



The school is required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up-to-date. This information will be used for educational, planning and managerial purposes.

<b>NURSERY 2018</b>		<b>CHILD</b>	
<b>(Legal) Surname of Child:</b>		<b>Class:</b>	
<b>Preferred Surname:</b>			
<b>Forenames:</b>	<b>Preferred Name:</b>		
<b>Date of Birth:</b>	<b>Sex (M/F):</b>		
<b>PARENT/CARER 1:</b>		<b>PARENT/CARER 2:</b>	
<b>Name:</b> _____		<b>Name:</b> _____	
<b>Address:</b> _____ _____		<b>Address:</b> _____ _____	
<b>Post Code:</b> _____		<b>Post Code:</b> _____	
<b>Home Telephone:</b> _____		<b>Home Telephone:</b> _____	
<b>Mobile Telephone:</b> _____		<b>Mobile Telephone:</b> _____	
<b>E-mail Address:</b> _____		<b>E-mail Address:</b> _____	
<i>Please tick the box if the child lives at this address:</i>		<i>Please tick the box if the child lives at this address:</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Does this parent/guardian have parental responsibility?</i>		<i>Does this parent/guardian have parental responsibility?</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>If parents are separated or divorced, has a court order been issued?</i>		<i>If parents are separated or divorced, has a court order been issued?</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>Doctor's Name and Surgery:</b>	<b>Doctor's Telephone Number:</b>
<b>Medical Condition of Child:</b>	<b>Dietary Needs:</b>
<b>Has a Statement of Special Educational Needs been issued in respect of your child?</b>	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Position of Child in Family (please circle):</b>	<b>Name and Address of Previous School (if applicable):</b>
1      2      3      4      5	
<b>Travel Arrangements:</b> <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Car <input type="checkbox"/> Car Share <input type="checkbox"/> Taxi	

<b>Other Children in the Family:</b>		
<b>Name:</b>	<b>DOB:</b>	<b>School:</b>
<b>Name:</b>	<b>DOB:</b>	<b>School:</b>
<b>Name:</b>	<b>DOB:</b>	<b>School:</b>

# PARENTS AND CONTACTS

Please list below all Parents and Contacts and use the last column (priority number) to show in which order people should be contacted in the case of an Emergency.

## EMERGENCY CONTACTS

These are very important to us. If your child becomes ill during the day we need to be able to contact you, or someone acting for you who is able to collect your child. Please give at least two contact numbers. We suggest the telephone numbers of any place of work and one other emergency contact, perhaps a grandparent if they live close by. If you have no relatives in the area then ask a friend, neighbour or child minder if they would be willing to act as an emergency contact.

Contact Name	Relationship	Contact Address	Contact Telephone No.	Priority
			1:	
			2:	
			3:	
			1:	
			2:	
			3:	
			1:	
			2:	
			3:	

## ETHNICALLY based STATISTICS *(to be completed on behalf of all children)*

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools.

### PLEASE TICK THE APPROPRIATE BOX

#### ETHNIC ORIGIN OF CHILD

##### White

- British
- Irish
- Traveller Irish Heritage
- Gypsy/Roma
- Any Other White
- Background

##### Black Or Black British

- Caribbean
- Other Black African
- Somali
- Any Other White
- Background

##### Mixed

- White/Black Caribbean
- White/Black African
- White/Asian
- Any Other White
- Background

##### Chinese

- Chinese

##### Asian Or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any Other White
- Background

##### Any Other White Background

- Other Ethnic Group
- Vietnamese

#### LANGUAGE *(the language normally spoken in the child's home)*

- Bengali
- Cantonese
- English
- Greek
- Gudjurathi
- Hindi
- Italian
- Other
- Panjabi
- Portuguese
- Spanish
- Turkish
- Unclassified
- Urdu

#### RELIGION OF CHILD

- Anglican
- Baptist
- Christian
- Hindu
- Jewish
- Methodist
- Muslim
- No Religion
- Other
- Roman Catholic
- Sikh
- Unclassified
- United Reform Church

#### NATIONALITY

#### COUNTRY OF BIRTH

I Do Not Wish an Ethnic Background Category to be Recorded

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name *(in block capitals)*: \_\_\_\_\_ Title: \_\_\_\_\_

**OFFICE USE** *(to be completed by a member of the office staff)*

Date: .....

Preferred Session: AM  or PM

Birth Certification Seen: YES/NO

Proof of Address Seen: YES/NO

.....

**RECEIPT**



**Nicholas Hawksmoor Primary School acknowledges receipt of a completed Registration Form for our Nursery in respect of your child:**

**Child's Name:** ..... **Date:** .....

**Signed (by Admissions Secretary at NHPS):** .....