

Parent /Carer

Parent/Carer: Mr/Mrs/Ms/Miss/Other		Parent/Carer: Mr/Mrs/Ms/Miss/Other	
Forename:		Forename:	
Surname:		Surname:	
Address: (if different from address overleaf)		Address: (if different from address overleaf)	
Post Code:		Post Code:	
Tel No:	Primary Contact No:	Tel No:	Primary Contact No:
	Mobile:		Mobile:
Date of birth:		Date of birth:	
National Insurance/NASS Number:		National Insurance/NASS Number:	
Parental Responsibility: Yes / No		Parental Responsibility: Yes / No	
Relationship to child:		Relationship to child:	

Parental Declaration

Data Protection Statement:

The purpose of this form is to collect data for further processing within the Early Years Provider/Local Authority (LA) systems for the primary purpose of funding your child's Early Years Education. The data will be processed in accordance with the purposes notified by the Early Years Provider/LA to the Information Commissioner's office and are subject to data protection legislation. The information given will be entered onto a computer and will form part of the Early Years database. It will be shared with other agencies as per the Privacy Notice supplied by your Provider, and only kept as long as necessary. The information given will also be used by the Provider or the Local Authority to check your child's eligibility for Pupil Premium when accessing 3 & 4 year old funding, your child's eligibility for 30 hours funding, your child's eligibility for 2 yr funding and if your child then starts in a Southampton School this will be used to check for the schools pupil premium. I declare that the information I have given is true and if I give information that is incorrect or incomplete action may be taken against me and could lead to recovery against you by Southampton City Council. More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

Declaration Of Person With Legal Responsibility:

I declare the above information to be correct to the best of my knowledge at the time of completion.

- I agree to notify the Early Years Provider (s) of any change in my child's circumstances.*
- I understand I can claim a maximum of 570 hours a year of funded Education for my child or 1140 hours if eligible for 30 hours funding*
- I understand my child could lose their funded place if they do not attend regularly without a satisfactory reason for their absence*
- I declare that my child receives no funded Education other than which is listed above*

Name: _____

Signed: _____ Date: _____

For Provider office use only (optional)

Birth Certificate seen	YES / NO
Date of Birth on Certificate	
Name on Birth Certificate	



Daily Supervised Toothbrushing Consent Form

Name of Nursery/Pre-School/School:

Full name of child:

Address:

Postcode:..... Tel. No.:..... Date of Birth:.....

Boy Girl Does your child see a dentist? Yes No

If YES: Dentist's/Practice name (if known):

If NO:

Would you like some help in finding an NHS dentist? Yes No

I confirm I have parental responsibility for the child above and have read and understood this information Yes No

Consent – Daily supervised toothbrushing

Please enrol my child in the toothbrushing programme Yes No

I give permission for my child's dental information to be used for the monitoring and evaluation of the programme Yes No

This information will be used in accordance with the Data Protection Act (1998)

I give permission for the Oral Health Promotion Service or those acting on their behalf to contact me to gather further information Yes No

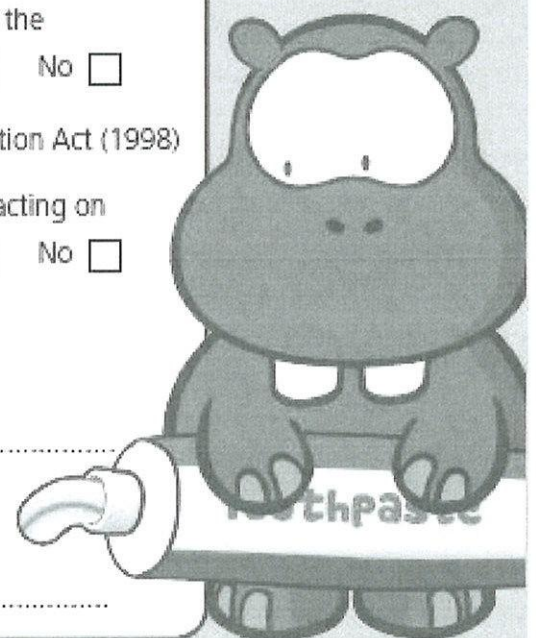
Signature of parent/legal guardian:

.....

Print name:

.....

Date:



Damaged or Lost School Reading Books

As you know we have some excellent story books in the school. These stories can be shared at home and will support your child with their reading. We send these books home with your child regularly, but you will need to ensure that they are really cared for. We therefore request that if a book becomes damaged or lost that you replace the cost of the book, this is to ensure we retain enough books for all the children.

Please sign below to agree with these arrangements.

Thank you for your understanding in this matter.

I agree to reading books being sent home with my child.

I accept that if a book becomes lost or damaged I will pay £5 towards the cost of a new book.

Signed Dated

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Preparing, Making and Tasting Food

Throughout the year the children will be provided with opportunities to prepare, make and taste different food items. This will be within class to support units of work, for example in DT and Science sessions.

There will be various food items although we will take into consideration any allergies and please note that this is a nut free school. The food may include biscuits, sandwiches, chocolate recipes, fruit salads and party finger food. All foods will be suitable for vegetarians.

Rather than sending out a letter each time we organise an event for preparing, making and tasting food activities we thought it would be a good idea to get one permission slip for the entire year. This means fewer forms for you to fill in!

Please indicate below any allergies that your child may have. As this is the only form any new allergies will need to be notified throughout the year. This is very important and must be done for your child's well-being.

Child's name				
I give permission for the child above to prepare food	Yes		No	
I give permission for the child above to make food	Yes		No	
I give permission for the above child to taste/eat food	Yes		No	
Known food allergies				
Other relevant information				
Signed				
Date				

Foundation Stage Pupil Details

HEALTH	Child's Name	
	Health Visitor's Name	
	Has your child ever been in hospital?	
	If yes what for?	
	Is your child in good health now?	
ABOUT YOUR CHILD	Are there any foods your child should not eat?	
	How well does your child leave you?	
	Has your child spent any time in large groups?	
	How did they cope?	
	How does your child manage with dressing themselves?	
	Does your child use the toilet?	
	Do they go alone?	
	Who will collect your child from school?	
	Is there anything else we need to know about your child?	

Consent for walks outside of school



To support the children in their learning, it is often very beneficial to take them out of the school and into the local area.

It usually involves a short walk around the surrounding area which is properly managed at all times by staff.

To help us with the organization of these walks, we would like to ask you to give your permission for your child to take part by signing this form. We will of course inform you when these walks will take place as they occur.

I am happy for my child to take part in walks that take them into the local area.

Signed Dated

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