

CHILD'S NAME:



Templemoor Infant and Nursery School

Important Returnable Forms New Starters 2021 Nursery

Please complete **all** applicable forms in this booklet and return the whole book, along with a digital photograph of your child and a scanned copy or photograph of your child's Birth Certificate, to nursery2021@templemoor.trafford.sch.uk by **Friday 25th June 2021**.

We are unable to enrol your child without the completion of these forms.

Thank you.

Please complete forms 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11. Form 12 is optional.

FORM 1: DATA COLLECTION

STUDENT DETAILS	
Legal Surname:	Legal Forename(s):
Middle Name:	Preferred Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:
Previous Early Years Provider/ Child Minder, including contact details:	
Your child's Unique Pupil Number (UPN) (your current nursery will provide this).	Enter number _____ Or <input type="checkbox"/> My child did not have a UPN

PARENT CONTACT DETAILS (Parents/ Carers who live with the child at the same address)	
Parent 1	Parent 2
Title: Forename:	Title: Forename:
Surname:	Surname:
Home address (if different to child):	Home address (if different to child):
Postcode:	Postcode:
Telephone (Home)	Telephone (Home)
Telephone (Work)	Telephone (Work)
Telephone (Mobile)	Telephone (Mobile)
Email:	Email:

PARENTAL RESPONSIBILITY (It is a legal requirement that we keep details of all persons who have parental responsibility but do not live at the home address. As natural parents have voting rights in matters such as electing parent governors, the DFE instructs us to ask the following questions.)	
Name:	
Address:	Postcode:
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	Email:
Relationship to student:	Parental Responsibility? YES NO
Is there a Court Order preventing communication with this person? YES NO	Is this person entitled to receive school correspondence and school reports? YES NO

DIETARY REQUIREMENTS (✓) (Please also complete Form 2 for specific allergies)				
Vegetarian	Pescatarian	No Pork	Coeliac	Dairy Free
Other: please state				

MEDICAL INFORMATION (✓) (Please also complete Form 3)			
Asthma	Bee Sting Allergy		Epilepsy
Kidney/Bladder	Deafness	Diabetes	Sight Impairment
Other (Please give details)			

Does your child wear spectacles?	Yes	No
Does your child need to take regular medication during school hours?	Yes	No
If yes, please provide details:		

Name of GP	Practice/Centre Name	Address	Telephone No
Name of Dentist	Practice Name	Address	Telephone No

Date of last Tetanus Injection:

ETHNICITY (✓)

Any other Asian background	Any other Black background	Any other Ethnic group	Any other Mixed background
Any other White background	Bangladeshi	Black African	Black Caribbean
Chinese	Indian	Pakistani	White British
White Irish	White and Asian	White and Black African	White and Black Caribbean
Any other ethnic background (Please state)			

Country of Birth

FIRST LANGUAGE

Please state the first language spoken by your child:

RELIGION (✓)

Christian	Muslim	Jewish	Sikh
Hindu	Buddhist	No Religion	Any other Religion (state)

WELFARE

Is your child currently, or have they previously been under the care of the LA ("Looked After")? (E.g. adoption or fostering).	Yes	No
If yes, which Local Authority?	Date of Adoption:	

Does your child have a disability?	Yes	No
------------------------------------	-----	----

If you answered yes to the question above, please provide further details:

Does your child have any input with any of the following outside agencies?

Speech and Language Therapy	Yes	No
Occupational Therapy	Yes	No
Physiotherapy	Yes	No
Paediatrician	Yes	No

Does your child have an Educational Health Care Plan (EHCP)?	Yes	No
--	-----	----

TRAVEL ARRANGEMENTS (Please state your child's main mode of transport to school)			
Walk	Cycle	Car/Van	Bus
Car Share	Taxi	Other (please state)	

PARENTAL CONSENT		
I give permission to apply a plaster if my child has a minor cut.	Yes	No
I give permission to use wet wipes if my child soils themselves.	Yes	No
I give permission for my child to be taken out of school into the local area during his/her time at Templemoor Nursery.	Yes	No

SIBLINGS	
If your child has a sibling at Templemoor or Moorlands please give details	
Name(s)	School (s)

I confirm that the information provided in this document is correct		
Signed	Print Name	Date

FORM 2: SPECIAL DIETARY NEEDS

This form must be supported with a medical note to confirm the special diet. Please send a copy of the medical note to nursery2021@templemoor.trafford.sch.uk. Thank you. **PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).**

Pupil First Name:	
Pupil Surname:	
Date of Birth:	
Year Group:	NURSERY
Parent Name:	

ALLERGY/ INTOLERANCE INFORMATION
Allergy/ Intolerance Details:
Symptoms:
Daily Care Requirements:

Signed:	Print Name:	Date:
----------------	--------------------	--------------

FORM 3: MEDICAL REQUIREMENTS

It is imperative that your child's current medical requirements are regularly updated on their school file and that up-to-date Health Care Plans are in place, where appropriate. Could you please complete this form with your child's current information. **PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).**

Pupil First Name:	
Pupil Surname:	
Date of Birth:	
Year Group:	NURSERY

Does your child have any existing medical diagnoses (e.g. diabetic; epilepsy; glue ear, asthma, eczema etc.)? Please detail in space provided.

Is your child currently under any medical professionals (e.g. Consultant; Paediatrician; Audiology; Orthotics etc.)? Please detail in space provided.

Is your child on any regular medical treatment (e.g. EpiPen; Inhaler; Steroid cream; Antihistamine; Insulin; ADHD medication; Sleep medication etc.)? Please provide details (including name of medication, type of medication, dosage and timings) in the space provided.

Does your child need to use any specialist equipment on a daily basis (e.g. hearing aids; glasses; orthotic insoles etc.)? Please detail in the space provided.

Does your child's health pose any risk to them or to others in the school environment? If so, what?

Describe the signs that we should be aware of which might indicate the onset of an emergency and the action that should be taken;

Signed:	Print Name:	Date:
----------------	--------------------	--------------

FORM 4: CONSENT FOR TAKING AND USING PHOTOGRAPHS

At Templemoor Infant and Nursery School we sometimes take photographs of pupils. We use these photos in the school’s handbook, on the school’s website and on display boards around school.

We would like your consent to take photos of your child, and use them in the ways described above. If you’re not happy for us to do this, that’s no problem – we will accommodate your preferences.

Please tick the relevant boxes below:

Pupil First Name:	
Pupil Surname:	
Year Group:	NURSERY
Parent Name:	

	Yes	No
I am happy for the school to take photographs of my child.		
I am happy for photos of my child to be used on the school website.		
I am happy for photos of my child to be used in the school Parent Handbook.		
I am happy for photos of my child to be used in internal displays.		
I am happy for photos of my child to be used on Twitter.		
I am happy for photos of my child to be used in the monthly newsletter that will be available to download from the school website.		

If you change your mind at any time, you can let us know by emailing admin@templemoor.trafford.sch.uk. If you have any other questions, please get in touch.

Signed	Print Name	Date
---------------	-------------------	-------------

FORM 5: EMERGENCY CONTACT DETAILS

Pupil Name	
Year Group:	NURSERY
Date of Birth	
Home Address	

Parent/ Carer 1	
Name	
Home address (if different from above)	
Home telephone Number	
Mobile telephone number	
Email Address	

Parent/ Carer 2	
Name	
Home address (if different from above)	
Home telephone Number	
Mobile telephone number	
Email Address	

ADDITIONAL EMERGENCY CONTACTS

Additional Contact 1	
Name	
Home address	
Emergency telephone Number	
Relationship to Pupil	
Email Address	

Additional Contact 2	
Name	
Home address	
Emergency telephone Number	
Relationship to Pupil	
Email Address	

PLEASE SET OUT THE PRIORITY IN WHICH YOU WISH THE NAMED INDIVIDUALS TO BE CONTACTED

1	
2	
3	
4	

FORM COMPLETED BY:

Name	
Relationship to Pupil	

I confirm that I have sought the agreement of each of the above named individuals to be named as an emergency contact for my child and their consent before sharing their personal data as set out above with Templemoor Infant and Nursery School for this purpose.

Signed	Print Name	Date
---------------	-------------------	-------------

FORM 6: COLLECTION ARRANGEMENTS

Child's name:

Year: NURSERY

Please complete the grid below to let us know who will be collecting your children on each day from September. You can put as many names into the days as you wish. If there are any changes you must inform us **in writing**.

Monday	Tuesday	Wednesday	Thursday	Friday

My child may also occasionally be collected by...

PLEASE NOTE THAT WE WILL NOT ALLOW CHILDREN TO GO WITH ANY PERSON NOT MENTIONED ABOVE UNLESS BY PRIOR ARRANGEMENT BETWEEN THE PARENT/CARER AND THE SCHOOL.

