

The ACE Children's Centre

Please complete the general information section of this form, together with the relevant section/s for the Service/s you would like to use.

Completed forms should be returned to the Admissions Administrator in the Administration Office. All information given is strictly confidential and will only be shared with relevant staff, under the provisions of the Data Protection Act 1998.

Information given for an application to Nursery School will be used for administrative purposes within the Ace Centre Nursery School. It will also be sent on to your child's next school or other educational institution and also to the Local Authority (LA). The provision of accurate information helps the Ace Centre Nursery School and the LA see that your child and other children get the best from their schooling.

SERVICE/S INTERESTED IN (Please tick all that apply)

Nursery School
ACE Childcare
ACE Pre-School

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

CANCELLATION POLICY

Once your child has a place all Services, except for Nursery School and the Holiday Play Scheme, require one month's notice in writing to withdraw.



The ACE Children's Centre Family Membership Form

Thank you for completing this Registration Form. All information provided is strictly confidential. The purpose of this registration form is to help the centre meet your needs and to ensure that all sections of the community are included.

Staff Instruction: Please check the registration form is completed before handing back to administration

	Mother - Carer	Father - Carer				
First Name						
Last Name						
Date of Birth						
Relationship to child (Mother, Father, Grandparent, Childminder etc.)						
Address						
Post Code						
Telephone Number						
E-Mail Address						
Your Ethnicity (Please specify ethnicity code)	Code	Code				
	WBR() White British WIR() White Irish WOTH) White any other background MWAS) White and Asian MWBA) White and Black African MWBC) White and Black Caribbean MOTH) Any Other Mixed Background	ABAN) Bangladeshi AIND) Indian APKN) Pakistani AOTH) Any other Asian Background CHNE) Chinese WIRT) Traveller of Irish Heritage WROM) Gypsy / Roma	BAFR) Black African BCRB) Black Caribbean BOTH) Any other Black Background OOTH) Any Other Ethnic Group NOBT) Information not yet obtained REFU) Refused			
First Language						
Are you a single or separated parent?	Yes	No	Do not wish to disclose	Yes	No	Do not wish to disclose
Employment Status (Please specify employment code)	Code	Code				
	A1) Employed B1) Self Employed C1) Unemployed / Claiming Benefits C2) Unemployed – Looking for Work C3) Not in Employment – Not Seeking Work	D1) Education E1) In Training F1) Carer G1) Retired H1) Not Disclosed				
Do you receive any benefits? (Please specify benefit code)	Code	Code				
	ESA) Employment Support Allowance HB) Housing Benefit	IS) Income Support JSA) Jobseeker's Allowance	UC) Universal Credits WTC) Working Tax Credits			
Do you consider yourself to have a disability? (If Yes please provide details)	Yes	No	Yes	No		
Do you smoke?	Yes	No	Yes	No		
Educational Attainment above 5 GCSE's (A-C)	Yes	No	Yes	No		

For Office Use Only

Session	Family ID Number
Date	Entered By
Checked By	Date Entered



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PLEASE PRINT CLEARLY

	Child 1		Child 2		Child 3		Child 4		Child 5	
First Name										
Last Name										
Child's Date of Birth										
Gender	M	F	M	F	M	F	M	F	M	F
Disability / Special Need (If Yes please provide details)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Ethnicity of Child (Please specify ethnicity code)	Code		Code		Code		Code		Code	
	WBRI) White British		ABAN) Bangladeshi		BAFR) Black African		BCRB) Black Caribbean			
	WIRI) White Irish		AIND) Indian		BOTH) Any other Black Background		OOTH) Any Other Ethnic Group			
	WOTH) White any other background		APKN) Pakistani		NOBT) Information not yet obtained		REFU) Refused			
	MWAS) White and Asian		AOTH) Any other Asian Background							
	MWBA) White and Black African		CHNE) Chinese							
	MWBC) White and Black Caribbean		WIRT) Traveller of Irish Heritage							
	MOTH) Any Other Mixed Background		WROM) Gypsy / Roma							
First Language										
Breastfed	Birth	Birth		Birth		Birth		Birth		
	6 Weeks	6 Weeks		6 Weeks		6 Weeks		6 Weeks		
	3 Months	3 Months		3 Months		3 Months		3 Months		
	6 Months	6 Months		6 Months		6 Months		6 Months		
	1 Year	1 Year		1 Year		1 Year		1 Year		

Due date if expecting a baby		Health Visitor	
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I understand that all information that I provide will be treated in the strictest confidence. The information provided will be stored on the Oxfordshire Children's Centre information management database which can only be accessed by authorised Children's Centre Staff. The internal procedures of the Centre cover the storage access, disclosure and destruction of our information. We will only disclose your information as required by law. All information will be kept in accordance with the **Data Protection Act**. Your details will be used: to contact you, to provide services for you and your family, for the general planning of services, to provide government statistics. It may also be used to share with partners working with The ACE Children's Centre to ask you for general feedback on services for purposes of evaluation.

Photographs/video may be taken during groups / activities provided by the Children's Centre for use in promotion and / or service evaluation. If you **do not** give permission for photographs / video to be taken of yourself or your children during activities **please tick here**

Please note there is no on-site parking at The ACE Children's Centre

Parent / Carer signature		Date	
Childminder signature		Date	
Please print name		Date	
Signature of the member of staff		Date	

MEDICAL INFORMATION

Practice name: _____ Telephone Number: _____

Address: _____ Postcode: _____

In the event of an emergency do we have your consent to seek emergency advice & treatment from your child's medical practice directly?

