



Church Lane Nutcrackers Enrolment Form

Child's Full Name:	Name to be called (if different):
Date of Birth:	Birth certificate seen? Y/N
Ethnic origin:	Religion:
Language spoken at home:	Nationality:
Residential Address	Persons at child's residential address Name: Relationship to Child: Name: Relationship to Child: Name: Relationship to Child: Name: Relationship to Child: Name: Relationship to Child:
Person with legal/parental responsibility 1) Name: Relationship to child: Telephone Number Day: Evening: Address:	Person with legal/parental responsibility 2) Name: Relationship to child: Telephone Number Day: Evening: Address:
Place of work and phone number:	Place of work and phone number:
In the event where the persons with legal/parental responsibility are unable to be contacted, please detail below who you would like the school to contact in the event of an emergency (your child becoming ill/you are unable to collect your child on time).	

Name of emergency contact/ authorised person to collect your child 1)

Telephone Number (Day and Evening):

Name of emergency contact/ authorised person to collect your child 2)

Telephone Number (Day and Evening):

Name of emergency contact/ authorised person to collect your child 3)

Telephone Number (Day and Evening):

Name of emergency contact/ authorised person to collect your child 4)

Telephone Number (Day and Evening):

I authorise Church Lane Primary School to share relevant information regarding my child's learning, development and experience with others who are involved in their care in order to help them compile a comprehensive picture of my child

Signed	
Print Name	
Date	



Medical Information

Does your child have any medical conditions?

Please detail below any medical procedures that are prohibited by family religion or belief.

Please detail below any religious or cultural considerations to be made when caring for your child.

Details:

Does your child have any known allergies/intolerances or dietary requirements?

Details:

Child's Doctor's details

Name:

Telephone Number:

Surgery Address:

I hereby give consent for the information above to be held in compliance with the Data Protection Act 1998.

Signed

Print

Date



Church Lane Primary School Nutcrackers Permissions Request

Child's Name:

Date of Birth:

1. I give permission for my child to attend local events/ trips that are within a one mile radius of Church Lane Primary School.

Yes/ No

2. I give permission for my child's photograph to be taken and displayed around school.

Yes/ No

- a. I am happy for my child's name to be displayed with their photo

Yes/ No

3. I am happy for my child's photo to be taken by the local press and included in the local newspaper.

Yes/ No

- a. Would you be happy for your child's name to be displayed with their photo in the newspaper?

Yes/ No

4. I give permission for my child's photo to be displayed on the school website

Yes/ No

- a. I give permission for my child's first name to be displayed on the website

Yes/ No

5. I give permission for my child's photograph to be displayed on the school Twitter page

Yes/ No

- a. I give permission for my child's first name to be used on the school Twitter page

Yes/ No

6. I give permission for my child's photo to be displayed on the school Facebook page

Yes/ No

- a. I give permission for my child's first name to be used on the school Facebook page

Yes/ No

7. I give permission for emergency first aid treatment to be given to my child if required

Yes/ No

8. I give permission for sun cream to be applied to my child (*Parent's must supply their child's own sun cream. Please clearly label container*)

Yes/ No

Child's Parent/Carer signature _____