



**Welcome to  
St Aidan's Catholic Primary Academy  
Nursery 2023-2024**



**New Child Registration and Parental Declaration Form**

- Please complete in **BLOCK CAPITALS** using **ONE FORM PER CHILD**.
- For the purpose of this form the “parent” means the biological or legal parent or guardian with parental responsibility for the named child.

**Please complete these registration forms and return them to the school office with your child's birth certificate or passport, and recent proof of address (dated within the last 3 months)**

<b>Child's Forename</b>	<input type="text"/>		
<b>Child's Surname</b>	<input type="text"/>		
<b>Child's Date of Birth</b>	<input type="text"/>	<b>Gender</b>	<input type="text"/>



## Requested childcare sessions

Your child will be required to attend the morning sessions Monday to Friday 8.45 – 11.45

Each additional session cost for privately paid non-funded pupils: £15.00

Lunch time supervision costs: £3.50

Please note all payments will need to be paid a month in advance.

Payments are non-refundable for absence.

	Mon	Tue	Wed	Thur	Fri
Lunches – children who are attending full day will be required to have lunch time supervision					
Afternoon 30 hours government funded - 12:15pm to 3:15pm					
Afternoon privately paid non-funded - 12.15pm to 3.15pm					

**Other Providers** - My child is/will be accessing early education and childcare funding at the following additional providers:

Provider Name(s)	Please enter total free entitlement hours attended per day, total hours per week and if the offer is 'Term time' or 'Stretched' over up to 52 weeks per year						
	Mon	Tue	Wed	Thur	Fri	Weekly hours attended	Term time or Stretched
A							
B							
C							

## Parent details -

	Parent Name	National Insurance Number	DOB	Signature
Parent 1				
Parent 2				

**Early Years Pupil Premium Check** – Please indicate that you give consent for your details to be checked for eligibility for additional funding  please tick

## 30 hours extended childcare

Registering for up to 30 hours extended childcare (working parents only) - Working parents may be eligible for up to 30 hours childcare following their registration with the Childcare Service (please ask your provider for more details). Once registered and provided with an eligibility code you must provide the following additional information to your childcare provider: **Please note any changes to the booked provision requires 4 weeks' written notice.**

30 hours' eligibility code (11 digit code)		
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**Disability Access Fund (DAF) Declaration – Three and four-year old children who are in receipt of child Disability Living Allowance (DLA) and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years setting as a fixed annual rate of £615 per eligible child.**

Is your child eligible and in receipt of Disability Living Allowance (DLA)?	Yes		No	
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Please provide proof of entitlement to your early education and childcare provider, so they can apply for the additional funding. Only page one of the award notice is required. If your child is splitting their free entitlement across two or more providers please nominate the provider where the Local Authority should pay the DAF (only one provider can be paid).

Nominated Provider for DAF funding	
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Parent initials \_\_\_\_\_

**Parent with legal responsibility – New Child Registration and Parental Declaration**

This page must not be detached from the main form. A copy of the whole form must be made available to the parent.

- I have been given a copy of, or signposted to, the parent guide to early education and childcare funding.
- I confirm that the information I have provided above is accurate and true and I have added my initials to all pages of the form.
- I understand and agree to the conditions set out in this document and I authorise the named early education and childcare provider on the front of this form to claim early education and childcare funding as agreed above on behalf of my child.
- I will pay a registration fee if required and understand that this will be returned to me in full within 4 weeks of my child starting at the provider.
- I agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim the 30 hours extended childcare offer, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child as applicable.
- I confirm that if my circumstances change, I will update my early education and childcare provider at the earliest opportunity.
- I agree that the Local Authority will use the information I provide to process my request for funded early education and childcare and will contact other sources as allowed by law to verify my entitlement.
- I understand that data provided may be used to ensure accuracy of eligibility records for early education and childcare offers across the Local Authority to check against fraud.
- I agree to the Local Authority using this information to enable my child’s early education and childcare provider to claim the early years funding for my child.

Parent/Carer/Guardian with legal responsibility consent		Childcare Provider confirmation	
Signed		Signed	
Print name		Print name	
Relationship to child		Job Role	
Date		Date	

# St Aidan's Catholic Primary Academy Nursery

## PUPIL ADMISSION DETAILS

To ensure our Admission Register is correct, please complete this form and return it to school. Please let us know if, in the future, any of these details change. **PLEASE COMPLETE ALL SECTIONS**

### **Child Details**

Child's Legal Forename..... Middle Name.....

Child's Legal Family Surname ..... Preferred Forename.....

Date of Birth ..... Gender .....

Home Address.....

Postcode..... Home Telephone Number .....

### **Language**

Home Language ..... First Language.....

English as an additional language?  Yes  No

### **Contact Details**

**1. Main Carer**  Mum  Dad  Other (please specify).....

Parental Responsibility - Yes/No First Language.....

Title ..... Forename..... Surname.....

Address & Postcode (if different from above).....

Mobile Number ..... Place of Work.....

Work Days/ hours and work phone number.....

