



**Seal**

Church of England  
Primary School

# Seal CE Primary School Nursery

Part of the  
**Inspire Federation**

**ADMISSIONS FORMS**





# Seal CE Primary School Nursery Registration Form

## PUPIL DETAILS

Surname ..... Legal Surname .....

First Name ..... Middle Name .....

Chosen Name ..... Gender .....

Date of Birth .....

Address .....

.....

.....

.....

Postcode .....

Home Telephone .....

Does he / she have a sibling currently at Seal Primary School if yes please give full name of sibling below:

.....

Is he/she  right handed /  left handed? (please tick as appropriate)

**What sessions would you like your child to attend Nursery? (please circle required days/times)**

AM sessions run from 8.45am to 11.45am and include a free snack.

PM sessions run from 12.15pm to 3.15pm

Lunch session is 11.45am to 12.15pm (additional £2.50 charge)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

**PARENT DETAILS**

**Parent/Guardian**

Full Name (including title) .....

Relationship to child .....

Home Address .....

.....

.....

Postcode .....

Mobile Telephone ..... Home Telephone .....

Email ..... Work Telephone .....

Parental Responsibility  YES  NO

**Parent/Guardian**

Full Name (including title) .....

Relationship to child .....

Home Address .....

.....

.....

Postcode .....

Mobile Telephone ..... Home Telephone .....

Email ..... Work Telephone .....

Parental Responsibility  YES  NO

Are there any Court Orders relating to your child?  YES  NO If yes please provide a copy to the school.

**EMERGENCY CONTACT LIST**

In the event of illness or emergency please advise below, in order, who you would like us to contact. We must have at least 2 contacts on file.

**1<sup>st</sup> Contact**

Name ..... Relationship .....

Home Telephone ..... Mobile Telephone .....

**2<sup>nd</sup> Contact**

Name ..... Relationship .....

Home Telephone ..... Mobile Telephone .....

**3<sup>rd</sup> Contact**

Name ..... Relationship .....

Home Telephone ..... Mobile Telephone .....

**4<sup>th</sup> Contact**

Name ..... Relationship .....

Home Telephone ..... Mobile Telephone .....

Password for collection of child by authorised person as notified to us by you: .....

**MEDICAL INFORMATION**

GP Name \_\_\_\_\_ Surgery Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 \_\_\_\_\_

Medical/Dietary Conditions - Please note below any conditions of which the school should be aware, including severe allergies and reactions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any visual problems or wear glasses?    yes / no    (please delete as appropriate)  
 If yes please give details below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any hearing problems or history of intermittent ear problems?  
 If yes please give details below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child received the following immunisations?  
 (Please confirm and provide date of immunisation given)

<b>2 months old</b> Yes/No (delete) Date.....	Diphtheria, tetanus, whooping cough, polio and haemophilus Influenza type b (Hib) Pneumococcal infection
<b>3 months old</b> Yes/No (delete) Date.....	Diphtheria, tetanus, whooping cough, polio and haemophilus Influenza type b (Hib) Pneumococcal infection Meningitis C
<b>4 months old</b> Yes/No (delete) Date.....	Diphtheria, tetanus, whooping cough, polio, haemophilus Influenza type b (Hib) Meningitis C, Pneumococcal Infection
<b>12 months old</b> Yes/No (delete) Date.....	Haemophilus influenza type b (Hib) and meningitis C
<b>13 months old</b> Yes/No (delete) Date.....	Measles, mumps and rubella (German measles). Pneumococcal Infection
<b>3 years and 4 months or soon after</b> Yes/No (delete) Date.....	Diphtheria, tetanus, whooping cough and polio. Measles, mumps and rubella

## ETHNIC MONITORING

All schools are required by the Department for Children, Schools and Families to collect information on pupils' ethnic background.

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below carefully and tick one box only to indicate the ethnic background of the pupil or child named. Should you not wish an ethnic category to be recorded please tick the 'Refused' box to indicate this.

