



## REGISTRATION FORM

Please complete all sides (4) then sign at the bottom of the last page.

The Data Protection Act and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored by the Care & Learning Centre (C&LC) on its child records database. The information on ethnic origin and first language is needed by the C&LC to ensure that resources are made available when required and that it offers real equality of opportunity for all children.

Full details about how we use this data and the rights you have around this can be found at [www.cambridgeshire.gov.uk/privacy](http://www.cambridgeshire.gov.uk/privacy). If you have any data protection queries, please contact the Data Protection Officer at [data.protection@cambridgeshire.gov.uk](mailto:data.protection@cambridgeshire.gov.uk).

Legal Surname .....(as it appears child's birth certificate)

Legal Forename .....(as it appears on child's birth certificate)

Middle name(s) .....

Preferred Forename ..... Gender.....Male / Female

Date of Birth .....

Home Address .....

Postcode ..... Home Telephone number .....

In Local Authority Care ..... Yes/No If Yes, Name of Care Authority .....

Name & address of previously attended pre-school setting .....

.....

**Please indicate which provision you would like your child to attend**

Pre-school for funded 2 year old		Pre-school for paying 2 year old	
Pre-school for funded 3 year old		Pre-school for funded 3 year old, plus additional paid pre-school sessions	
Breakfast Club		After School Club	
Holiday Club			

**CONTACT INFORMATION**

Please provide details of those with parental responsibility and place them in the order you wish them to be contacted in an emergency. Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

**PRIORITY 1 CONTACT – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY**

Title.....Surname .....Forename.....  
Relationship to student ..... Parental responsibility.....YES / NO  
Home address .....  
.....Postcode.....  
Home telephone number .....Home email.....  
Work address.....Work email.....  
Work telephone number ..... Mobile telephone number .....

**PRIORITY 2 CONTACT – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY**

Title.....Surname .....Forename.....  
Relationship to student ..... Parental responsibility.....YES / NO  
Home address .....  
.....Postcode.....  
Home telephone number .....Home email.....  
Work address.....Work email.....  
Work telephone number ..... Mobile telephone number .....

**SEPARATED PARENT INFORMATION – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY**  
**For parents not living with child. Please specify contact priority (if any).....**

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title.....Surname .....Forename.....  
Relationship to student ..... Parental responsibility YES / NO  
Home address .....  
.....Postcode.....  
Home telephone number .....Home email.....  
Work address.....Work email.....  
Work telephone number ..... Mobile telephone number .....  
Court Case Yes/No Address can be Disclosed Yes/No

**EMERGENCY CONTACT – IF NO PERSON WITH PARENTAL RESPONSIBILITY IS AVAILABLE**

*If you provide information on behalf of anyone else, then in doing so you are confirming that you have explained how their information may be used by us and they have given permission for you to do so. You have informed them that their data will only be used by the school if the school is unable to make contact with a person with Parental Responsibility, that their data will be deleted once your child leaves Monkfield Park, or the emergency contact no longer wishes to have their data stored by the school. You, the contact with Parental Responsibility, will inform us if other contacts no longer wish for their data to be held by us.*

Signed: \_\_\_\_\_ (Person with Parental Responsibility)

Title.....Surname .....Forename.....

Contact telephone numbers: .....

**MEDICAL DETAILS**

Doctor .....

Address and telephone number .....

Please state any medical conditions of which you wish the C&LC to be made aware, (e.g. asthma, epilepsy, allergies)

Please state if your child has a medically diagnosed food allergy or intolerance .....

Does your child have any Special Needs Provision YES/NO

If YES \*SEN Support/\*EHCP \*Statement? (\*Please delete accordingly)

Does your child have in place a Common Assessment Framework (CAF) YES/NO

**PERSONAL INFORMATION**

To help us in monitoring equal opportunities you are asked to complete the following:

- Country of birth .....Nationality .....
- Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

White - British	
White – Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British -Indian	
Asian or Asian British - Pakistani	
Asian or Asian British – Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)	
I do not wish an ethnic background to be recorded	

3. Date of arrival in UK (if relevant).....

4. First language .....Other language(s).....

5. Religion .....

6. If there are any religious or cultural practices of which the C&LC should be aware, please specify.  
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7. Please give the name, gender and date of birth of any other children in your family who are attending the C&LC or Monkfield Park Primary School.

Name ..... Date of Birth .....Male / Female

Name ..... Date of Birth .....Male / Female

Name ..... Date of Birth .....Male / Female

**MARKETING MATERIAL**

Please indicate your consent below as to whether you wish to receive marketing material regarding the following:-

- Monkfield Park Primary School YES/NO
- The Friends of Monkfield Park YES/NO

I certify that, to the best of my knowledge, the information on this form is correct.

Signature:.....Parent/Guardian

Date .....

If you have any queries before returning this form please contact the C&LC by telephone 01954 273301 or e-mail [clcoffice@monkfieldpark.cambs.sch.uk](mailto:clcoffice@monkfieldpark.cambs.sch.uk).

Please return this form when completed to:-

Monkfield Park Care & Learning Centre  
School Lane  
Great Cambourne  
Cambridgeshire  
CB23 5AX