



The Limes Nursery School and Children's Centre

Johnson's Road, Whitehall, BS5 9AT

Tel: 0117 9030317

MEMBERSHIP FORM 2016/2017



CHILD'S NAME:	
FAMILY ID:	
SIMS UPN NUMBER:	
PASSWORD:	
START DATE:	For office use only

Are you applying for:

A free 3 year old Nursery place

A paid 2 year old place

If you are applying for a place at the Nursery please complete the yellow sections only

Section One – Child information

	Child 1
First name	
Middle name	
Surname/family name	
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Country of Birth	
Nationality	
Birth Certificate Number:	
Birth weight (kgs)	
Number of weeks breastfeeding	
First Language	
Home Languages	
Child's primary carer	
Registered with a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date with vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Please use this space for anything else you want to tell us about your child e.g. special needs	

Section Two – Child information

Please complete for all children. All questions marked ** must be completed. This sheet can be photocopied for additional children if necessary.

	Child 2	Child 3	Child 4
**First name			
Middle name			
**Surname/family name			
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
**Date of Birth			
Country of Birth			
Birth Certificate Number:			
Birth weight (kgs)			
Number of weeks breastfeeding			
First Language			
Home Languages			
Child's primary carer			
Registered with a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date with vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Please use this space for anything else you want to tell us about your child e.g. special needs			

SIBLINGS OVER 5

Name	Date of Birth	School attended

	Please tick	Which child?
Is there a social worker involved with your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick the box(es) matching the child columns above
If yes, is your child...*		
Subject to a child protection plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
In care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
A child in need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
If no, has there ever been a social worker involved with your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is your social worker?		

Section Three – Parent/Carer Information

All questions marked ** must be completed.

	Parent/Carer 1	Parent/Carer 2
Title e.g. Mr, Ms, Mrs etc.		
** First name		
Middle name		
** Surname/family name		
** Date of Birth		
Country of Birth		
** Relationship to child		
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
** Parental responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have regular contact with your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Estimated due date		
Are you a lone parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status (please tick) Where 'other' is selected, please write in.	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> Married <input type="checkbox"/> Relationship (not living together) <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> Married <input type="checkbox"/> Relationship (not living together) <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
Home phone number		
Mobile number		
Email address		
** Home address		
** Post Code		
Please give more details about your work status (e.g. employed full-time, unemployed)		
Are you in receipt of Healthy Start vouchers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Spoken language		
Translator required?		
BSL or Makaton user?	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton
Written language		

DATA PROTECTION

The school processes personal data about service users and is a "Data Controller" in accordance with the Data Protection Act 1998. We process this data to support the children's pastoral care and learning and to monitor and report on the centre's performance.

From time to time the centre is required to pass on data to the Local Authority and its contracted agencies, other Local Authorities, The Department for Education and to agencies that are prescribed by law, such as OFSTED, Social Care, the Department for Health (DH) and Primary Care Trusts (PCT). All personal data will be held securely and in accordance with the Data Protection Act 1998.

If you have any questions about the use of this data or wish to access your personal data, or that of your child, then please contact the Head teacher in writing.

Parent / Carer	Children's Centre Management
Signature:	Signature
Signature:	
Date:	Date:

We would like to ask you to complete this information about parents/carers only – you do not need to complete this for any children. We use this information to make sure we are offering services to lots of different people in our area, and to see where we could do better. We also use this information to look at whether we can offer specific support to different groups.

Please complete each section for every parent/carer you have named on this form.

	Parent/Carer 1	Parent/Carer 2
Sexual orientation (please tick)	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Prefer not to say
Is anyone in your household currently working? (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, when did the last person stop working? (please give date)		
If no, what is the reason? (please tick) Where 'other' is selected, please write in.	<input type="checkbox"/> Disability/health issue <input type="checkbox"/> Full-time parent/carer <input type="checkbox"/> Retired	<input type="checkbox"/> Studying <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:
Is your child from a family that has sought refugee status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what is your arrival date:

If you have lived at any other addresses in the last 5 years, please write them in here:

Date moved in	Date moved out	Address	Postcode

How do you intend to travel to the Nursery/centre?

Which Primary School do you want your child to attend?

Do you currently access childcare at another venue?

