

Cruddas Park Early Years Centre

Brunel Terrace, Cruddas Park, Newcastle upon Tyne, NE4 7NL

Tel: 0191 2736682

Head Teacher: Karen Collins

Fax 0191 2721232

Cruddas Park



School Admission Form

Key Worker

Date of Admission

Child's Personal Details:

Name

Known As

Gender

D.O.B

Birth certificate seen?

Address

Unique Reference No.

Religion

Postcode

Tel

Ethnicity

White	Black/Black British	Asian or Asian British	Mixed	Chinese/other ethnic group
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Other White <input type="checkbox"/>	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Not given <input type="checkbox"/>
		Other Asian <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	

Previous Schools and Addresses

Previous Schools

Previous Addresses

Immigration Status

Child's First language

Parent(s) First Language

Second Language

Is the Child Disabled?

If Yes, give details

Are you in receipt of any of the following?

Family element of Working tax credit

Income support

Are you currently supported by any of the homeless projects in Newcastle?

Job Seekers Allowance

Disability/Incapacity Benefit

(please give details below)

Are you entitled to free school meals?
If you are unsure contact reception.

Details of persons with parental responsibility:

Name

Name

Address

Address

Post code

Postcode

Home Tel:

Home Tel:

Mobile Tel:

Mobile Tel:

Place of Work:

Place of Work:

Work Tel:

Work Tel:

Relationship to child

Relationship to child

Email Address

Who would normally collect Your child?

Is there anyone who is NOT allowed to collect your child?

Please tell us about your family structure eg. Who lives at home, siblings, significant adults in your child's life.

Emergency Contact Details: This section must be completed in full

Please note: This section must be contacts which are different to those named on the previous page.

Emergency contact name 1

Emergency contact address

Tel:

Mobile

Relationship to child

Emergency contact name 2

Emergency contact address

Tel:

Mobile

Relationship to child

Other Agencies involved with child/Family

Ed. Psych

Education Welfare Service

Health

Immigration

SENTASS

Social Services

Family Support

Children's Centre

Other

Have you ever been involved in a **CAF?** (Common Assessment Framework)

Name of
G.P.

Name of
Health Visitor

Contact
details:

Contact
details:

Child's dentist

Medical Information

This information is to help us provide the fullest support for your child

Does your child have any medical conditions we should know about?

Does your child take any regular medication?

Does your child have any allergies or food intolerances?

Does your child have any special Dietary requirements or do you have any concerns about your child's eating ?

What stage of toileting is your child at?

Is your child up to date with vaccinations?

Is your child allergic to Elastoplast dressings?

Do you accept responsibility for any injury to your child due to the wearing of jewellery?

Do you have any information to share around the birth of your child eg premature/complication?

Consent for medical treatment

I agree/do not agree that if my child _____ should require emergency medical treatment a member of staff may take him/her to the appropriate health centre/casualty department until parent/carer arrives.

Signed: _____

Travel to school method

How do you usually travel to the Centre? E.g. bus, car bike etc

Outings and Photograph Consent

I give permission for my child to take part in any supervised visits, during school time, in the locality of the school (where transport is not involved)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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We like to use photographs of the children for display purposes and the publication of Centre handbooks, leaflets and also our school website etc.

Yes <input type="checkbox"/>	<input type="checkbox"/>
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Please tick to give consent for the Centre to use your child's Photographs for these purpose

Signed: _____

Change of Clothes

If your child needs to be changed we suggest that you leave a spare set of clothes in your child's drawer or in a bag on their peg.

However, if your child does not have spare clothes are you happy for them to be changed into spare clothes we have here at the Centre?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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During the hotter warmer weather it is vital that the children at the centre are protected from the sun whilst outside.

