

Winston House Preparatory Kindergarten

Personal Information Form (PLEASE COMPLETE IN BLOCK CAPITALS)



Child's First Name:			Child's Last Name:		
Date of Birth:		Male	Female	Address:	
Ethnic Origin:	Family Religion:				
First Language:			Postcode:		
Language spoken at home:			:		
Name of previous Nursery:					
First Name of Parent:			First Name of Parent:		
Surname (if different):			Surname (if different):		
Relationship to Child:			Relationship to Child:		
Address if different from above:			Address if different from above:		
Postcode:			Postcode:		
Home Telephone Number:			Home Telephone Number:		
Mobile Telephone Number:			Mobile Telephone Number:		
Work Telephone Number:			Work Telephone Number:		
Email Address:			Email Address:		
Occupation:			Occupation:		

Which Parent has legal responsibility for the child?*		People (over the age of 16) with permission to collect your child:	
Both: yes/No Mother: Yes/No Father Yes/No Other:			
Does the child live with both Parents*			
Anyone else with Parental Responsibility* Details		Name:	
		Relationship to child:	
Name of any person whose access to the child is legally restricted:			

Please note children will only be released into the care of an authorised person. Please give detail below of any people authorised to collect your child/children:		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Telephone:	Telephone:	Telephone:
Password:	Password:	Password:

Please provide at least one alternative contact in case of accident or illness:	
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Mobile:	Mobile:
Relationship:	Relationship:

Any special circumstances or information that should know about in order to help your child whilst in our care e.g. family situations, restrictions on collecting etc

Any serious illnesses or hospitalisation that we should know about?

Does your child have any allergies, medical conditions, taking prescribed medication, disability, behaviour, and special dietary needs, religious or personal needs? Does your child need any special care/help from Nursery Staff?

Other Agencies that you are involved with?

Name:	Job/Agency:	Telephone Number:
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Does your child have Special Educational Needs? Yes No Diagnosed?

Other Early Years Experiences		
Provision type e.g. Child minder, pre-school	Name and Address of Provision:	When last attended (or current):

Please inform us of any Nursery Grants you currently receive for any of the above. We need to know as this may affect your funding eligibility with us.

Permission to participate in standard Kindergarten practices:

Please answer the following questions

1. Occasionally the children are taken on short local outings on foot, accompanied by an appropriate number of adults. These visits have had full risk assessments. I am willing for my child to take part in local visits.

YES/NO

2. I am willing for my child to take part in Kindergarten visits where they may be required to travel by vehicle allocated by the Winston House Preparatory School & Kindergarten. These visits have had full risk assessments.

YES/NO

3. I am willing for photographs of my child, engaged in various curricular activities to be taken in the Kindergarten. I understand that these photographs may occasionally be used for advertising purposes.

YES/NO

4. I have read and understood the following policies: Safeguarding

YES/NO

5. I have read and understood the following policies: General Data Protection Regulation (GDPR) Privacy Notice

YES/NO

Please remember that it is your responsibility to ensure that this information is kept up to date.

Signed: _____ Date: _____

Every Child Matters

As part of our continued commitment to offer your child the best possible start in life, we will support your child through the 5 outcomes outlined in Every Child Matters. These are to support their learning and development in the areas of Being Healthy, Staying Safe, Enjoy and Achieve, Make a Positive Contribution and Achieving Economic Well-Being. Our initial contact with your child will be from an outsider's perspective and we will therefore need to ask several questions that will hopefully give us a better understanding of your child's needs and any additional support we can offer to provide a unique experience for every child that comes to our setting. The more detailed information you can give us will result in your child achieving their full potential.

Checklist areas ECM 5 Outcomes

1. Does the baby, child or young person appear to be healthy? <small>Being Healthy: enjoying good physical and mental health and living a healthy lifestyle</small>		
Yes	No	Not sure
Evidence/ Comments:		

2. Does the baby, child or young person appear to be safe from harm? <small>Staying Safe: being protected from harm and neglect, secure and stable care from parents, carers, family.</small>		
Yes	No	Not sure
Evidence/ Comments:		

3. Does the baby, child or young person appear to be learning and developing? <small>Enjoying and Achieving: getting the most out of life and developing the skills for attending nursery, personal, social and emotional development.</small>		
Yes	No	Not sure
Evidence/ Comments:		

4. Does the baby, child or young person appear to be having a positive impact on others?

Making a Positive Contribution: Being involved with their own immediate community, making positive and confident decisions, behaviour and relationship building with peers, family and carers.

Yes

No

Not sure

Evidence/ Comments:

5. Does the baby, child or young person appear free from the negative impact of poverty?

Economic Well-Being: Not being prevented by economic disadvantage from achieving their full potential in life, appropriate housing conditions etc

Yes

No

Not sure

Evidence/ Comments:

If you answered 'no' to any of the above, **what additional services are needed for the baby, child, or young person or their parents, carers or families?**

Can you provide the additional services needed?

Yes

No

If you answered 'no' or 'not sure', or it is not clear what support is needed; **would a Common Assessment (CAF) help?**

Yes

No

Details of the Practitioner who will complete a CAF:

Myself (details in box below) Another Practitioner whose details are:

Name and Position

Contact Telephone Number:

Address:

Childcare Setting: