


Heathwood Pre-School Heath Road Leighton Buzzard Beds LU7 3AU	
Mrs Jackie Wright B. Ed (Hons)	Tel. No. 01525 377096

CONFIDENTIAL
Pre-School New Starter Form

*Please complete this form for your child so that the Pre-School has an accurate set of information.
Please ask a member of the Pre-School if you need any guidance, assistance or further clarification with completing this form.
When you have completed and signed the declaration section at the end of this form, please return it to the Pre-School as soon as possible.*

Personal Details of Pupil			
Surname		Legal Surname	
First Name		Other names	
Preferred known name			
Date of birth*		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

***Please note: we will ask to see your child's Birth Certificate to verify the date of birth**

Pupil Home address


House No & Street name			
Address line 2			
Town			
Postcode		Address tel no	

If your child has any siblings/other related pupils currently at this Pre-School/Heathwood Lower School, please provide their details:



Full Name	Relationship to your child
HM Forces: Is the pupil the child of a parent or parents serving in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say	


Previous setting

Name of PLAYGROUP/NURSERY attended if relevant:	
Playgroup/Nursery name	County

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Has the pupil come from abroad? ?

 No  Yes If Yes, which country?

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Persons Authorised to collect child (must be over 16 years of age)	
Name	Relationship to child
Telephone	Mobile
Name	Relationship to child
Telephone	Mobile

Additional information			
First Language	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Language spoken at home	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Ethnicity (Please tick one of the boxes below)		Nationality <i>If dual nationality, please enter all that apply</i>	
White	- White: British	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say
	- White: Irish	<input type="checkbox"/>	
	- Traveller of Irish Heritage	<input type="checkbox"/>	Country of Birth
	- Gypsy/Roma	<input type="checkbox"/>	
	- Italian	<input type="checkbox"/>	
- White other	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say	
Mixed	- White and Black Caribbean	<input type="checkbox"/>	Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> No Religion <input type="checkbox"/> Other (please state) _____
	- White and Black African	<input type="checkbox"/>	
	- White and Asian	<input type="checkbox"/>	
	- Any other Mixed background	<input type="checkbox"/>	
Asian or Asian British	- Indian	<input type="checkbox"/>	
	- Pakistani	<input type="checkbox"/>	
	- Bangladeshi	<input type="checkbox"/>	
	- Any other Asian background	<input type="checkbox"/>	
Black or Black British	- Caribbean	<input type="checkbox"/>	
	- African	<input type="checkbox"/>	
	- Any other background	<input type="checkbox"/>	
Chinese		<input type="checkbox"/>	
Any other ethnic background		<input type="checkbox"/>	
Prefer not to say		<input type="checkbox"/>	

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Court Orders Yes No not applicable

Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)

Emergency Contact Information


Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

Contact 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relationship to child (i.e. mother/father)			
Contact 1 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>
Email address						

Contact 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relationship to child (i.e. mother/father)			
Contact 2 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>
Email address						

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Contact 3 (optional)


Title	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>	<i>Other (please specify)</i>	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father/aunt etc.)		
Contact 3 telephone numbers:			Tick for priority contact number			
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						

Contact 4 (optional)

Title	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>	<i>Other (please specify)</i>	
Full Name						
Address if different from pupil address						
Contact 4 telephone numbers:				Tick for priority contact number		
Home				<input type="checkbox"/>	Relationship to child	
Mobile				<input type="checkbox"/>		
Work				<input type="checkbox"/>		
Email address						

Medical Information

Doctor's name						
Medical Practice						
Practice address					Practice telephone number	
Postcode						
Health Visitor's Name						
Contact Number						
Do you give permission for the Pre-School to contact the Doctor in an emergency?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give permission for the Pre-School to administer medicine/first aid in an emergency?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Early Years (Nursery) <i>Is your child entitled to the free Extended Childcare (up to 30 Hours)?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes									
<i>If Yes, please provide your child's 30-hour code</i>									

Usual mode of travel to school – What will be your child's usual mode of travel to and from school? <i>(please tick relevant box)</i>	
<input type="checkbox"/> Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Car <input type="checkbox"/> Car Share* <input type="checkbox"/> Taxi <input type="checkbox"/> Train <input type="checkbox"/> School Bus <input type="checkbox"/> Public Service Bus	
<i>*car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school</i>	


General Information	
<i>Does your child attend a playgroup, school or other private nursery elsewhere and if so are any of those hours funded?</i>	
<i>Name of provision:</i>	<i>Number of funded hours:</i>
<i>When will your child start school, and which school?</i>	
<i>When would you like your child to start at Heathwood Pre-School?</i>	
<i>Is there any special way in which you would like to help at Pre-School?</i>	
<i>Is there anything else you would like to tell us about your child?</i>	

Thank you for taking the time to complete this form.

The information collected in this form will be kept confidential.

We will from time to time check these details with you to ensure that we have the latest information.

Please ensure that you inform us of any changes to these details, in particular, contact telephone numbers as we use these to communicate with our parents/carers on a regular basis.

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Parent Declaration


I agree that the information given in this form is accurate and will endeavour to inform the Pre-School of any changes to the details given at the earliest opportunity.

Signature of parent/guardian _____

Print name _____ Date _____

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by **Heathwood Lower School** for Education purposes. The information will be disclosed and held by the Local Authority, the DfE (Department for Education) and the Youth Support Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

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Office use only:

Birth certificate copied Form checked Fees explained Session preference filled Polices made available