

REGISTRATION FORM

Please complete all sides (4) then sign at the bottom of the last page.

The General Data Protection Regulation (GDPR), provisions of the Data Protection Act 2018 (DPA 2018) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored by the Care & Learning Centre (C&LC) on its child records database. The information on ethnic origin and first language is needed by the C&LC to ensure that resources are made available when required and that it offers real equality of opportunity for all pupils.

Full details about how we use this data and the rights you have around this can be found in our Data Policy on our website www.monkfieldpark.cambs.sch.uk where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer whose contact details are on our Privacy Notice.

CHILD'S DETAILS

Legal Surname: as it appears on child's birth certificate

Legal Forename: as it appears on child's birth certificate

Middle name(s):

Preferred Forename: Gender:

Date of Birth:

Home Address:

Postcode: Home Telephone number:

In Local Authority Care: YES/NO If Yes, Name of Care Authority:

Name & address of previously attended pre-school setting:

Please indicate which provision you would like your child to attend

Pre-school for funded 3 year old		Pre-school for funded 3 year old, plus additional paid pre-school sessions	
Breakfast Club		After School Club	

CONTACT INFORMATION

Please provide details of those with parental responsibility and place them in the order you wish them to be contacted in an emergency. Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

PRIORITY 1 CONTACT – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY

Title: Surname: Forename:

Relationship to student: Parental responsibility YES /NO

Date of Birth: National Insurance Number (for claiming funded hours):

Home address:
Postcode:

Home/Mobile telephone number: Home email:

Work telephone number:

PRIORITY 2 CONTACT – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY

Title: Surname: Forename:

Relationship to student: Parental responsibility YES /NO

Date of Birth: National Insurance Number (for claiming funded hours):

Home address:
Postcode:

Home/Mobile telephone number: Home email:

Work telephone number:

**SEPARATED PARENT INFORMATION – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY
For parents not living with child. Please specify contact priority (if any)**

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title: Surname: Forename:

Relationship to student: Parental responsibility YES /NO

Home address:
Postcode:

Home/Mobile telephone number: Home email:

Work telephone number:

Court Case Yes/No Address can be Disclosed Yes/No

PLEASE CONTINUE OVERLEAF

EMERGENCY CONTACT – IF NO PERSON WITH PARENTAL RESPONSIBILITY IS AVAILABLE

If you provide information on behalf of anyone else, then in doing so you are confirming that you explained how their information may be used by us and they have given permission for you to do so. You have informed them that their data will only be used by the C&LC if the C&LC is unable to make contact with a person with Parental Responsibility, that their data will be deleted once your child leaves Monkfield Park CLC, or the emergency contact no longer wishes to have their data stored by the C&LC. You, the contact with Parental Responsibility, will inform us if other contacts no longer wish for their data to be held by us.

Signed: _____ (Person with Parental Responsibility)

Title:

Surname:

Forename:

Contact telephone number/s:

MEDICAL DETAILS

Doctors Surgery:

Address and telephone number:

Please state any medical conditions, diagnoses or concerns of which you wish the C&LC to be made aware of (e.g. asthma, epilepsy, allergies, fainting):

Please state if your child has a medically diagnosed food allergy or intolerance:

Does your child have any Special Needs Provision YES/NO

If YES Does your child have *SEN Support/*Education Health Care Plan? (*Please delete accordingly)

If YES Is your child in receipt of SENIF Funding? YES/NO

If YES Please detail what Special Needs Support your child is currently receiving:

Does your child have in place an Early Health Assessment (EHA)? YES/NO?

Are any additional agencies supporting your child or family? (e.g Family Worker, Health Visitor, Paediatrician, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Dietician, Early Years Send Team) YES/NO

If YES Please detail which agencies are supporting your child or family and provide contact details for the link professional.

PLEASE CONTINUE OVERLEAF

PERSONAL INFORMATION

To help us in monitoring equal opportunities you are asked to complete the following:

1. Country of birth: _____ Nationality: _____
2. Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

White - British	
White – Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British -Indian	
Asian or Asian British - Pakistani	
Asian or Asian British – Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil...)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)	
I do not wish an ethnic background to be recorded	

3. Date of arrival in UK (if relevant): _____
4. First language: _____ Other language(s): _____
5. Religion: _____
If there are any religious or cultural practices of which the C&LC should be aware, please specify.
6. Please give the name, gender and date of birth of any other children in your family who are attending the C&LC or Monkfield Park Primary School.

Name: _____ Date of Birth: _____ Male/Female

Name: _____ Date of Birth: _____ Male / Female

MARKETING MATERIAL

Please indicate your consent below as to whether you wish to receive marketing material regarding the following:-

Monkfield Park Primary School YES/NO
The Friends of Monkfield Park YES/NO

I certify that, to the best of my knowledge, the information on this form is correct.

Signature: _____ Parent/Guardian

Date: _____

If you have any queries before returning this form please contact the C&LC by telephone 01954 273301 or e-mail clcoffice@monkfieldpark.cambs.sch.uk.

Please return this form when completed to:-
Monkfield Park Care & Learning Centre
School Lane
Great Cambourne
Cambridgeshire
CB23 5AX

END OF FORM