



Little Oaks Enrolment form

(to be attached to the Registration Form)

Child's Full Name _____ -

Emergency contact details

Parent 1 - Work/daytime contact number

Parent 2 - Work/daytime contact number

Other emergency contacts

Name

Telephone

Mobile

Name

Telephone

Mobile

Persons authorised to collect the child (must be over 18 yrs of age)

Name

Relationship to child

Telephone

Mobile

Name

Relationship to child

Telephone

Mobile

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

Please state.

Medical Information

| | | | |
|--|---|---------------------|---|
| GP Surgery: Name and Address | | Telephone No | |
| | | | |
| Has your child been diagnosed with or are you concerned about any of the following:- | | | |
| Condition | Yes | No | Medication/Any other information/Details |
| Asthma NB: Parents of pupils with mild asthma must also sign an asthma protocol form (template 2) available from the School Office. | | | |
| Allergies/Anaphylaxis NB: Parents of pupils prescribed an auto injector must also sign the relevant auto injector protocol form (template 3,4 or 5) available from the School Office | | | |
| Epilepsy/Fits/Blackouts | | | |
| Diabetes | | | |
| Is your child taking regular medication for any condition other than those listed above?* | | | |
| Condition | Medication, emergency requirements | | |
| | | | |
| Please use the space below to tell us about any other concerns you have regarding your child's health including problems with eyesight, hearing and speech & language?* <i>use extra sheet if necessary</i> | | | |
| | | | |

Does your child have any special needs or disability? Yes/No (delete)

If so, discuss and agree with the key person/ pre-school manager how we can support your child in the setting.

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person/ pre school manager how we can support your child in the setting.

Names of professionals involved with child

| | | | |
|--------|-------|------|-------|
| Name 1 | _____ | Role | _____ |
|--------|-------|------|-------|

| | | | |
|--------|-------|-----------|-------|
| Agency | _____ | Telephone | _____ |
|--------|-------|-----------|-------|

| | | | |
|--------|-------|------|-------|
| Name 2 | _____ | Role | _____ |
|--------|-------|------|-------|

| | | | |
|--------|-------|-----------|-------|
| Agency | _____ | Telephone | _____ |
|--------|-------|-----------|-------|

| | | | |
|--------|-------|------|-------|
| Name 3 | _____ | Role | _____ |
|--------|-------|------|-------|

| | | | |
|--------|-------|-----------|-------|
| Agency | _____ | Telephone | _____ |
|--------|-------|-----------|-------|

| | |
|-------------------------------|-----------------|
| Do you have a health visitor? | Yes/No (delete) |
|-------------------------------|-----------------|

| | | | |
|------|-------|----------|-------|
| Name | _____ | Based at | _____ |
|------|-------|----------|-------|

| | |
|-----------|-------|
| Telephone | _____ |
|-----------|-------|

Does your family have a social worker for any reason? Yes/No (delete)

| | | | |
|------|-------|-----------|-------|
| Name | _____ | Telephone | _____ |
|------|-------|-----------|-------|

NB If your child is on an Early Help Plan make a note here, but do not include details. Ensure these are obtained from the social worker named above and they will be kept securely in the child's file

Permissions

Photograph/Video permission

Do you give permission for photographs of your child to be used for reasons such as the following?
Please state Yes or No in the boxes.

| Learning and Development Observations. | Displays in School | Advertising i.e. school prospectus, flyers, posters, banners, videos | Northchapel Primary School website and school newsletter | Local newspapers and parish magazines | Social media sites (Facebook, Twitter, Instagram) |
|--|--------------------|--|--|---------------------------------------|---|
| | | | | | |

Urgent Medical Attention

In the event of your child needing urgent medical attention, do you give permission for your child to be taken to hospital either by a staff car or ambulance, accompanied by two members of staff if you, or any emergency contacts, are unable to be contacted.

Yes (...) No (...) please tick

School Visits in the Local Environment

I give permission for my child to take part in educational visits that are within walking distance of Northchapel School. I understand that these visits will include those that involve walking to and from St Michael’s Church and walks in the countryside. I understand that these visits will be appropriately organised and supervised.

Sharing Information

As an **Early Years Provider** we hold information on children in order to:

- Support their development.
- Monitor their progress.
- Provide appropriate pastoral care.
- Assess how well we as a Provider as a whole are doing.

This information includes date of birth, contact details, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

The **Local Authority** (LA) uses information about children for whom it provides services to carry out specific functions for which it is responsible. For example, the Local Authority will make an assessment of any special educational needs the child may have. The information is also kept and shared with West Sussex County Council and their Commissioned Partners for the purpose of claiming funding, but may be used for the wider purpose of planning services for children and families. It will also be shared with local health teams and partners to plan developmental checks for two year olds and will be shared with your local Children and Family Centre.

Signature.....

Date.....

Tapestry - Online Learning Journal

At Little Oaks we use Tapestry as our online learning journal provider (see welcome pack for more information). Before your account is activated please read and sign the Parent Agreement section (below). **Please note that out of respect for the privacy of others you will not be permitted to share any photos from Tapestry on social media.**

Tapestry – Parent Agreement

As a parent I will... (please tick each statement)

- Not publish any of my child's observations, photographs or videos on any social media site
- Keep the login details within my trusted family
- Speak to a member of staff if I experience any difficulties accessing my child's account
- Ensure comments made are appropriate and in the best interest of my child
- Understand that my child's image may be used in another child's profile if they are engaged in the same activity (forename only). This image will not be shared by any other parent (as above)
- Ensure I do not use any other children's full names/details within the comments I make

I agree to the guidelines: Signature: Date:

Once this contract is signed and returned, a password/login will be issued by email.
If you wish to add another parent to the account, please inform your class teacher.

Parental Permission for Sun Protection

Please read the following agreement, as well as our full Sun Protection Policy in the welcome pack.

- **During the summer months, I will apply a suitable sunscreen before my child arrives at school. Preferably all-day sunscreen.**
- If my child attends pre-school all day, I will supply a named sun cream, to be kept at school.
- I give Little Oaks staff permission to apply my child's own sunscreen, to my child, before outdoor activities when necessary.
- In the event that my child does not have his/her own sunscreen at school I give permission for early years staff to apply an alternative SPF50+ when necessary.
- I will provide a named sun hat for my child

Signature

Date

Forest School Sessions

I give permission for my child to attend Forest School sessions (see welcome pack for more information) in the glebe site at school.

Please also state yes or no to give permission to use certain medicines as necessary.

If your child uses an inhaler, please add that to the list.

We would not remove a tick from a child, but inform you about a tick if we saw one on your child or were made aware of one by your child.

We will let you know if any of the medicines have been used during the session.

| | Yes | No |
|--|-----|----|
| Waspeze | | |
| Dock and plantain on nettle stings (natural remedies all found in the forest from late Spring onwards) | | |
| Inhaler (if applicable) | | |

Signature.....

Date.....

Payment Agreement

I agree to pay the half termly fees by the date specified on my invoices and understand that if fees remain unpaid then my child's place may not be kept open.

Signed..... Date

Please note that consents given on this form can be withdrawn at any time by writing to:-
Miss Sharon Hill
Northchapel Primary School, Pipers Lane, Northchapel, West Sussex GU28 9JA
Or email office@northchapelprimary.co.uk