



GREATSTONE SCHOOL NURSERY

For Office Use:

Start Date:

SIMS Date:

UPN:

Please tick accordingly

Full Legal Name of Child: (As on Birth Certificate)		Female	Male
Date of Birth:	Birth Certificate/Passport No: Checked by office(Date and Initials)		
Child's Permanent Address:			
Post Code	Tel No:		

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY:

Carer 1 (Name)	Carer 2 (Name)	
Address (If different from above)	Address (If different from above)	
Postcode	Postcode	
Telephone Number: Home	Telephone Number: Home	
Mobile	Mobile	
Work	Work	
Email	Email	
With whom does the child live?		
Does your child have siblings currently attending Greatstone Primary School / Nursery	YES	NO
Names of Siblings:		

DETAILS OF ANY OTHER PERSONS WITH PARENTAL RESPONSIBILITY (Local Authority – NOT Grandparents)

Name	Name
Address	Address
Tel No	Tel No

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY

DATE

***Note: OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989**

Parental responsibility may be shared between a number of people beyond the child's birth parents. If the parents of a child are married when the child is born, or if they have jointly adopted a child, both have equal parental responsibility; on separation or divorce both parents continue to have responsibility. Unmarried fathers may acquire parental responsibility in one of three ways:

- a) by jointly registering the birth of a child with the mother (from 1 December 2003)
- b) by making a parental responsibility agreement with the mother.
- c) he may apply to Court for an order which gives him parental responsibility:

INFORMATION RELATING TO CHILDREN NOT LIVING PERMANENTLY WITH THEIR PARENTS IN KENT (*Including children of service personnel*)

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the address of the person with whom the child normally resides:

Is the child resident with foster parents? YES NO

If 'yes', which Authority is financially responsible for maintenance?

With whom does the child normally spend his/her holidays?



**GREATSTONE SCHOOL
NURSERY**

**HEALTH/MEDICAL
INFORMATION**

For Office Use

Full Name of Child:	Date of Birth:
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***DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY IF PARENT IS NOT AVAILABLE**

Name:	Name:
Address:	Address:
Tel No:	Tel No:
Relationship to the child:	Relationship to the child:

DETAILS OF CHILD'S DOCTOR

DETAILS OF ANY OTHER CLINIC/HOSPITAL THAT THE CHILD ATTENDS

Name:	Name:
Address:	Address:
Tel No:	Tel No:

***For Data Protection purposes I confirm that I have informed, and have permission from, the persons named above to provide their personal details to be recorded and stored for the reason of Emergency Contact for my child.**

Signed:.....Print Name.....

In the event of my child requiring emergency treatment and the headteacher (or his/her representative) being unable to contact me urgently, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.

My child is allergic to:
My child suffers from:
Please continue overleaf if necessary
My child's religion is:
My child's ethnicity is:

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY

DATE