

**CODE of CONDUCT**

We are dedicated and committed to ensure that ALL children and staff are safeguarded whilst in the care of the preschool and expect parents, carers and families to maintain their responsibilities by agreeing with our code of conduct.

**PERMISSIONS**

|  |  |
| --- | --- |
|  | PLEASE INITIAL |
| I/we agree to my child having their face painted |  |
| I/we agree that my child can wear preschool plasters if necessary |  |
| I/we agree to my child taking part in short trips, for example, to the post box or local shop. I understand that staff/child ratios are maintained, and risk assessments completed |  |
| I/we agree my child can participate in learning and enjoying multicultural events |  |
| I/we consent to my child being given Calpol in the event of them needing it for reason such as to control a temperature. I understand that I will be contacted before my child receives Calpol and will collect them if necessary, prior to the end of their pre-school session. |  |
| If I/we cannot be contacted I agree that an age appropriate dose of Calpol can still be administered in the event of a temperature. Only ONE dose will be administered. |  |
| I/we acknowledge, there is no smoking of tobacco or electronic cigarettes anywhere on the premise. |  |
| It is our responsibility to inform preschool immediately of any changes to any contact details and that all correspondence from the preschool will receive a timely response. |  |
| **Photography:** |  |
| I/we agree to photographs and video’s being taken for the purpose of observation, assessments, social media on the school page and learning journals Images and that the images will be stored on school computers |  |
| I understand that my child’s image may appear in other child records which can be viewed by their parents and Cookridge Academy staff. |  |
| I/we agree to NOT upload any images that contain children other than my / our own to any social media sites. |  |
| I/we agree to photographs of my child being used for marketing purposes including the website. |  |