

Newburn Manor Nursery School

Address: Townfield Gardens, Newburn, Newcastle upon Tyne, NE15 8PY

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Contact Form

Date of Admission

Child's Personal Details:

Name

Known As

Gender

M F Unknown

D.O.B.

Address

Unique Ref. No.

Religion

Postcode

Phone

Ethnicity:

White	Black/Black British	Asian or Asian British	Mixed	Chinese/other ethnic group
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Other White <input type="checkbox"/>	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Not given <input type="checkbox"/>
		Other Asian <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	

Previous Schools and Addresses:

Previous schools

Previous addresses

Immigration status

Child's first language

Parent(s) first language

Is the child disabled?

Yes No

If yes, give details

Is an interpreter or signer required?

Yes

No

Has this been arranged?

Yes

No

Details of any special requirements (for child and/or parent, including dietary – medical /religious etc)

Form Information:

Date of form completion

Name of person completing form

Role of person completing form

Phone

Reason for Admission

Details of persons with parental responsibility: No 1 the parent to whom the child benefit is paid

Name . 1
Address

Name. 2
Address

Post code

Post code

Home Phone:

Home Phone:

Mobile Phone:

Mobile Phone:

Place of Work:

Place of Work:

Work Phone:

Work Phone:

Relationship to child

Relationship to child

Emergency Contact Details:

Emergency Contact Name

Emergency Contact Address

Phone:

Mobile:

Relationship to Child

Current family & home situation:

(E.g. family structure and who the child lives with and doesn't live with, including siblings, other significant adults etc.)

Names	D.O.B	Gender	School	Relationship to Child

Other Agencies Involved with Child/Family:

Family GP	<input type="text"/>	Address	<input type="text"/>
		Phone No:	<input type="text"/>

Other

Educ. Provision:	<input type="text"/>	Ed.Psych	<input type="text"/>
		Health	<input type="text"/>
		SENTASS	<input type="text"/>
		EWS	<input type="text"/>

Contact:	<input type="text"/>	Immigration	<input type="text"/>
		Social Services	<input type="text"/>
			<input type="text"/>

Medical Information:

This information is to help us provide the fullest support for your child

Condition	E.g. Allergy, Asthma, Diabetes, Diet, Eczema, Epilepsy, Hay Fever, Hearing Difficulties, Kidney/Bladder, Sight Difficulties, Speech, Other	<input type="text"/>
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Please detail any medication your child needs to take to school: (You will also need to complete a request form)

Travel to school method:

Method E.g. Bus, Bicycle, Car, Taxi, Walk, Other
Accompanied?

Outings Consent:

I give permission for my child to take part in any supervised visits, during school time, in the locality of the school (where transport is not involved)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Photograph, Television and Radio Consent:

My child's photograph can be displayed on City Council's display boards or used in any other publicity for example newspaper articles or on the City Council's Website. I understand that no personal details will be used unless I give my permission

I agree <input type="checkbox"/>	I do not agree <input type="checkbox"/>
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My child may be filmed or interviewed for any television or radio programme

I agree <input type="checkbox"/>	I do not agree <input type="checkbox"/>
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Is there any other information you feel that the school needs to know?

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The information that you put on this form will be held on computer and will be transferred to your child's next school.

Parent/Guardian Signature

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Date:

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Free Early Years Entitlement declaration form

The term after your child turns 3 your child will be eligible for 15 hours of the Free Early Year Entitlement (FEYE)

I (name of parent or guardian)
am the legal parent or guardian of (child's full legal name)
Child's date of birth
Gender M F

I am aware that:

my child can only access a maximum of 15 hours per week of FEYE, even if they attend for more than 15 hours.

if my child attends more than one setting, the 15 hours of funding may be split between the settings.

the FEYE funding will be allocated based on where my child is attending on census week

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick **one** of the following boxes and complete as necessary:

I confirm that she or he attends this nursery or playgroup for hours per week and

attends **no other** setting in Newcastle or any other LA.

(Tick here)

OR

I confirm that she or he also attends (name of setting)

for hours per week

(Tick here)

In signing this document I agree that my child will receive no more than the maximum FEYE. I will do this by informing you of any changes in my childcare arrangements. I acknowledge that costs will be recovered if overpayment is found to have taken place.

Parent/Guardian Signature

Date: