

Nursery

REGISTRATION DETAILS 2018



Oxley Park



Academy

DREAM BELIEVE ACHIEVE

Please complete all sections on this form so our records have the correct information relating to your child

Child's Surname:	First Name:.....
Preferred Name:	Middle Name(s):
Name as shown on birth certificate (if different):	
Date of birth:	Sex: Male / Female (please delete)
Address:.....	
Post Code:	Home Phone Number:.....
Religion.....	Language spoken at home.....

Siblings

Please provide names and dates of birth of brothers / sisters attending this school:

1. Full Name: Date of birth:
2. Full Name: Date of birth:
3. Full Name: Date of birth:

Does your child have any younger brothers or sisters who may be coming to this school in the future?
If so, please give their name(s) and date(s) of birth:

1. Full Name: Date of birth:
2. Full Name: Date of birth:
3. Full Name: Date of birth:

Please give details of any special family circumstances that the academy should be aware of:

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Is your child subject to a residency or court order?	YES / NO
If yes please provide details of the person who has the order:	

Name of previous school/nursery/pre-school attended	
Address	
Date of leaving	

Does your child have a statement of special education needs?	YES / NO
Does your child have any special education needs?	YES / NO
If yes, please specify	

Parental Information

It is extremely important that we are able to make contact with you during the day should there be a problem with your child. Please therefore give daytime details and at least one other emergency contact person and indicate the order in which they should be contacted. Please give names and address of both parents (where possible). Unless an order under Section 8 of the Children Act 1989 is in force, we are obliged to treat all those with parental responsibility equally and they are entitled to receive school reports and participate in the exercise of other parental rights, such as voting, attending parents' evenings, etc.

Mother's Name: Mrs/ Miss/Ms
 Daytime telephone number:
 Daytime address:
 Home telephone number:
 Home address:
 Mobile number (where applicable):
 Email address:
 MARITAL STATUS:

Does the child's mother have Parental Responsibility: YES / NO

Father's Name:
 Daytime telephone number:
 Daytime address:
 Home telephone number:
 Home address:
 Mobile number (where applicable):
 Email address:
 MARITAL STATUS:

Does the child's father have Parental Responsibility: YES / NO

Please give details of all persons who have **parental responsibility** and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Parental responsibility?	Home Phone/Mobile	Work Phone/Mobile
1.				
2.				
3.				
4.				
5.				

MEDICAL DETAILS:

Name of family doctor: Telephone Number:

Address:

Are there any medical problems likely to cause difficulty or be relevant while attending this school e.g. emotional, diet, fits, medication, allergies etc

.....

Details of any regular medication: (e.g. asthma inhaler)

Is your child allergic to plasters? Yes / No

Do you give permission for your child to be taken to hospital and receive emergency hospital treatment? Yes / No

DIETARY REQUIREMENTS:

Does your child have any allergic reactions? Yes / No

If yes please give details

.....

Is your child vegetarian? Yes / No

In accordance with religious observations, is there any food your child is unable to eat? Yes / No

If yes please give details

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Privacy Notice

Please follow this link to see how we use pupil information.

<http://www.oxleyparkacademy.com/gdpr>

Signed:

Date

Name: (please print)

Relationship to child

ETHNICITY

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.**

Using the list below, please tick **one box only** to indicate the ethnic background of the pupil named above. Please also tick whether a parent/guardian or pupil filled in the form.

WHITE

- English
- Scottish
- Welsh
- Other White British
- Irish
- Traveller of Irish Heritage
- Gypsy / Roma
- Italian
- Any Other White background
Please specify

BLACK OR BLACK BRITISH

- Black Caribbean background
- Ghanaian
- Nigerian
- Sierra Leonian
- Somali
- Other Black African
- Any Other Black background
Please specify

MIXED OR DUAL BACKGROUND

- White and Black Caribbean
- White and Black African
- White and Pakistani
- White and Indian
- Any other mixed background
Please specify

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Asian and any other ethnic group

OTHER GROUPS

- Chinese
- Japanese
- Any other ethnic group

- I do not wish an ethnic category to be recorded

THIS INFORMATION WAS PROVIDED BY

- Parent/Guardian

Signed



Dear Parents/ Carers,

All schools and academies are now required by the Department for Education to record the Country of Birth and Nationality of each child.

We would be grateful if you could complete and return to the School Office.

