

Hartshorne C of E Primary & Governor Run  
 Nursery  
 Main Street  
 Hartshorne  
 Derbyshire DE11 7ES  
 TEL: 01283 217423  
 EMAIL: [info@hartshorne.derbyshire.sch.uk](mailto:info@hartshorne.derbyshire.sch.uk)  
 WEB: [www.hartshorne.derbyshire.sch.uk](http://www.hartshorne.derbyshire.sch.uk)

# CONFIDENTIAL



Head Teacher: Mrs Layhe-Humphreys

The information which you enter on this form is required for the efficient organisation of the school and the children's educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where a Law or an emergency necessitates a disclosure. **The information held must be kept up to date by Law.** If any of the law information which you now supply changes in the future, you **must** notify the school, in writing, or ask for another of these forms.

## CHILD INFORMATION

|  |                             |    |   |                       |   |  |
|--|-----------------------------|----|---|-----------------------|---|--|
| Forenames                                      |                             |    | Date of Birth                               |                       | Male/Female   |  |
| Surname  |                             |    | Home Tel.No.                                |                       |   |  |
| Home Address                                   |                             |    | Number for Text Messages                    |                       |   |  |
|  |                             |    | Email Address                               |                       |   |  |
| Postcode                                       |                             |    | Do you consider you or your child disabled? | YES                   | If YES are there any adjustments we should or could be making for you and your child? |  |
| Number of children in the family               | Position of child in family | NO |   |                       |   |  |
| Siblings (Name, date of birth & school)        |                             |    | Health Problems, allergies, etc             |                       |   |  |
| Name of any previous school/nursery/Playgroup. |                             |    | Was your child premature?                   | YES                   | If YES how many weeks premature were they when born?                                  |  |
|  |                             | NO |   |                       |   |  |
| Name and address of Doctor                     |                             |    | Do you have a health visitor?               | Name.....             |   |  |
|  |                             |    |   | Based at.....         |   |  |
|  |                             |    |   | Telephone Number..... |   |  |

## PARENT INFORMATION

|  |  |  |  |
|--|--|--|--|
| Full names of Parents/Carers (living with child) |  | Name and address of anyone with parental responsibility who is not living with child e.g. separated parents. |  |
|--|--|--|--|

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| <b>Parent 1</b>       |  | <b>Parent 2</b>       |  |
| Relationship to child |  | Relationship to child |  |
| Place of work         |  | Place of work         |  |
| Work Tel No           |  | Work Tel No           |  |
| Mobile                |  | Mobile                |  |
| Email                 |  | Email                 |  |

**ETHNIC BACKGROUND INFORMATION**

Please tick one category which best describes your child.

**White**

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

**Black or Black British**

- Caribbean
- African
- Any other Black background

I do not wish an ethnic background category to be recorded

|                              |  |                    |  |
|------------------------------|--|--------------------|--|
| <b>Country Of Birth</b>      |  | <b>Nationality</b> |  |
| <b>First Language Spoken</b> |  | <b>Religion</b>    |  |

*Persons authorised to collect child must be over 16 years of age. It is essential that you notify us if your child is being collected by someone else. Your child will only be released to the named person. A coded word that is only known by the authorised person(s) and school will be used before your child is able to leave.*

**Codeword**.....

**EMERGENCY CONTACTS**

If there are any problems with your child whilst in Nursery, we will always try to contact a parent first. If, however, we are unable to contact you, please supply us with contact details of people you wish us to contact.

|  |  |
|--|--|
| <b>Contact 1:</b><br>Name:<br>Address: | <b>Relationship to child:</b><br>Telephone Number:<br>Mobile Number: |
| <b>Contact 1:</b><br>Name:<br>Address: | <b>Relationship to child:</b><br>Telephone Number:<br>Mobile Number: |
| <b>Contact 1:</b><br>Name:<br>Address: | <b>Relationship to child:</b><br>Telephone Number:<br>Mobile Number: |

Signed.....

Date.....