



Bramley Infant & Nursery School Registration Form

Child's Details

Full Name of Child:			
Preferred Name:		Gender:	Male / Female
Date of Birth:	School Year of	of Entry:	
Name & Address of			
Previous Nursery			
Attended:			
Name of any other			
Previous School			
Attended:			

Ethnic Details

White	Asian or Asian British
British	Indian
Irish	Pakistani
Traveller or Irish Heritage	Bangladeshi
Gypsy / Roma	Chinese
Any other White background	Any other Asian background
Mixed / Dual background	Black or Black British
White and Black Caribbean	Caribbean
White and Black African	African
White and Asian	Any other Black background
Any other Mixed background	Other Ethnic Group

Religion

Religion of Child:

Language

What is your	Which Ic	inguage/s
Child's first	are spok	en at
language?	home?	

Medical Details

Name of Doctor:			
Doctor's Surgery:			
Telephone Number:			
Surgery Address:			
Are your child's immunise	ations up to date?	Yes / No (delete)	
Does your family have a social care worker / family support worker for any reason?		Yes / No (delete	





Yes / No (delete) How many weeks?

Parent / Guardian Details

	Parent / Guardian 1				Parent / Guardian 2					
Title:	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr
Names of whom the child lives:										
Relationship to child:										
Home Address (including post code)										
Home Telephone:										
Mobile Telephone:										
Work Telephone:										
Email Address:										

Emergency Contacts

In the event of an emergency when neither parent / carer can be contacted, please provide details of 2 additional contacts:

	1 st Emergency Contact			2 nd Emergency Contact						
Title:	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr
Name:										
Relationship to Child:										
Child call's them: (Nanny,										
Grandad)										
Home Telephone:										
Mobile Telephone:										
Work Telephone:										
Consent to collect:	Yes		N	0		Yes		N	0	

Password

In the event of needing someone else to collect your child, please provide a memorable word that will act as a password to allow us to release your child to them.





Chosen Password:

Emergency Medical Consent

In the event of my child needing emergency medical treatment, I give permission for a suitable qualified First Aider to administer First Aid to my child, or take to A&E or call for medical assistance, or an ambulance if necessary and to sign on my behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature. Please Note:

- The authorising signatory for the above consent must have legal 'parental responsibility'. Thus, If the parents are unmarried, only the mother of the child has legal 'parental responsibility' in these circumstances.
- Every attempt will be made to contact the parents/guardians or the given emergency contacts

	Parent / Guardian 1	Parent / Guardian 2
Signed:		
Date:		

Additional Parental / Guardian Consents

Please tick or leave blank:

11003		
	1	I consent to my child participating in local trips (within the village of Bramley ie. Church, Library)
	2	I consent to my child participating in photos which may then be used in the local press & national papers
	3	I consent to my child participating in photos which may then be used in the school displays now and in the future
	4	I consent to my child participating in photos which may then be used on our school website now and in the future
	5	I consent to my child participating in photos with may then be put into their student's portfolio
	6	I consent to my child participating in films which may be used within the school
	7	I consent to my child participating in photos and films which may be used nationally to promote our school now and in the future
	8	I consent to my child using the internet whilst at school (under supervision)
	9	I consent to my child's picture being used on our school social media accounts