I do/do not give permission for staff to apply suncream to my child

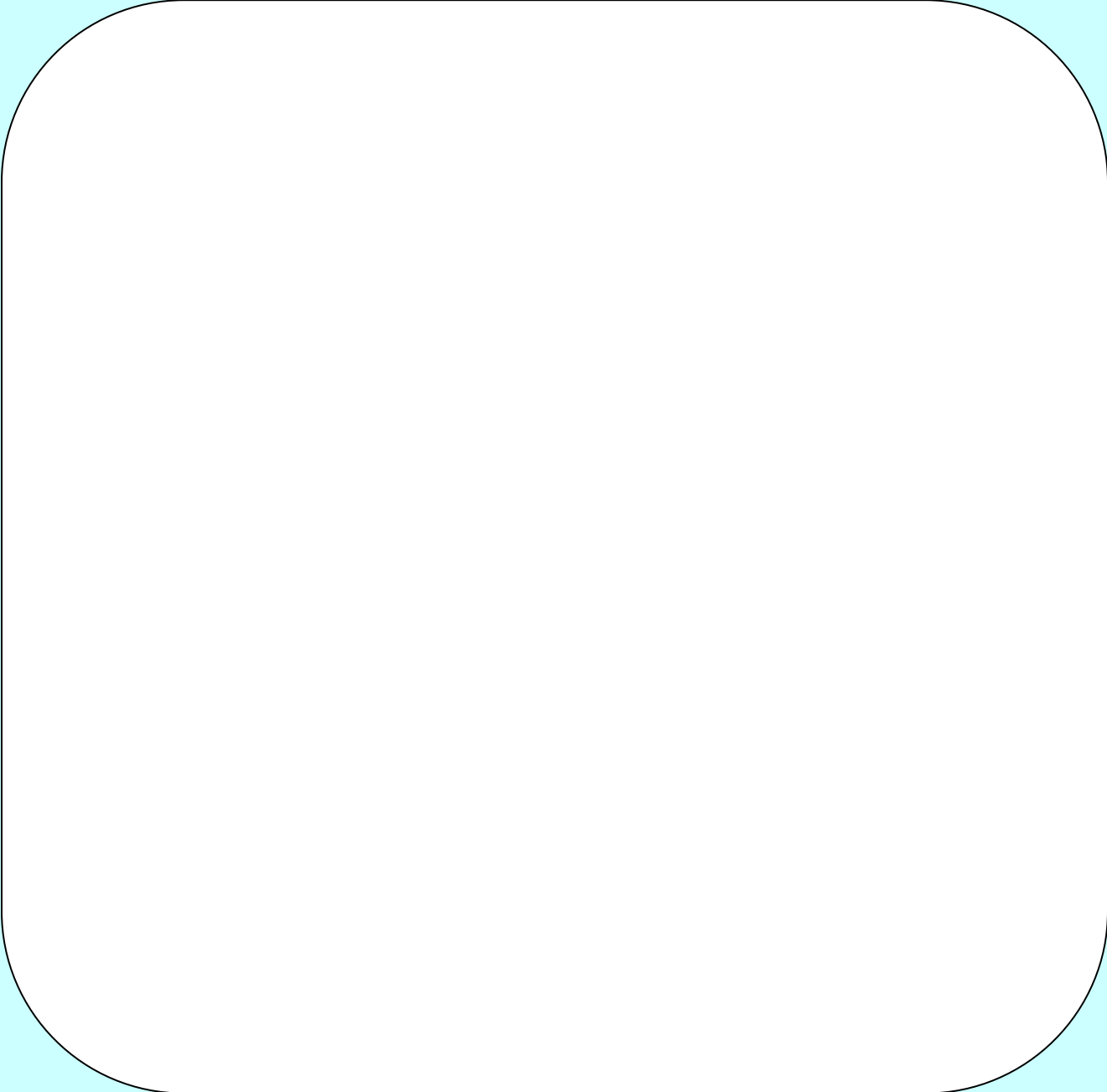
Signed: _____

I will provide the suncream myself

I am happy for my child to use the Centre suncream

Additional Information

Is there any information that you feel we would benefit from knowing about your child and your family circumstances?



THE INFORMATION THAT YOU PUT ON THIS FORM WILL BE HELD ON COMPUTER AND WILL BE TRANSFERRED TO YOUR CHILD'S NEXT SCHOOL

Parent/Carer Signature

