BAGSHOT PRE-SCHOOL ACCREDITED. CHILDREN'S INFORMATION SHEET AND PARENTAL CONSENT

Child's Surname For	renames
NAME KNOWN AS IF DIFFERENT FROM ABOVE	
date of birthSEX M F	BIRTH CERTIFICATE SEEN YES - NO -
PARENT FULL NAME	PARENT FULL NAME
HOME ADDRESS	HOME ADDRESS
POST CODE	POST CODE
EMAIL	EMAIL
TELEPHONE HOME	TELEPHONE HOME
MOBILE	MOBILE
WORK	WORK
WHICH PARENT DOES THE CHILD NORMALLY LIVE WITH	
WHO HAS LEGAL CONTACT WITH THE CHILD?	
WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD?	
EMERGENCY CONTACTS (IF PARENTS ARE UNAVAILABL	רו
1 NAME	
ADDRESS	
TELEPHONEMOBILE	
2 NAME	
ADDRESS	
TELEPHONEMOBILE	
DOCTORS NAMETELEPHONE NOTELEPHONE NO	
IS YOUR CHILD LEFT OR RIGHT HANDED?	
ARE YOUR CHILD'S VACCINATIONS UP TO DATE? YES	
ANY HEALTH REQUIREMENTS Allergies i.e. inhaler, epi p	· · · · · · · · · · · · · · · · · · ·
PREFERENCES OR DIETARY REQUIREMENTS	
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR DISA If Yes please give details including support given, ie Sp	

ETHNIC/CULTURAL ORIGIN

White:	nnicity: British 🗆	Irish 🗆	Traveller of Iris	sh Heritaç	ge 🗆 G	ypsy/Roma		
Any other Whi	te background							
Mixed:	White & Black	Caribbean 🗆	White & Black	African	□ Any ot	her Mixed bo	ackground 🗆	
Asian or Asian	British: Indian:	□ Paki	istani 🗆 Banglo	adeshi 🛮	Any othe	r Asian back	kground 🗆	
Black or Black	British:	African 🗆	Caribbean a]	Any othe	r Black back	ground 🗆	
Chinese or oth	ner ethnic group	o: Chinese 🛛	Any other Eth	nic group	o 🗆 Pleas	se state		
If you do not v	vant an Ethnic I	packground to	be recorded	please tid	ck this box	C		
Child's Home	Language:		Child's 1st L	.anguage	ə:			
Your child's re	ligion:							
Is English an a	dditional langu	age to your ch	nild?	Yes 🗆	Ν	0 🗆		
If English is not	your 1st langua	ge, can you s	peak English?	Yes 🗆	Ν	0 🗆		
Is they any spe	ecial festivals/c	ultural celebro	itions you would	d like to s	hare with	nsś		
My child has alr	eady had his/hei	2 year progres	s check and I/we	e will give t	the pre-sch	nool a copy.	YES	NO
Are you register	ed at your local	children's centr	e? YES	NO				
Do you and you	ur child/children d	attend a childre	n's centre? If so	please pro	ovide deta	ils		

IF THERE IS ANY INFORMATION YOU THINK WILL BE HELPFUL TO US OR WOULD SUPPORT YOUR CHILD, PLEASE STATE BELOW OR ADD AN ADDITIONAL PAGE.

PERMISSIONS SLIP

In line with the General Data Protection Regulations (GDPR) (2018)

PREVIOUS SETTING INFORMATION: If your child has previously attended any childcare providers please give provide details.

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NAME(S)		
ADDRESS(ES)		
TELEPHONE NUMBER(S):(If kno	wn)	· • •
I give/ do not give permission fo settling in period.	Bagshot Pre-school to contact the provider listed above to support my child during	j the
SIGNED	PARENT/CARER. DATE	
Will your child be attending and	her childcare provider? If so please give details	
NAME(S)		
ADDRESS(ES)		•••
I give/ do not give permission fo throughout his/her duration at B	Bagshot Pre-school to contact the provider listed above to liaise and support my cagshot pre-school.	:hild
SIGNED	PARENT/CARER. DATE	
I give permission for	to leave the hall for the purpose of walks, road safety etc	Э.
SIGNED	PARENT / CARER. DATE	
	nones, cameras and IT equipment in the unit provided when staying in the pre-schoup times. The unit is situated in the kitchen.	ol
signed	PARENT / CARER DATE	•••
centres or providers, particularly	ool to share information about my child's development with other agencies/childrer at a time of moving from one childcare provider to another. This will include the 2 ynmative record on transition to school. You will always be informed when this is	
signed	PARENT / CARER DATE	
I give permission for	to take part in all activities within the pre-school including woodwork sess	ions
SIGNED	PARENT / CARER. DATE	••••
Foundation Stage Welfare Requ	shot Pre-school's policies and procedures in accordance with s3.72 of the Early Year rements. I understand and agree to abide by said policies. (Policies can be located chool and on the pre-school website). www.bagshotpreschool.com	
SIGNED		

Supervisor to authorise any medical treatme	nt, which she believes neces:	sary.	
PARENTS/CARER CHRISTIAN NAMES	SIGNE	ED	DATE
PHOTOGRAPHS AND DISPLAYS I give permission for Photographs of			
I understand photographs taken will be used pre-school computer, photograph memory opurpose of recording my child's progress to and keyworker board. Tapestry and the pre-ref: 109846. Group and single photographs opre-school is no longer in operation. These placements can purchase displayed photos from the statement will be in writing.	albums. I understand the nee download their learning journ school have a GDPR complic are taken during the year and hotos will then be destroyed:	ed for pre-schoo ney through Tap ant contract wh d these will be o should the pre-s	ol to use iPad's or similar for the estry to your designated email hich was signed on 1 May 2018 displayed indefinitely or until the school cease to operate.
I do not wish for Photographs of		to be	e taken in pre-school.
I give permission/ I do not wish to allow the v and Christmas Nativity by those other adults		aphs to be take	n at such events as sports day
SIGNED	PARENT / CARER	DATE	
I understand that should I video or take photootage that includes other children on the i			not display photographs or
SIGNED	PARENT / CARER	DATE	
I confirm that all the information in this docu this information (particularly in respect of co			
SIGNED	PARENT / CARER	DATE	
I understand that when my child is eligible fo Years PORTAL system. This search is necessar			
I give permission for Susan Michel to search t	the online PORTAL system. SIG	NED	DATE
I give permission for the pre-school to use all privacy notice.	data they obtain in accordo	ince to their Da	ta Protection Policy and
SIGNED	PRINT		DATE
I am aware of the storage and use of my Data Protection Regulations. By signing I agree to the pre-school usin			
SIGNED	PRINT		DATE
Email			
PASSWORD FOR USE IN EMERGENCIES			

While I appreciate that every attention will be given to personal safety, in the event of an accident I permit the