

**PLEASE FILL IN AS MUCH AS YOU CAN READY FOR STARTING
NURSERY IN SEPTEMBER.**

WITH THANKS, MISS HARRISON – NURSERY MANAGER



Orchards Church of England Primary School Home Visit Information Sheet

Child's name: (check spelling and pronunciation) _____

Alternative/Preferred name: _____

Date of birth: _____

Sibling and in what year group/age? _____

Home language(s): _____

Religion: _____

Previous Nursery/playgroup experience (sessions per week), records received?

What are your child's main interests/special toys at the moment?

How does your child usually react to new situations and with new people?

Is there anything we need to know to make the settling process as easy as possible?

Do you have any concerns about your child's development, including their speech etc?

Will your child need any support in using the toilet, eating independently, putting on and taking off clothes?

Health, allergies and medicines we need to be aware of? Okay to apply plasters? Y/N

Is there anything your child should not eat or drink?

Is there anyone else who will possibly collect your child from school? They need to be added below if not already on the office admission forms.

The following people may collect my child from Reception class

Name	Relationship to child	Child knows them as

Extra comments/important things to note:

TO BE SIGNED AND RETURNED TO THE SCHOOL OFFICE

Permission form for intimate care

If a child wets or soils themselves whilst they are in school, it is important that measures are taken to have them changed and if necessary cleaned as quickly as possible. Our staff are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

Orchards CE Academy has an Intimate Care Policy which is available to view on our website or a copy can be obtained from the school office.

Please fill out the permission slip below stating your preference.

Yours sincerely

Miss Harrison

Early Years Leader

Intimate Care Guidance - Permission form

Permission for school to provide intimate care

Pupil's name:.....

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature:.....

Name:.....

Relationship to child:.....

Date:.....

Photographic Evidence of Children's Learning

(Please feel free to delete any statements you are not in agreement with)

- I am happy for my child's photograph to be taken in school and on visits
- I am happy for my child's photograph to be displayed in school.
- I am happy for my child's photograph to be shared with other families whose child is in the picture
- I am happy for my child's photograph to be used in school brochures
- I am happy for my child's photograph to be displayed on school websites
- I am happy for my child's photograph to be printed in newspapers (including photographs taken by the press), this may result in the picture appearing on the newspaper website.
- I am happy for my child's photograph to be used on the Early Years at Orchards Facebook page

Signed: _____ Date: _____