FORM 7: NURSERY LUNCH REQUEST FORM

At Templemoor we can offer our Nursery children the opportunity to have a hot school meal. These are nutritious and well balanced, and freshly prepared on the premises. Lunch menus are available to download from our school website at templemoorinfants.co.uk.

Alternatively, a healthy packed lunch can still be provided from home.

The cost of packed lunch provision is £4 per session, with hot lunch provision costing £6.50 per session. Payments can be made via Scopy and your accounts will be set up in September.

Please complete the form below if you would like your child to stay for a lunchtime session from 11.30am to 12.20pm. Please note that lunches are booked on a half-term basis and cannot be changed mid-term.

Best wishes

Stuart Hodgson
Headteacher

.....

<u>LUNCH REQUEST FORM</u>					
Date Effective From: SEPTEMBER 2021					
Child's Name:					
<i>(Please note: lunches are booked on a half term basis and cannot be changed)</i>					
Please tick:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Hot Lunch					
Packed Lunch					
<p>PLEASE ENSURE THAT YOU HAVE COMPLETED FORM 2 'SPECIAL DIETARY NEEDS'. PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).</p> <p>I confirm that I have completed the 'Special Dietary Needs' form. YES NO</p> <p>Parent/Carer Signature:</p> <p>Date:.....</p>					

COOL MILK REGISTRATION

School milk is free for under-5s, and for over-5s it is available at a subsidised price of 22p per day.

Each child that registers with Cool Milk will receive a 189ml portion of semi-skimmed milk every day, delivered fresh and chilled to the classroom. Their school milk will not only provide them with essential nutrients, but as it is rehydrating and energy boosting it also bridges the gap between breakfast and lunch to help children stay focused. For more information on how milk can benefit children visit www.coolmilk.com/why-milk-is-great.

How to register

If your child is under five:

- Register online at www.coolmilk.com.
- You may register at any time during the school year for your child to start receiving milk. If you register by a Tuesday at 5pm, your child's free milk will start the following week.
- Free milk will continue until the Friday before your child's fifth birthday. You will receive a payment request four weeks before their birthday - if you wish your child to continue to receive school milk, simply make a payment.

If your child is five or older:

- Register and pay online at www.coolmilk.com.
- You can pay Cool Milk either online, over the phone or at a local PayPoint in half-termly, termly or annual instalments.
- You may register at any time during the school year for your child to start receiving milk. If you register by a Tuesday at 5pm, your child's free milk will start the following week.

If you have any questions regarding school milk please visit www.coolmilk.com or contact Cool Milk directly on 0844 854 2913. More information on milk is also available from the school.

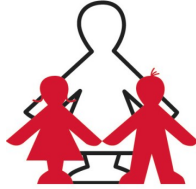
FORM 8: PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

It is not the role of schools to toilet train children entering Nursery. We expect parents/carers to do all that they can to help their child by making sure s/he can go to the toilet by him/herself. We suggest that as well as being toilet trained, your child is able to confidently and independently manage their own toileting skills by the time they come to Nursery, e.g. they should be able to wipe themselves and pull up their own pants. When a child starts Nursery they can find themselves in unfamiliar surroundings and faced with new routines. In this environment sometimes accidents can occur. The staff in Nursery are very experienced in dealing with issues such as this. They are aware of the need to provide the child with a safe and private area where they can be changed. Our toilets provide this privacy but also are observable by other adults in the classroom to ensure that both child and adult are safe and protected. Should small/minor accidents occur the agreed practice is that the child is supported in cleaning themselves under the direction of an adult. Parents may be called into Nursery to take a child home to change if we feel your child needs a shower/wash after a soiling incident. The form below provides your permission for our staff to clean your child in the rare event of an accident happening.

On the rare occasion that my child may have a toileting accident, I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing, and toileting.

I will advise the Headteacher of any medical complaint or special educational need that my child may have which affects their ability to toilet independently.

Name of Adult	
Signature	
Relationship to child	
Date	
Name of child	
Gender	



Templemoor Infant and Nursery School

Acceptable Use of Computing Policy for Children

Dear Parent or Carer,

As part of the curriculum at Templemoor Infant and Nursery School, your child will be accessing computers. In order to support the school in educating your child about e-safety (safe use of the Internet), the school has an e-safety Policy available to view on the school website at templemoorinfants.co.uk

Please read and discuss our 'Acceptable Use Policy for Children' with your child and sign and return the form to school. Please support us in helping to keep your child safe. Should you wish to discuss this matter further, please do not hesitate to contact the school.

