



40-42 Scarborough Street. Dewsbury. WF12 9AY. Tel-01924 500335

www.madniacademy.org Email- [school.office@madniacademy.org](mailto:school.office@madniacademy.org)

The information contained on this form will be placed on our electronic records and held in keeping with the GDPR regulations. Please supply all the information requested and post or hand deliver the completed form to the school as soon as possible along with an **original copy of your child's Birth Certificate**. Once your enquiry has been processed the school will contact you.

| Please enter your child's details: |  |        |  |                   |  |           |  |
|------------------------------------|--|--------|--|-------------------|--|-----------|--|
| Legal forename                     |  |        |  | Legal surname     |  |           |  |
| Middle name                        |  |        |  | Preferred surname |  |           |  |
| Date of birth                      |  | Gender |  | Ethnicity         |  | SEN stage |  |

| To be completed by the child's parent(s), legal guardian(s) or carer(s)          |  |                             |               |
|--|--|-----------------------------|---------------|
| Parent/Carer Name 1<br>(Whom the child resides with has parental responsibility) |  |                             | Mobile Number |
| Parent/Carer Name 2  |  |                             | Mobile Number |
| Email Address  |  |                             |               |
| Home Address   |  |                             |               |
| Postcode   |  |                             |               |
| Home Telephone Number  |  |                             |               |
| Language(s) spoken at home   |  | Religion                    |               |
| Siblings   |  | Position of child in family |               |

What is the best way to contact you during the day? Mobile  House phone

Who do we/emergency services contact first in an emergency? \_\_\_\_\_

| Session preference    |        |         |           |          |        |
|-----------------------|--------|---------|-----------|----------|--------|
| Start Date            |        |         |           |          |        |
|                       | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full Day<br>8.45-3.00 |        |         |           |          |        |

We only allow authorised adults to collect your child with prior notice from you on the day in question. By giving us the details below Madni Academy assume that you give consent for collection of your child from the named substitute below.

| Security Collection Details  |                           |                       |  |
|--|---------------------------|-----------------------|--|
| Collectors Name  | Relationship to the child | Contact Telephone No: | Password   |
|  |                           |                       |  |
| Please confirm this emergency contact has consented to share their information |                           |                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### Health Declaration and emergency contact details

In any case of emergency do we have permission to seek medical advice for your child?

Please tick

|     |    |
|-----|----|
| YES | NO |
|-----|----|

Do we have permission to disclose the nursery setting name when contacted at your workplace?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

Will your child continue full-time schooling at Madni Academy Primary after Nursery?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

| Parent/carer work details   |              |
|-----------------------------|--------------|
| Mothers/Carers Work address | Phone Number |
|                             |              |
| Fathers/Carers Work address | Phone Number |
|                             |              |

### Additional Emergency Contacts

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in the order of contact preference.

| No                                  | Name & Relationship to the child   | Parental responsibility             | Daytime address and telephone number<br><i>(if same as child's home address please write home)</i> |  |  |   |   |   |   |                                       |                        |
|-------------------------------------|--|-------------------------------------|--|--|--|---|---|---|---|---------------------------------------|------------------------|
| 1                                   | <table border="1"> <tr> <td colspan="4">Priority to contact in an emergency</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table> | Priority to contact in an emergency |  |  |  | 1 | 2 | 3 | 4 | Yes/No<br><i>(delete as required)</i> | Address:<br><br>Phone: |
| Priority to contact in an emergency |  |                                     |  |  |  |   |   |   |   |                                       |                        |
| 1                                   | 2  | 3                                   | 4  |  |  |   |   |   |   |                                       |                        |

|  |  |  |  |
|--|--|--|--|
| Please confirm this emergency contact has consented to share their information |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|--|--|

|  |  |   |  |  |
|--|--|---|--|--|
| <b>2</b>   |  | <b>Priority to contact in an emergency</b><br><br>1 2 3 4 | <b>Yes/No</b><br><i>(delete as required)</i> | <b>Address:</b><br><br><b>Phone:</b>                     |
| Please confirm this emergency contact has consented to share their information |  |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Doctor's details |               |
|------------------|---------------|
| Doctors Name     | Telephone No: |
| Doctors Address  | Postcode:     |

| Previous Childcare/Nursery Information                     |                                   |
|--|-----------------------------------|
| Name and address of last nursery/crèche/playgroup attended |                                   |
| Details of any known allergies                             |                                   |
| Is your child up to date with immunisations                | <b>Yes/No</b>                     |
| Details of any current/on-going prescribed medication      |                                   |
| Any specific dietary requirements?<br>Please state:        |                                   |
| Special educational needs/disabilities                     | <b>Yes/No please give details</b> |

It is your responsibility to inform the manager as soon as possible if there is changes to any of the above.

#### General terms and conditions of registration

Madni Academy expects parents/carers to notify the Nursery of any changes in registration details, including telephone numbers, and provide necessary information requested concerning their child's care.

Parents/Carers are asked to accept that Madni Academy will NOT use physical punishment in the discipline of their child but will follow other policies and procedures.

Parents/Carers are requested to notify us of any accident or injury suffered by the child since the last attended session which will then be recorded (please see child protection policy.)