Pupils Full Name: \_\_\_\_\_

Languages spoken at home: By the child: \_\_\_\_\_

To the child: \_\_\_\_\_

National Identity (e.g. British): \_\_\_\_\_

Religion: \_\_\_\_\_

- Ethnicity:
- |                                                           |                                                             |
|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Afghan                           | <input type="checkbox"/> Other Asian                        |
| <input type="checkbox"/> African Asian                    | <input type="checkbox"/> Other Ethnic Group                 |
| <input type="checkbox"/> Albanian                         | <input type="checkbox"/> Other Gypsy/Roma                   |
| <input type="checkbox"/> Any other Black background       | <input type="checkbox"/> Other mixed background             |
| <input type="checkbox"/> Arab                             | <input type="checkbox"/> Other White British                |
| <input type="checkbox"/> Asian & any other ethnic group   | <input type="checkbox"/> Pakistani                          |
| <input type="checkbox"/> Bangladeshi                      | <input type="checkbox"/> Portuguese                         |
| <input type="checkbox"/> Black – African                  | <input type="checkbox"/> Refused                            |
| <input type="checkbox"/> Black & any other ethnic group   | <input type="checkbox"/> Roma                               |
| <input type="checkbox"/> Black Caribbean                  | <input type="checkbox"/> Sri Lankan Other                   |
| <input type="checkbox"/> Bosnian-Herzegovinian            | <input type="checkbox"/> Sri Lankan Sinhalese               |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Sri Lankan Tamil                   |
| <input type="checkbox"/> Chinese & any other ethnic group | <input type="checkbox"/> Thai                               |
| <input type="checkbox"/> Croatian                         | <input type="checkbox"/> Traveller of Irish heritage        |
| <input type="checkbox"/> Egyptian                         | <input type="checkbox"/> Turkish                            |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Turkish Cypriot                    |
| <input type="checkbox"/> Greek                            | <input type="checkbox"/> Vietnamese                         |
| <input type="checkbox"/> Gypsy/Roma                       | <input type="checkbox"/> White – English                    |
| <input type="checkbox"/> Indian                           | <input type="checkbox"/> White – Irish                      |
| <input type="checkbox"/> Iranian                          | <input type="checkbox"/> White – Scottish                   |
| <input type="checkbox"/> Iraqi                            | <input type="checkbox"/> White – Welsh                      |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> White & any other Asian background |
| <input type="checkbox"/> Kosovan                          | <input type="checkbox"/> White & Black African              |
| <input type="checkbox"/> Kurdish                          | <input type="checkbox"/> White & Black Caribbean            |
| <input type="checkbox"/> Latin/South/Central American     | <input type="checkbox"/> White & Indian                     |
| <input type="checkbox"/> Lebanese                         | <input type="checkbox"/> White & Pakistani                  |
| <input type="checkbox"/> Malay                            | <input type="checkbox"/> White Eastern European             |
| <input type="checkbox"/> Nepali                           | <input type="checkbox"/> White Other                        |
|                                                           | <input type="checkbox"/> White Western European             |

## GENERAL PARENTAL PERMISSIONS

### Paracetamol

Occasionally a child will come to us with a minor pain (e.g. an earache or headache) and it would bring them some comfort if we could administer a small dose of paracetamol. This would only be done with your prior permission and we would imagine any such occurrence to be rare.

The school will only give a dose of paracetamol if a child complains of pain after giving the child a drink, sitting them quietly or letting them lie down for a while. If the pain does not ease we will contact you by phone to ask permission to give a dose of paracetamol. (The dose will be the recommended dose for the child's age). A written record will be kept when the paracetamol is given.

**It is a requirement that we have written permission from you before it is given.** Please complete the form below, which asks you to indicate your consent to the school giving Paracetamol liquid suspension (usually Calpol) in the event of headache, etc.

Even once we have written permission we will still contact you by phone for your verbal consent before any paracetamol is given and to confirm your child hasn't taken any medicines before attending school.

**Please note Paracetamol will not be issued without both written and verbal consent.**

### Administration of Paracetamol

I, ..... (print name) give/do not give permission for Paracetamol liquid suspension to be given to my child (named below) in the event of headache, toothache, etc.

Child's name .....

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

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### Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting Manager (or authorised Deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Child's name .....

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

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### Local Visits

This form covers the child named for the duration of his/her attendance at Seal Church of England Primary School.

Child's full name ..... Date of birth .....

I give permission for my child to go on school visits locally and to travel by car or minibus when necessary. I understand that where cars are used for such visits, the drivers must have fully comprehensive insurance and have had agreed with their insurance companies to carry children in this way. A suitable child restraint will be used as necessary.

Should the necessity arise, I agree to the person in charge of the party giving consent for an anaesthetic to be administered or for any other urgent medical treatment to be given.

Signed ..... (parent/carer) Date .....

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**Sun Cream**

I give permission for staff to administer hypoallergenic sun cream (supplied by me)  
to ..... (Name of child) when necessary and to record its use.

Signed..... Date.....

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**Animals**

We may occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

.....

Signed..... Date.....



## CONSENT FOR TAKING AND USING PHOTOGRAPHS

At Seal Primary School, we take photographs and film pupils as part of our core activity of education. During your child’s time here this occurs as part of normal teaching, learning, assessment and safeguarding procedures including on trips and as such we do not need your permission for these activities.

However, we do seek your permission to take photographs of your child and use them in the ways described below. Please consider carefully the ramification of not granting permission before you decide.