Main email address.....

**2. Second Carer**  Mum  Dad  Other (please specify).....

Parental Responsibility - Yes/No First Language.....

Title ..... Forename..... Surname.....

Address & Postcode (if different from above).....

Mobile Number ..... Place of Work.....

Work Days/ hours and work phone number.....

## Additional Contact Details – In case of an emergency

3. Title ..... Forename ..... Surname .....

Address .....

Postcode ..... Relationship to child.....

Home No..... Mobile No..... Work No.....

## Ethnicity

The school is registered under the Data Protection Act for holding personal data. Please note this information is stored on the school computer system. The school has a duty to protect this information and keep it up to date.

- |   |  |
|---|--|
| <input type="checkbox"/> Albanian                   | <input type="checkbox"/> Indian                      |
| <input type="checkbox"/> Any other Asian Background | <input type="checkbox"/> Kosovan                     |
| <input type="checkbox"/> Any other Black Background | <input type="checkbox"/> Other Black African         |
| <input type="checkbox"/> Any other Ethnic group     | <input type="checkbox"/> Pakistani                   |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Refused                     |
| <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Serbian                     |
| <input type="checkbox"/> Black – Ghanaian           | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> Black – Nigerian           | <input type="checkbox"/> Turkish Cypriot             |
| <input type="checkbox"/> Black – Somali             | <input type="checkbox"/> White- British              |
| <input type="checkbox"/> Black – Sudanese           | <input type="checkbox"/> White – Irish               |
| <input type="checkbox"/> Black – Caribbean          | <input type="checkbox"/> White and Asian             |
| <input type="checkbox"/> Bosnian- Herzegovinian     | <input type="checkbox"/> White and Black African     |
| <input type="checkbox"/> Chinese                    | <input type="checkbox"/> White and Black Caribbean   |
| <input type="checkbox"/> Croatian                   | <input type="checkbox"/> White Eastern European      |
| <input type="checkbox"/> Greek/Greek Cypriot        | <input type="checkbox"/> White Other                 |
| <input type="checkbox"/> Gypsy/Roma                 | <input type="checkbox"/> White Western European      |

Place of Birth.....

Nationality.....

## Religion (if not Catholic)

- |                                    |                                 |   |
|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other Religion   |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Religion Refused |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Sikh   | <input type="checkbox"/> No Religion      |

## Doctor/Medical

Surgery Name..... Phone No .....

Surgery Address.....Postcode.....

Permission to contact Doctor in case of an emergency Yes/No

Permission to administer First Aid in an emergency Yes/No

## Medical/Special Educational Needs and/or Disability

Please indicate if your child suffers from any of the following medical conditions/allergies, and where possible attach copies of supporting medical evidence.

*If there is a significant medical problem please make an appointment to see the school Senco*

Asthma	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Speech problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>	Other	<input type="checkbox"/> (please specify below)
Diabetes	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>		

Please outline below any additional needs linked to the child.

If you have ticked any of the above boxes please provide detailed further information:

.....

.....

.....

Does your child have an on-going long term medical condition?  Yes  No

Is your child on long term medication?  Yes  No

If you have selected 'yes' to either of the above questions, please provide further information

.....

.....

### Dietary: Please tick any relevant boxes

Gluten Free	<input type="checkbox"/>	No Beef	<input type="checkbox"/>	Other	<input type="checkbox"/> .....
Seafood Allergy	<input type="checkbox"/>	No Fish	<input type="checkbox"/>		
No Dairy Products	<input type="checkbox"/>	No Pork	<input type="checkbox"/>		
Vegetarian	<input type="checkbox"/>	No Nuts	<input type="checkbox"/>		
No Artificial Colourings	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Please specify	.....

**Any further information that you think the school should know about:**

.....

.....

# St Aidan's Catholic Primary Academy

## Parental Consent Form

There are a number of activities that require permission from you in order that your child is able to participate during their time at school. Listed below are these activities.

**Short Visit** - I give permission for my child to take part in visits out of school to places in the local vicinity for periods not exceeding half a day, for the duration of my child's attendance at St Aidan's Catholic Primary Academy

I give permission

I do not give permission

**Food Tasting** - There are occasions when food tasting takes place in class. I give consent for my child to take part in this activity. *I understand that it is my responsibility to let the school know in writing of any allergies.*

I give permission

I do not give permission

**Internet** – I give my permission for my child to use email and the internet under the supervision of the class teacher during their attendance at St Aidan's Catholic Primary Academy

I give permission

I do not give permission

**Copyright Permission** - I agree, that if selected, my child's work may be published on the school website

I give permission

I do not give permission

**Photographs for Website** - I give my permission for my child's image to be used on the school website. The child's name will never be used.

I give permission

I do not give permission

**Photographs for Publication** - There are occasions when we have photographers in from the Ilford Recorder. These images can then be used for publication in the local Recorder group newspapers, or other local newspapers/magazines.