Child's Surname

Forename

Country of Birth

Nationality

Please note:

1. The country of birth would be expected to appear on, or be derived from, the child's birth certificate; this information may also appear their passport.
2. The child's nationality would be expected to appear on, or be derived from, the passport or European Area (EAA) identity card.
3. There is no requirement for parents to provide copies of passport or EAA.

By signing this form, I confirm that the above information is correct.

Signature of
parent/guardian:

.....

Date:

.....



CONSENT FORM for USING IMAGES OF CHILDREN

NAME OF CHILD:

DATE OF BIRTH:

At Oxley Park Academy, we sometimes take photographs and videos of pupils. We use these photos and videos in the academy's publications, website, Facebook and Twitter pages and on display boards around school.

Under the General Data Protection Regulations (GDPR), we need your consent to take photos of your child, and use them in the ways described above. If you are happy for us to do this, please tick the appropriate boxes below to indicate those to which you consent. We will not be using your child's image unless you choose to opt in via the tick boxes below.

Please tick the relevant box(es) below and return this form to the academy.

- I am happy for the academy to take photographs & videos of my child.
- I am happy for photos and videos of my child to be used on the academy website.
- I am happy for photos and videos of my child to be used in the academy publications.
- I am happy for photos and videos of my child to be used in internal displays.
- I am happy for photos and videos of my child to be used on our Facebook and Twitter pages.
- I am NOT happy for the academy to take or use photos and videos of my child. Please only tick this box if you have not ticked any of the above.

If you change your mind at any time, you can let us know by emailing office@oxleyparkacademy.com, calling the school on 01908 503870 (Oxley Campus) or 01908 506899 (Shenley Campus), or just by popping in to the academy office.

PARENTAL CONSENT



CHILD'S NAME: _____ **DOB:** _____

Local Educational Visits

I do / do not give permission for my child to take part in local educational visits (e.g. Shenley Woods, Westcroft Library, church, shops, parks) by foot or in the minibus accompanied by appropriate adult ratios as per Local Education Authority guidelines.

Signed (Parent/Carer)

Print Name / Relationship to child

Internet Policy

Teachers will guide pupils towards appropriate materials using the internet. Please be aware that pupils will be held accountable for their own actions and that some materials on the internet may be objectionable and I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media.

I do/ do not give permission for my child to access the internet whilst at school.

Signed (Parent/Carer)

Child's details:

Child's Legal Family Name:		Child's Legal Forename(s):	
Name by which the child is known (if different from above):			
Ethnicity of child: (please use a code from the list that your childcare provider can make available to you):			
Date of Birth:		Male / Female:	
Address:		Postcode:	
Documentary proof of DoB Type (eg Birth Certificate, Passport):		Document recorded by (name of staff member):	
Date document recorded (dd/mm/yy):			

Additional Details for children claiming 30 hours free childcare:

Parent/Carer National Insurance Number:		30 hours eligibility code:	
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Setting and Attendance Details:

You need to agree and complete this Parental Contract with each setting your child attends for their Early Education Entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them. Your child can attend a maximum of two sites in a single day.

MY CHILD IS ATTENDING THE FOLLOWING SETTINGS:

Setting Name(s):	Please enter total free entitlement hours attended per day:					Please tick at which provision the Universal (15) Hours are being accessed:
	Mon	Tues	Weds	Thurs	Fri	

Early Years Pupil Premium (EYPP) Registration

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to enhance the quality of their early years experience by improving the teaching and learning, facilities and resources, with the aim of impacting positively on your child's progress and development. For more information, please speak to your childcare provider.

Parent/carer First Name:		Parent/carer Last Name:	
Parent/carer Date of Birth:		Parent/carer Signature:	
Parent/carer National Insurance or NASS Number:			

Disability Access Fund Declaration

Three and four year old children who are in receipt of Disability Living Allowance (DLA) are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child.

Is your child eligible and in receipt of DLA? Yes No (please circle as appropriate)

If your child is splitting their free entitlement across two or more providers please nominate the setting where Milton Keynes Council should pay the DAF – only one setting can receive it each year:

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DECLARATION:

I confirm that the information I have provided on this Parental Contract is accurate and true. I understand and agree to the conditions set out in this document and I authorise the provider(s) named overleaf to claim the free entitlement funding as agreed on behalf of my child.

In addition, I also agree that the information I have provided can be shared with Milton Keynes Council and the Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	