Is there anything specific you would like to talk to a member of Children's Centre staff about?

If there is, please tick below and we will be in touch.

Type of support (tick if required)

- Adopted children
- Child development
- Child vaccinations
- Domestic violence and abuse
- Employment and training
- English language support
- Family member in prison
- Family newly arrived in the area
- Fostering arrangements
- Home safety

Type of support (tick if required)

- Involvement of other family members in childcare
- Local childcare information
- Mental health
- Physical health
- Stopping smoking
- Substance misuse
- Volunteering
- Other (please specify):

CHILD PROTECTION

All registered settings in Bristol have to conform to Bristol's Child Protection Procedures and any concerns about the safety or care of a child will be discussed with the parent / carer wherever possible.

FUNDING

Please tick if any of the following apply to you:

- I am / will be in receipt of Working Tax Credit or Child Tax Credit
- I am / will be in receipt of funding from my college / further education institute
- I am / will be in receipt of Care 2 Learn funding

In order to access both free school meal entitlement and pupil premium we require your **national insurance number**:

or **NASS number**

EMERGENCY CONTACTS

Name:	
Relationship to child:	
Contact number:	
Name:	
Relationship to child:	
Contact number:	

GP SURGERY INFORMATION**HEALTH VISITOR INFORMATION**

Name:		Name:	
Surgery:		Surgery:	
Address:		Address:	
Postcode:		Postcode:	
Phone:		Phone:	

Consent

I (insert parent's name / guardian's full name) give permission for The Limes Nursery School and Children's Centre staff to seek medical attention for (insert your child's name)..... in the event of an emergency.

AUTHORISED PERSONS

Please provide the names of those people authorised to collect your child.

Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	

Please provide a **Password** for use when you would like other people to collect your child.

UNAUTHORISED PERSONS

If there is anyone **NOT** authorised to collect your child, please provide their names below and appropriate evidence.

Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	

CHILD'S HEALTH DETAILS

Child's Name:	
Medical Conditions:	(Please give more details on a separate medical sheet)
Known Allergies or Sensitivities:	(Please give more details on a separate medical sheet)

SPECIFIC NEEDS

SEN Provision: (already in place)	
Specific Religious / Cultural Needs:	
Specific Exclusions from activities, e.g. Celebration of religious festivals (Christmas):	

FOOD DETAILS

Intolerances:		Forbidden by culture or religion:	
Dietary requirements:	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> No Dairy	<input type="checkbox"/> Halal <input type="checkbox"/> Other (please specify) <hr/> <hr/>	

Section Five – How we will keep your information safe

I am the parent of the child named on this registration form or hold Parental Responsibility for him / her. I understand and agree that the information I have provided, including information on activities and events attended:

- Can be used to monitor and evaluate the Children's Centre programme
- Will be available, where applicable, to partnership settings who are bound by protocols regarding confidentiality
- May be shared with other agencies working with children including schools, health services, voluntary organisations, commissioned organisations and other professionals in the interests of safeguarding and the welfare of children. I also understand that if I am providing personal information about other people it is my responsibility to inform them of the information included in this declaration.

I give consent for the Nursery/Children's Centre to:	For use in the Children's Centre	For use in Children's Centre publicity / training materials/ & our website
Take photos of my child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take video footage of my child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Create an online tapestry learning journal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
As a parent / carer I will NOT publish any of my child's observations or photographs on any social media site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
As a parent / carer I will keep the login details secure and available only to close trusted family	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I give permission for The Limes Nursery School and Children's Centre to create an online Tapestry Learning Journal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

As part of safeguarding children and in line with our online safety policy:

I/We agree not to use mobile phones for any purpose whilst on the premises

If these images or footage are to be used outside the Centre, separate specific consent will be sought. Where appropriate, you may be able to access Children's Centre services until your youngest child transfers to secondary school and therefore the details you have provided on this form will be stored until that time.

If, at a future date, the Children's Centre is made aware of any changes in the information originally provided on this membership form (e.g. new baby born, change in working status) and this change is confirmed by a family member, the Children's Centre will update their records accordingly.

	Parent/Carer	Children's Centre Representative
Name		
Signature		
Date		

How did you hear about us?	
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If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please telephone 0117 37 73 237