I give permission

I do not give permission

**Photographs** – I give permission for my child to take part in class or school photographs during their attendance at St Aidan's Catholic Primary Academy

I give permission

I do not give permission

**St Aidan's Catholic Primary Academy Parental Agreement**

St Aidan's is a 2 form Catholic Primary School & Nursery. We are a faith school where we follow the teachings of Jesus Christ under the direction of Bishop Alan (Brentwood Diocese).

We are delighted you are interested in a place for your child/children at our school and all faith dominations are most welcome. However please note that we are a Catholic school therefore your child will be participating in the following:

- Daily Prayers
- Collective Worship
- Assemblies
- Religious Education lessons
- Observing Holy days of obligation
- Visiting our local Parish church
- Participating in Catholic events such as Christmas and Easter
- General Catholic Ethos of the school.

**Please sign to agree that you are fully aware of the Catholic Ethos and that your child will participate in all aspects of our daily life at St Aidan's.**

Childs name .....

Potential year group.....

Parent name .....

Parent signature ..... Date .....

Headteacher ..... Date .....

***It is my responsibility to inform the school in writing of any changes made and that the school cannot accept any responsibility for any errors made***





# St Aidan's Catholic Primary Academy



## Home/School Agreement

### **Parents/Carers will ensure that:**

- Our child arrives for school on time and attends regularly;
- Our child wears the correct school uniform;
- We contact the school by 9.00am if our child is absent and provide a note on their return;
- We support the behaviour policy of the school;
- We attend parent's consultation;
- We let the school know of any concerns or problems that might affect our child's work or behaviour;
- We encourage our child to fully involve themselves in all aspects of school life;
- We support our child with homework and regularly read with them;
- We do not take holidays during term time;
- We will promptly notify the school of any change of address or contact details.

### **St Aidan's will ensure that:**

- We care for your child's safety and happiness;
- Your child achieves their full potential as a valued member of the school community;
- Your child achieves high standards of work and behaviour through building good relationships and developing a sense of responsibility;
- We provide regular opportunities for your child's progress to be monitored and reported;
- We keep you informed about general school matters;
- We contact you if there is a problem with attendance, punctuality, work or behaviour;
- We set and monitor homework and provide opportunities for extra study;
- We are open and welcoming at all times and offer opportunities for you to become involved in the daily life of the school.

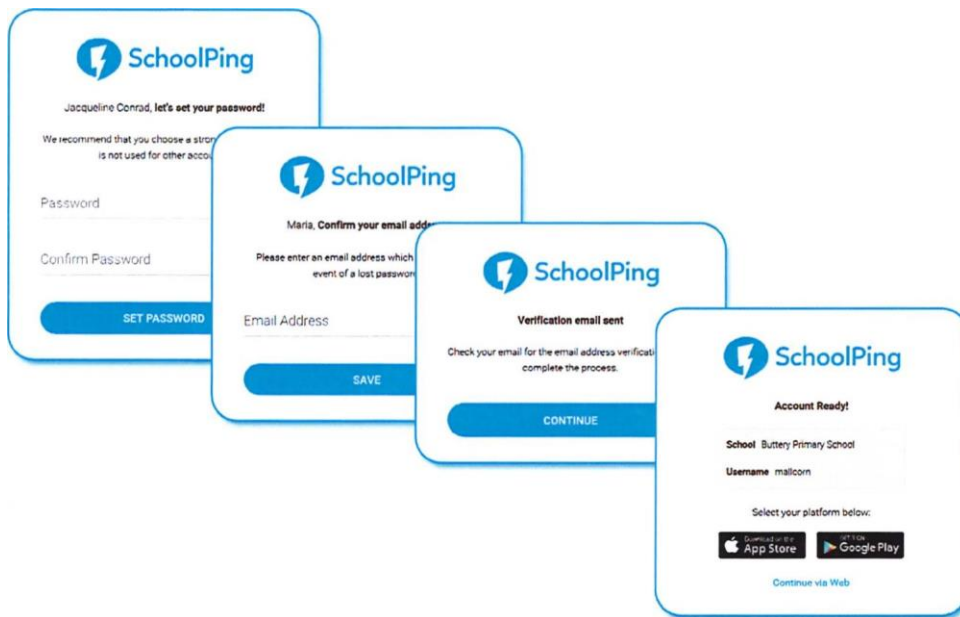
### **Pupils will:**

- Attend school regularly and on time;
- Bring all their equipment on a daily basis;
- Wear the correct school uniform and be tidy in appearance;
- Always try their best;
- Be polite and helpful to others;
- Behave in an acceptable way showing respect for everyone and the school environment.

Child's name (PRINT) \_\_\_\_\_ Class \_\_\_\_\_

Parent/Carer name (PRINT) \_\_\_\_\_

Parent/Carer signature \_\_\_\_\_ Date \_\_\_\_\_



## Verify your email address



Dear Parent

All our communications are to be sent out using either parent ping or email, it is therefore essential that you register.

**Please confirm the following information:-** (print clearly)

Pupil Name.....

Parent Name .....

Parent email address.....

Parent mobile number .....