

Initial Registration Form

Garretts Green Nursery School

Data Protection Act 1998 – This information is being collected to administer your child's progress through the education system. It may be shared with the Birmingham City Council Children's Services, the Department for Education, Connexions, relevant health and welfare practitioners, Church or faith Authorities and other schools or educational establishments with whom your child becomes associated.

Child's Details

Legal Surname: _____ Legal Forename: _____

Other Legal names: _____ Gender: Male Female

Name child is known as , if different from above: _____

Date of Birth: _____ Ethnicity: _____

Address: _____
 _____ Postcode: _____

Proof of Date of Birth seen Initials _____ Proof of address seen Initials _____

Property type: House Flat Floor _____ Maisonette Emergency/Temporary accommodation

Do you have access to a garden: Yes No

Parent's Details

Title Mr/Mrs/Ms etc	Forename(s) (as on legal documents)	Surname (as on legal documents)	Relationship to child (Mother/father/legal guardian)

Address if different from child's: _____
 _____ Postcode: _____

Telephone numbers: Home: _____ Work: _____ Mobile: _____

Title Mr/Mrs/Ms etc	Forename(s) (as on legal documents)	Surname (as on legal documents)	Relationship to child (Mother/father/legal guardian)

Address if different from child's: _____
 _____ Postcode: _____

Telephone numbers: Home: _____ Work: _____ Mobile: _____

Child lives with:
 Legal Parental responsibility : Mother Father Other Please specify _____

General Details

Position in family: _____ Older children attend: _____

Previous day care/nursery/childminder/stay & play : _____

Home language _____ Ethnicity _____ Religion _____

Stage of speaking English: first stages of language development early developing established

Status in country: Perm Temp Refugee Asylum seeker Traveller No recourse to public funds

Free meal entitlement (see criteria) Yes No Dietary requirements: _____

GP Surgery and Address: _____

Health Visitor _____ Known allergies _____

Medical conditions: _____

Referrals to (please circle): Children's Hospital / Speech Therapy / Child Development Centre /

Hearing / Vision / Educational Psychologist / Specialist Support Service / Children's Social Care

Preference for Days /Hours: (please place a tick in the appropriate box)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Full-time places

In order to assess your child's needs for a full-time place, they will need to be able to demonstrate that they meet one of the criteria below:

- Children with a Child Protection Plan or are subject to a section 47 Child Protection investigation, or a section 17 Children in Need plan.
- Children in Birmingham City Council Local Authority Care.
- Children subject to a special guardianship order
- Children identified as in need of early help through an fCAF and have in place a family support plan
- Children with diagnosed Disabilities who have an Education, Health and Care plan (or are in the process of) and/or are in receipt of Disability benefit. Or children who have been referred to or by a Child Development Centre/equivalent specialist education agency.
- Children from families where their physical accommodation places the child at risk of harm.
- Children whose parents/carers need support as a result of their physical disability, learning disability, mental health problem or illness.
- Parent/carer in prison.
- Children from families experiencing domestic violence or drug/alcohol abuse.
- Children who are in the first stages of language development.
- Children from families with no recourse to public funds.
- Children in exceptional circumstances around a safeguarding/vulnerable situation need not covered by the above.

It is expected that any child identified as potentially eligible for a full-time place will have a supporting referral from a professional engaged in their support and an fCAF detailing the need for a full-time place to support improving their outcomes. Where this is not already in place, it is expected that an fCAF will be initiated in line with the Early Help strategy and Right Service, Right Time model.

An eligible child should be re-assessed for the ongoing provision of a full-time place for each academic year.

Signed: _____ Print Name: _____ Date: _____

(Parent/Carer)