

## Application for Admission to Bright Stars Preschool



Child's Details

Cilila 3 Details			
Legal surname			
Other surname used			
Forenames(s)			
Child's date of birth	/	Gender	Male / Female
Requested date to start at		Dinth contificate	
Preschool		Birth certificate	
Prescrioor		checked at	
		school	
		<u> </u>	
Child's home address			
cilia s nome address			
Date moved to this address			
Previous address –			
(if moved within two years)			
With whom does the child live?			
Details of those with Legal Pare	ntal Responsibility:		
		Mrs / Miss / Ms /Mr	
Title	Mrs / Miss / Ms /Mr	Mrs / Miss / Ms /Mr	
		Mrs / Miss / Ms /Mr	
Title		Mrs / Miss / Ms /Mr	
Title Forename		Mrs / Miss / Ms /Mr	
Title Forename		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child  Home number		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child  Home number		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child Home number  Mobile number  Work number		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child Home number  Mobile number		Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child Home number  Mobile number  Work number  Email address	Mrs / Miss / Ms /Mr	Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child Home number  Mobile number  Work number  Email address  Others with parental responsib	Mrs / Miss / Ms /Mr	Mrs / Miss / Ms /Mr	
Title Forename  Surname  Relationship to child  Address if different from child Home number  Mobile number  Work number  Email address  Others with parental responsib	Mrs / Miss / Ms /Mr	Mrs / Miss / Ms /Mr	
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Title Forename  Surname  Relationship to child  Address if different from child Home number  Mobile number  Work number  Email address  Others with parental responsib Title Forename	Mrs / Miss / Ms /Mr	Mrs / Miss / Ms /Mr	

Other playgroups or nurseries attended	Please name all plays	Please name all playgroups or nurseries previously attended			
	School's Name and a	ddress		Dates	
Current nursery or playgrou (or last attended)	пр				
Previous					
Previous					
Reason for applying for a pla	ce				
Does the child have a					
Educational Health Care Pla		YES / NO			
I consider my child to have					
Special Educational Needs	S				
Is the child in care of the Local Author	itu		IF VEC N	In many the order of A cottle a with a	
Does the child have any restrictions on t		If YES Name the Local Authority			
residency in the United Kingdom					
Please give details of two person	who are willing to be contacted	in case of emergency	if parent is not availabl	e	
Contact priority	1			2	
Name					
Address					
Telephone number					
Relationship to child					
Child's Doctor		Other clinic or ho	spital that child atten	nds	
GP Practice		Name			
Address		Address			
Telephone No.		Telephone No.			
My child is allergic to:					
Specific dietary requirements:					
My child has the following medical conditions					
My child takes the following daily medication:	Please state name of medic	ation and dose			

Religion	Anglican (CofE) Baptist	Buddhist	Christian	Hindu	Jewish	Muslim
(Please circle)	Roman Catholic Sikh	No Religion	Other			
Language	Please state the language that	at your child speak	at home, eg	g English,	Chinese, F	Polish, etc
Country of birth						
Nationality						
Ethnicity	Ethnicity descriptions are set there is an ethnicity that besi to discuss this, please contac	t describes your chi		-		elow. If you do not feel that nost appropriate. If you wish

Afghan	Chinese and any other ethnic group	Kosovan	Refused	White – Scottish
African Asian	Croatian	Kurdish	Sri Lankan Other	White – Welsh
Albanian	Egyptian	Latin/South/Central American	Sri Lankan Sinhalese	White + any other Asian Background
Any other Black background	Filipino	Lebanese	Sri Lankan Tamil	White and any other ethnic group
Arab	Greek	Malay	Thai	White and Black African
Asian and any other ethnic group	Greek Cypriot	Nepali	Traveller of Irish Heritage	White and Black Caribbean
Bangladeshi	Gypsy/Roma	Other Asian	Turkish	White and Indian
Black - African	Indian	Other Ethnic group	Turkish Cypriot	White and Pakistani
Black and any other ethnic group	Information not yet obtained	Other Mixed Background	Vietnamese	White Eastern European
Black Caribbean	Iranian	Other White British	White – Cornish	White
Bosnian-Herzegovinian	Iraqi	Pakistani	White – English	White Western European
Chinese	Japanese	Portuguese	White – Irish	

## **Parental Consent for Using Images of Children**

In order to comply with Data Protection laws we need your permission before we can photograph or make any recordings of your child (not including photographs for safeguarding and health & safety purposes). Please sign below if you are in agreement with the following. Please note this form is valid for seven years from the date you sign it, or for the period of time your child attends this school. It is your responsibility to let us know if you want to withdraw or change your agreement at any time.

## Parent/Carer Signature (please sign each line to signal your Do you give consent? Category agreement) (please circle) **Internal School Photographer** YES / NO YES / NO External Professional School Photographer Social Media (school Facebook page) YES / NO YES / NO **School Website** YES / NO **School Prospectus School Displays** YES / NO School Achievement Videos YES / NO YES / NO **School Promotional Videos** YES / NO **Brochures & Blogs** Local media / newspapers YES / NO

$\Rightarrow$	I give my permission for my child to take part in local visits outside of the preschool site.
$\Rightarrow$	Date of last anti-tetanus injection
	In the event of my child requiring emergency treatment and The Preschool Leader (or his / her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the well-being of my child.
	<b>Data Protection Act 1998:</b> The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.
-	Parent/ Guardian of : Signature:
	Date:
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