Cavendish School
Believing in Excellence

Person completing the form: ……

Date completed: ……

Start Date (if known): ……

Child's details (please write in black ink and block capitals)

Legal Surname			
First Names			
Known as (if different)		Boy ☐ Girl ☐	
Home Address		Date of Birth	
		Country of Birth	
		Nationality	
Postcode		Religion	
Proof of ID provided: Birth certificate Passport			
Is this child a 'looked after child' or previously 'looked after child'? Yes / No			
Child's present pre-school/nursery (if applicable)			
How did you hear about Cavendish Pre-School?			
Home language			
Is your child fluent in their home language?			
Ethnic Origin (see codes below)			

WBRI=White-British; WIRI=White-Irish; WIRT=White-Traveller of Irish Heritage; WROM=White-Gypsy/Roma; WOTH=White-Any Other White Background;MWBC=Mixed-White/Black Caribbean; MWBA=Mixed-White/Black African; MWAS=Mixed- White/Asian; MOTH=Mixed-Any Other Mixed Background;AIND=Asian or Asian/British Indian; APKN=Asian or Asian/British-Pakistani; ABAN= Asian orAsian/British-Bangladeshi; AOTH= Any Other Asian Background;BCRB=Black or Black British Caribbean; BAFR=Black or Black British African; BOTH=Black or Black/British-Other Black Background; CHNE=Chinese; REFU=Refused by Parent

Parent(s)/Carer(s) details

Parent/Carer Details (1)	
Title	
Surname	
First Name	
Mobile tel	
Home tel	
Place of work	
Work tel	
Email	
Relationship to child	
Parental responsibility? Yes / No	
Address same as child above? Yes / No	
If not, please provide current address:	

Parent/Carer Details (2)	
Title	
Surname	
First Name	
Mobile tel	
Home tel	
Place of work	
Work tel	
Email	
Relationship to child	
Parental responsibility? Yes / No	
Address same as child above? Yes / No	
If not, please provide current address:	

Medical details

We need to know about any medical conditions your child may have. We reserve the right to contact outside agencies for more information to provide the best possible care for your child. Please tick all relevant boxes.

Asthma		ADHD		Colour Blindness	
Eczema		ASD		Eyesight Problems	
Epilepsy		Dyslexia		Hearing Problems	
Hay fever		Dyspraxia		Diabetes	
Other medical factors e.g. Difficulties with Speech, or Dietary needs (please give details)					
Does your child have any allergies [Yes/No] **If Yes, please give details and provide a doctor's letter confirming the allergy and any medication.**					
Do you have any contact with outside agencies such as Speech Therapy, CAMHS, Social Services, Education Welfare Service, and Education Psychology Service? **Please give details on a separate piece of paper including any documentation and contact details.**					

Does your child require any ongoing medication [Yes / No] **If Yes, please give clear information about the name of the medication, strength and dose, even if it is not required during pre-school hours and specialists contact details.**	

Emergency contact details in priority order (please attach named photographs) These should not be yourselves, these are people we can contact in an emergency if we cannot contact you.

Priority	Full name	Landline number	Mobile number	Relationship to child
1				
2				
3				
4				

Emergency treatment
I/We consent to my/our child receiving emergency medical treatment should it be considered necessary and to a member of pre-school staff signing the consent form on my/our behalf if I am/we are unable to be contacted.

Signed: **Full Name:**	**Date:**
Signed: **Full Name:**	**Date:**

Medical contacts

Doctor's name	
Practice name	
Doctor's address	
Doctor's phone number	

Health visitor's name	
Practice name	
Telephone number	
27 month review completed (yes/no)	

Specialist's name & Department	
Hospital address	
Specialist's phone number	

Dentist name	

Dental surgery address	

Password

In the event of somebody other than yourself collecting your child from pre-school, please provide us with a password and a photograph of the person:

Funding

If you are receipt of 2 year old funding or the extended 30 hours funding please complete the details below as relevant. If you only receive the universal 3 year old funding that all children are eligible for from the funding period after their 3rd birthday you do not need to complete this section.

2 year old code / 30 hours code	**Parents Name**	**Parents date of birth**	**Parents NI Number**

Parental declaration

The details supplied on this form are correct to the best of my/our knowledge.
I/We understand that the pre-school lead must be informed of any changes.

Signed: **Full Name:**	**Date:**
Signed: **Full Name:**	**Date:**

Please return this form to the Pre-School lead

The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers. The Act gives rights to those about whom data is held (known as data subjects), such as pupils, their parents and teachers. This includes the right to know the types of data being held, why it is being held and to whom it may be disclosed. Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact the Pre-School Lead.