**Please circle the relevant response and sign for each item below.**

I give consent for:	Please circle as appropriate		SIGNED (by Parent or Carer)
for my child’s photo to be stored in Bromcom (the School’s pupil database) as part of their individual data file.	YES	NO	
my child’s image to be used for identification purposes should they have a specific educational, dietary or medical need which needs to be communicated to all staff for safeguarding purposes (These photographs may be displayed in the medical room and staff room only).	YES	NO	
for my child’s photograph to be taken for the school photographer (Tempest Photography) for individual, group, class and whole school photographs.	YES	NO	
for photos and videos of my child with names omitted to be used on the school website.	YES	NO	
for photos and videos of my child with names omitted to be used on the school’s closed Facebook page (this page can only be seen by parents approved to join the group by the school).	YES	NO	
for photos and videos of my child with names omitted to be used on the school’s unsearchable YouTube page (this page can only be accessed via a link sent direct from the school).	YES	NO	
for photos and the name of my child to appear in local newspapers and magazines. Please note that some newspapers may require the child’s full name and may store photographs for online use.	YES	NO	
for my child to be photographed and filmed by staff and fellow parents during school productions and events as long as it is made clear each time that these must only be used for personal viewing purposes and must not be published in any format including on-line.	YES	NO	

Please note: this form is valid for the period of time your child is on roll at Seal Primary School. All photographs are handled and stored in line with our data protection policies.

If you wish to make any changes, please email the school office at [office@inspirefederation.co.uk](mailto:office@inspirefederation.co.uk) and we will supply you with a new form. If you have any questions, please contact the school office.

**Child’s name:** .....

**Child’s Date of Birth:** .....

**Parent or Carer’s name:** .....

**Relationship to named child:** .....

**Date:** .....

## Image Consent Form for Tapestry

We may take photographs for a number of reasons whilst your child is with us and you have already signed a permission form for these various uses.

A learning journal called Tapestry will be used to reflect your child's time in Nursery and Reception at Seal Primary School. It will include photographs of your child at play with other children, for example in a group of children creating mud pies in the mud kitchen, or building a race track for the cars.

To comply with the GDPR, we need your permission before we can photograph or make any recordings of your child.

Please indicate below giving permission for your child:

- I consent to photographs of my child being taken by authorised personnel representing the school and used in their own Learning Journal.

Yes / No

- I consent to photographs containing my child's image being included in other children's learning journals

Yes / No

- I give permission for my child's first name to appear in a group observation that will be shared with parents of the children in that observation. I understand that comments/ observations including what your child may have said or done will be included in group observations.

Yes / No

I understand that information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs cannot be posted on a social networking site or displayed in a public place.) Failure to comply with this will mean your child's Tapestry account will be closed immediately.

Child's Name..... Date of Birth.....

Parent/Carer's signature:..... Date:.....

Relationship to named child: .....

Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child's time at Nursery. It is your responsibility to let us know if you want to withdraw or change your consent at any time.

**PREVIOUS PRESCHOOL/NURSERY SETTING ATTENDED**

According to the EYFS statutory framework 2020, and in order to improve the practice in our Nursery, we would like to stablish a good partnership with any other setting your child attends to. This implies visiting the other Nurseries to observe the children in the different context, speaking with their key workers or teachers, sharing information and aspects about their development and discuss about their next steps as well as strategies to implement their learning and wellbeing.

This is not a mandatory requirement, but it would help us to learn more about your child.

If you are happy for us to stablish contact with any other setting, please fill in the form below.

I \_\_\_\_\_ authorise Seal C of E School Nursery to contact and share information regarding my child with the Nursery setting named below:

Name of the child: \_\_\_\_\_

Name of the Nursery he/she attends: \_\_\_\_\_

**PREVIOUS PRESCHOOL/NURSERY ATTENDED (if applicable)**

Name of School	.....	Date from	.....
Address	.....	Date to	.....

.....  
.....  
.....

Postcode .....

Name of School	.....	Date from	.....
Address	.....	Date to	.....

.....  
.....  
.....

Postcode .....

## NURSERY MILK SCHEME

Our Nursery provides a milk scheme that is available to all of our pupils and we would like to invite you to register your child. School milk is free for all under-fives and is subsidised for pupils aged five or older at 22p per day.

Each pupil that registers with Cool Milk will receive a 189ml portion of semi-skimmed milk everyday, which is delivered fresh and chilled to the classroom. Their school milk will not only provide them with essential nutrients, but as it is rehydrating and energy boosting it also bridges the gap between breakfast and lunch to help children stay focused.

Find out what the top ten reasons are for drinking school milk at [www.coolmilk.com/whyschoolmilk](http://www.coolmilk.com/whyschoolmilk)

### How to register

Milk is completely **free** for all children aged under five and is **subsidised** for children aged five or older. Simply register at [www.coolmilk.com](http://www.coolmilk.com) or complete a registration form available from our school.

If you have any questions regarding school milk please visit [www.coolmilk.com](http://www.coolmilk.com) or contact Cool Milk directly on 0844 854 2913. More information on milk is also available from the school.

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## BROMCOM - MyChildAtSchool

**(Parent/Carer app for all communication from school, payments/consents for trips and club bookings)**

I give permission for my email address and mobile telephone number to be registered with MCAS

Parent/carers

Email (Please print)

I give permission for my email address and mobile telephone number to be registered with MCAS

Parent/carers

Email (Please print)

Please download the MyChildAtSchool (MCAS) app. An account activation email will be sent to Parents/Carers with Parental Responsibility.