Yes / No

Signed:..... Date:.....

Does your child suffer from:

- Asthma
- Epilepsy
- Diabetes
- Bowel or bladder conditions
- Serious allergies
- Any other medical conditions
- Food intolerance/Allergy

Does your child have any problems with:

- | | | |
|--------------------------|---------------|--------------------------|
| <input type="checkbox"/> | Mobility | <input type="checkbox"/> |
| <input type="checkbox"/> | Behaviour | <input type="checkbox"/> |
| <input type="checkbox"/> | Hearing | <input type="checkbox"/> |
| <input type="checkbox"/> | Speech | <input type="checkbox"/> |
| <input type="checkbox"/> | Vision | <input type="checkbox"/> |
| <input type="checkbox"/> | Wears glasses | <input type="checkbox"/> |

If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes / No

Will your child need medication during the time they are in the Centre? Yes / No
(If 'yes' please contact the appropriate Service by telephone on 01608 644440 or through the Reception, to make an appointment to discuss your child's needs)

Does your child suffer from any condition which may affect his/her participation in physical activities? Yes / No

If you have answered 'Yes' please give details:

PERMISSIONS

Child's name (please print): _____

1. Photography

The law states that we must gain appropriate permission for any photographs we use. The Ace Centre uses photography to monitor and record children's progress while in the Centre. Our standing within the national and international community also means we are often invited to share our evidence of 'best practice' with other educational establishments. Children's photographs are never identified by name, except by specific agreement, outside the Centre.

I DO/DO NOT give permission for photographs to be taken of my child to be used within the ACE Centre.

I DO/DO NOT give permission for photographs of my child to be shared with other educational establishments

I DO/DO NOT give permission for photographs of my child to be used outside the Centre e.g. posters, displays, web pages, magazine articles

2. Permission to Change

I DO/DO NOT give permission for my child's nappy/clothes to be changed, as and when needed

3. Permission for Local Visits

Occasionally we may take your child on a local outing with educational significance.

I DO/DO NOT give permission for my child to participate in local visits

4. Permission to Pick up

The ACE Centre recognises that parents/carers sometimes have to rely on other family members or friends to collect their child from the Centre. The safety of your child is extremely important to us and we need to have written permission before allowing them to leave the Centre with anyone other than their parents/carers. We can't let your child leave the Centre with anyone under the age of 16yrs. Please detail below family members/friends authorised to collect your child from the ACE Centre.

Name of adult collecting & contact details (inc. telephone number)	Relation/Friend (please specify)	Days Collecting (if a regular agreement)	Any other information

I give my permission for the above named people to collect my child from the ACE Centre
Signed: _____

Printed: _____

Date: _____

ETHNIC MONITORING

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the Centre's and the LA's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any children from England, Scotland, Wales and Northern Ireland. White Irish should include any children from the Republic of Ireland.

Child's country of birth: _____

Languages Spoken at home: 1st Language _____ 2nd Language _____

<input type="checkbox"/> White British	<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/>
<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian or Asian British – any other Asian background*	<input type="checkbox"/>
<input type="checkbox"/> White Traveller of Irish Heritage	<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/>
<input type="checkbox"/> Any other white background*	<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/>
<input type="checkbox"/> White Gypsy/Roma	<input type="checkbox"/> Black or Black British – Caribbean	<input type="checkbox"/>
<input type="checkbox"/> Mixed – any other background*	<input type="checkbox"/> Black or Black British – any other black background*	<input type="checkbox"/>
<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/>
<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> Any other ethnic group*	<input type="checkbox"/>
<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/>
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> * (please specify) _____	<input type="checkbox"/>

Please tick your child's religion, if you wish. Please tick one box only.

<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/>
<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist	<input type="checkbox"/>
<input type="checkbox"/> Hindu	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion	<input type="checkbox"/>

OTHER CHILDREN

Do you have any other children who already attend the Centre, or have done so in the past? Please give further details below, indicating which Service/s they use/have used and when.

Please indicate if you are receiving Income Support/Job Seekers Allowance

Are you a lone carer? **Y/N**

YOUR SIGNATURE:

Please sign and date this form below:

Signature: _____

Date: _____

Name (in block capitals please): _____

Relationship to child: _____

2. NURSERY SCHOOL ADDITIONAL INFORMATION

The Nursery School is open Monday to Friday, term time only. Children are offered either a morning (8.50am-11.50am) or an afternoon place (12.30pm-3.30pm).

Places are allocated according to the admissions policy. Children are eligible for a place in Nursery from the term after their third birthday.

Please indicate which session would suit you best. We will use this as a guideline during the allocation process but cannot guarantee you will be offered your preferred option. The AM/PM allocation process follows the procedure set out in the appendix of the Admissions Policy, available from the office.

Preferred Session (please tick one):

AM

PM

No Preference

How will your child travel to nursery school generally? Please tick **one** box only

Walks

Car

Taxi

Car share

Bicycle

Bus

Train

Other _____

SCHOOL HISTORY

Please give details of all previous settings attended by your child, if any:

1. Name of pre-school, nursery or day care setting: _____

Address of setting: _____

Postcode: _____

Date of arrival at setting __ / __ / __

Date of leaving this setting __ / __ / __

Reason for leaving this setting: _____

2. Name of pre-school, nursery or day care setting: _____

Address of setting: _____

Postcode: _____

Date of arrival at setting __ / __ / __

Date of leaving this setting __ / __ / __

Reason for leaving this setting: _____