Written consent will be required each time prescribed medication is to be administrated by staff. Calpol can be administrated if parents/carers have given prior written consent or in emergencies verbal consent over the phone. All medication including Calpol must be provided by the parent/carer and labelled with the child's name.

Any parent/carer who is listed on the child's birth certificate will be allowed to collect their child from Madni Academy unless we have confirmation of any injunction by the courts. Regardless of parental responsibility we will need to be informed if someone apart from the main carer is collecting a child. If we do not have confirmation of this we will ask the person to wait in the lobby until we have informed the main carer on our registration form.

The Registration form gives Madni Academy consent, if signed, to take your child on routine local outings from the Nursery e.g. Park, Walk in the woods, Library etc. A specific letter will be sent out to all parent/carers, in advance, to give specific consent for organised trips outside of the local area.

The Registration Form gives Madni Academy consent, if signed, for a member of nursery staff to transport your child to hospital or doctors surgery in the case of an emergency.

The nursery will NOT accept children who are suffering from any contagious disease (see policies) or who have had diarrhoea or vomiting within the previous 48 hours.

Attendance will be carefully monitored, any persistence absences will be reported to Kirklees Early Years' Service, and may result in your child losing their place at the setting.

Any extra sessions or hours will be added to the next month invoice.

Fees become payable for children the term after their 5<sup>th</sup> birthday, please contact the administration office for more details.

Recurring overdue fees will result in the termination of registration without prior notice and action will be taken to recover any outstanding fees to the nursery.

The fee structure will be reviewed at the end of each academic year and parents notified of changes.

For late collection of children from the nursery a surcharge of £5.00 up to every 15 minutes late will be incurred, with no exceptions, and parents invoiced.

This agreement is subject to change in part or whole by Madni Academy with one months notice. All parents will be notified via letter within two weeks. Madni Academy will not be held liable for any unread notifications.

**IMPORTANT: One month's notice is required, in writing, if you wish to withdraw your child from the nursery. Failure to provide such notice will result in a £100.00 admin charge to cover loss incurred as a result of your child's no- notice withdrawal from the setting.**

| Permissions(Please tick the applicable boxes)  | Yes | No |
|--|-----|----|
| <b><u>Consent for taking your child's photo</u></b><br>We hereby give permission for Madni Academy to take photos of our child for learning journals , displays, newsletters, advertising material, school website, etc. |     |    |
| <b><u>Consent for applying sun cream</u></b><br>We hereby give permission for Madni Academy to apply sun cream to our child. (to be provided by the parent)  |     |    |
| <b><u>Consent to apply nappy cream</u></b><br>We hereby give permission to Madni Academy to apply nappy cream to out child if necessary.(to be provided by parent/carer)   |     |    |
| <b><u>Consent to administer medication</u></b><br>We hereby give permission for staff to administer prescribed medication or Calpol provided by the parent/carer with written consent. (to be provided by parent/carer)  |     |    |
| <b><u>Consent to administer emergency medical treatment/take to hospital</u></b><br>We hereby give permission for staff to administer medical treatment in case of an emergency/or take to the hospital if necessary.    |     |    |
| <b><u>Consent for taking your child out of Nursery</u></b><br>We hereby give permission for Madni Academy to take our child off the school premises to go for a walk/ visit In the local area.                           |     |    |
| <b><u>Consent for your child using the computer and internet (supervised)</u></b><br>We hereby give permission for Madni Academy to allow our child's access to the nursery facilities, with supervision from Nursery    |     |    |

|  |               |  |
|--|---------------|--|
| practitioners. I understand that all internet sites will be suitable for the age range of the children in the room.  |               |  |
| <b>Photographs</b> My child can be photographed for these purposes ( <b>please circle as appropriate</b> ) Absence of a circle means that I do not wish my child's image to be used for that activity. |               |  |
| Records of Achievement , observations and record keeping   | <b>Yes/No</b> |  |
| Display boards in class and corridor   | <b>Yes/No</b> |  |
| Slide Shows (in school only)   | <b>Yes/No</b> |  |
| Newsletters and the school website (no child identified by name)   | <b>Yes/No</b> |  |
| School's social media outlets on Facebook and Twitter  | <b>Yes/No</b> |  |

**DATA PROTECTION STATEMENT:**

*The purpose of this form is to collect data for further processing within the school/systems. Your signature on this form implies your consent for the school to process the data. The data will be processed in accordance with the purposes notified by the school to the Information Commissioner's Office and is subject to the GDPR regulations. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with Locala, Ofsted, Keys and other relevant agencies. Please see the school's privacy notice for further details.*

I declare the above information to be correct to the best of my knowledge at the time of completion.  
I agree to notify the school of any change in my child's circumstances.

Child's Name.....

Mothers/Carers Name (Print).....Signature.....

Fathers/Carers Name(Print).....Signature.....

Date.....

**FOR OFFICE USE ONLY**

Birth certificate seen YES/NO   Copy Obtained YES/NO   KEYS Funding form/voucher seen YES/NO   Copy Obtained YES/NO

Application Date \_\_\_\_\_ First day of school (if different) \_\_\_\_\_

Admission number \_\_\_\_\_ Fees Received £ \_\_\_\_\_ TERM 1 £ \_\_\_\_\_

Total £ \_\_\_\_\_

Admission officer- \_\_\_\_\_ Signature \_\_\_\_\_