Yours sincerely,

A handwritten signature in black ink that reads "S Hodgson". The signature is written in a cursive style.

Mr Stuart Hodgson

Headteacher

FORM 9: ACCEPTABLE USE OF COMPUTING



Templemoor Infant
and Nursery School



Early Years Foundation Stage

Our rules for acceptable use of digital equipment and the internet. These rules help us to enjoy using technology and they keep us safe.

- I will tell an adult if I see something on the screen that I do not understand or that upsets me.
- I can use the computer, iPads and other equipment in my play.
- I will only use the programs or websites that my teacher has said I can use.
- I will take turns sensibly with the computer and other computing equipment.
- I will always be very careful using computers and computing equipment.
- If I break these rules I will not be able to use the computers in my play.

Signed (Child)	
Signed (Parent/ Carer)	
Date	

FORM 10: EARLY YEARS FREE ENTITLEMENT

Early Years Free Entitlement

All 3 and 4 year old children in Trafford are able to claim 15 hours per week, or 570 hours per year of free early education. Working parents may be eligible for an additional 15 hours per week from September 2017 (known as 30 hours free childcare). This gives you a total of 1,140 hours per year. You qualify for these additional hours if:

- Both parents are working or one parent is working in lone parent families. On average, you must earn at least the equivalent of 16 hours per week on national minimum wage which is around £120 per week. This includes parents on zero hour contracts and who are self-employed.
- Both parents are employed but one or both of them are temporarily away from the workplace on maternity leave, paternity leave, adoption leave or on statutory sick pay.
- One parent is employed and one parent has substantial caring responsibilities based on specific benefits received
- One parent is employed and one parent is disabled or incapacitated based on specific benefits.

Please indicate how many hours you will be claiming:

15 hours per week because I do not meet the above criteria

Or

30 hours per week because I meet the above criteria

Child name _____ Date of birth _____
 Address _____ Post code _____

You can claim your free hours across a maximum of 3 different providers. This could include a school nursery, private day nursery, preschool playgroup, childminder or out of school club.

Universal hours

Please tell us where you want to claim your universal hours. This means the first 15 hours which every 3 and 4 year old child is entitled to.

	Provider name	Hours Per Week	Days Per Week	Term Time Only (✓)		All Year Round (✓)
1					Or	

If you claim less than 15 hours at this provider, please include any other universal hours below.

Additional hours

If you meet the above criteria, please tell us where to claim your additional hours. If for any reason you stop being eligible, the funding for these additional hours may end.

	Provider name	Hours Per Week	Days Per Week	Term Time Only (✓)		All Year Round (✓)
2					Or	
3					Or	

30 Hours Free Childcare Eligibility

All 3 and 4 year old children are entitled to up to 15 funded hours per week from the term after their third birthday. Working parents may be eligible for 30 hours free childcare per week. Further information is available on the Trafford website:

www.trafford.gov.uk/earlyeducation

To claim 30 hours free childcare from September 2021, you will need to establish your eligibility for 30 hours free childcare using the online Childcare Service:

www.childcarechoices.gov.uk

If you are unable to access the internet you can contact the Customer Interaction Centre on 0300 123 4097. Eligible parents will receive an 11 digit code which starts with 5000. Please place your 11 digit code in the space below:

Eligibility code

--	--	--	--	--	--	--	--	--	--	--

Reminder! - eligibility for 30 hours has to be reconfirmed every 3 months and you will receive notifications from HM Revenue & Customs reminding you to do this. It is important that you complete this reconfirmation or funding will stop and school will ask you to pay for the additional hours.

Parent Declaration

I declare that all the information provided on this form is correct and I have named all the providers where I will claim free hours, including any providers I use which are located outside of Trafford. I understand it is a criminal offence to make a false claim for funding.

I understand the information on this form will be stored securely for the purposes of providing services and will not be shared with any other agencies without my permission, unless there are safeguarding concerns.

I understand that if I am eligible for 30 hours free childcare that my early years provider will check the validity of my eligibility code using an online system operated by Trafford Council. My provider will receive updates if my eligibility changes.

Parent / Carer name _____

Parent / Carer signature _____ Date: _____

Parent / Carer date of birth _____

EARLY YEARS PUPIL PREMIUM

What is pupil premium funding?

Nurseries, schools, childminders and other childcare providers are able to claim extra funding through the Early Years Pupil Premium to support children's development, learning and care.

The Early Years Pupil Premium provides an extra 53 pence per hour for three and four year old children whose parents are in receipt of certain benefits or who were formerly in local authority care but who left care because they were adopted or were subject to a special guardianship or child arrangements order. This means an extra £302 a year for each child taking up the full 570 hours funded entitlement to early education. This additional money could make a significant difference to us.

We can use the extra funding in any way we choose to improve the quality of the early years education that we provide for your child. This could include, for example, additional training for our staff on early language, investing in partnership working with our colleagues in the area to further our expertise or supporting our staff in working on specialised areas such as speech and language.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that a pupil premium has been available for school-age children and it has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

Therefore we ask that ALL PARENTS/CARERS fill in the attached form. This will allow us to claim the additional Early Years Pupil Premium.

Is my child eligible for pupil premium?

Your child might be eligible if you access:

- Income Support
- Income-based Jobseeker's Allowance or Employment and Support Allowance
- Support under part VI of the Immigration and Asylum Act 1999
- The guaranteed element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on
- Universal Credit, provided you have an annual net earned income not exceeding £7,400 (£616.67 per month)

How do I register?

If you think you are entitled to Pupil Premium, please complete the registration form and return to the school office. If you're not sure or you think you may be entitled to this in the

future, we kindly request that you complete the registration form. This will enable us to be notified if you become eligible.

More information

For more information about pupil premium, please go to our website which contains details of how the pupil premium has been spent in the past academic year and how it will be spent this year.

If you have any questions or specific concerns, please contact the school office.

Yours sincerely,

A handwritten signature in cursive script that reads "S Hodgson".

Mr Stuart Hodgson
Headteacher

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? (Please place an *X* in the appropriate box)

Yes No

If you have ticked **YES** you do not need to complete the next section. Please go straight to the declaration at the end of the form.

If you have ticked **NO** please place an *X* in the box if you are in receipt of any of these benefits:

	Income Support
	Income-based Jobseekers Allowance
	Income-related Employment and Support Allowance
	Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
	The guarantee element of the State Pension Credit
	Child Tax Credit (with no working tax credit) with an annual income of no more than £16,190
	Working Tax Credit run-on
	Universal Credit

	Please place an <i>X</i> in this box if you are not sure if your family income is over £16,190 or if you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals.
--	---

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signed _____ Date _____

PLEASE PRINT NAME _____

Templemoor School Fund

Dear Parents and Carers,

Throughout the year at Templemoor all children enjoy activities and experiences which enhance learning and enjoyment at school.

Friends of Templemoor, which you are all members of, raises a great deal of money which contributes to many aspects of school life – for example a Story Telling Workshop, enhancing computing provision, etc.

School Fund pays for consumables such as plants, compost, cooking and baking ingredients and special art materials such as mosaic tiles, metal foil, etc.

We would like to offer all parents the opportunity to contribute to our School Fund by standing order directly from their bank account. If you would like to contribute in this way (with the first standing order payment from 1st November this year) please complete Form 10.

The greater the contribution, the richer the provision. Remember, Templemoor Infant and Nursery School Fund is your child's fund!

Thank you in anticipation.

Yours sincerely



Stuart Hodgson
Headteacher

Form 12: Standing Order (Optional)

Your instruction to set up a **new standing order**.

Please write clearly in black ink in the spaces provided with capital letters or cross the boxes.

All sections must be completed. Please return the original form as photocopies cannot be accepted.

1 Pupil Details

Name of pupil

Class

2 Your Details

Your full name or name of business

Your contact telephone number

Bank Name and Address

Sort Code

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--

3 Details of your standing order

Payment Reference (completed by school)

2	0	1	4	2	0	1	5	-	A	N						
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Recipients Name

1st Payment Date

Recipient Sort Code

3	0	9	0	1	6
---	---	---	---	---	---

Amount

Payment amount in words

Recipient Account Number

1	7	9	7	1	3	6	0
---	---	---	---	---	---	---	---

How often to you want the payment made?

<input checked="" type="checkbox"/>	quarterly until further notice
-------------------------------------	--------------------------------

4 Your agreement with us

I/we authorise you to debit my/our account, in accordance with the details above.

This request is addresses to the bank which holds my/our account.

Your signature

Date