

Cranfield University Pre-School, Building 20, Prince Philip Avenue

Wharley End, Cranfield MK43 0AL

**Personal Details of Pupil**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Forename |  | | |
| Preferred name at pre-school |  | | |
| Date of birth | DD | MM | YY |
| Home address |  | | |
|  |  | | |
| Postcode |  | | |
| Telephone No. |  | | |
| Siblings with age |  | | |

**Emergency Contact Information**

Please enter contact details in the event of an emergency. Contacts should be within reasonable distance.

Contact 1 (Parent)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Mrs | Mr | Miss | Ms | Other (please specify) |
| Full Name |  | | | | |
| Relationship to child |  | | | | |
| Parental responsibility | Yes / No | | | | |
| E-mail |  | | | | |
| **Telephone numbers** | | | | | |
| Mobile |  | | | | |
| Work |  | | | | |
| Any additional information if any: | | | | | |

Contact 2 (Parent/Carer)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Mrs | Mr | Miss | Ms | Other (please specify) |
| Full Name |  | | | | |
| Relationship to child |  | | | | |
| Parental responsibility | Yes / No | | | | |
| E-mail |  | | | | |
| **Telephone numbers** | | | | | |
| Mobile |  | | | | |
| Work |  | | | | |
| Any additional information if any: | | | | | |

**Name of previous pre-school or school attended if relevant:**

|  |  |
| --- | --- |
| Pre-School/School Name |  |

**Medical Information**

|  |  |
| --- | --- |
| Doctor’s name |  |
| Practice name |  |
| Practice address |  |
| Practice Tel No. |  |
| Do you give permission for the pre-school Yes / No  to contact the Doctor if necessary | |
| Does your child have any health problems or allergies Yes / No | |
| If yes, please give details (e.g. Asthma, Allergy etc.) and any emergency procedures that need to be followed if relevant: | |
| Any other information relating to your child’s health that you feel the pre-school should be aware of: | |
| Has your child had a 2-year/3 ¼-year health check with a Health Visitor ?  (Please delete as applicable) | |
| Dietary Needs (if any) | |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Religion |  | Mother Tongue  (Language spoken at home) |  |
| Country of Birth |  | Nationality |  |

**Ethnic Group** (Please tick one of the boxes below)

|  |  |  |
| --- | --- | --- |
| White | * British |  |
| * Irish |  |
| * Traveller of Irish Heritage |  |
| * Gypsy/Roma |  |
| * Italian |  |
| * Any other White background |  |
| Mixed | * White and Black Caribbean |  |
| * White and Black African |  |
| * White and Asian |  |
| * Any other Mixed background |  |
| Asian or Asian British | * Indian * Pakistani * Bangladeshi * Any other Asian background |  |
| Black or Black British | * Caribbean * African |  |
| Chinese |  |  |
| Arabic |  |  |
| Any other ethnic background |  |  |
| Prefer not to say |  |  |

|  |  |  |
| --- | --- | --- |
| Does your child have any Special Educational Needs? | | |
| No | Yes | Statemented |

|  |  |  |  |
| --- | --- | --- | --- |
| Cranfield University parent status | |  | |
| Student ID number: | Staff ID number: | | Other |

|  |
| --- |
| Expected date of leaving: |

I agree that the information given in this form is accurate and will endeavour to inform the pre-school of any changes to the details given at the earliest opportunity.

I have read and agree to abide by the terms and conditions as set out in the Cranfield University Pre-School prospectus and policies.

I agree to pay at the beginning of the term a fee of £15.00 per session until the term after my child’s third birthday.

I agree to pay at the beginning of the term an agreed fee to contribute to a healthy snack once my child is Government Funded.

Signature of parent:-

Print name:-

Date:-

|  |
| --- |
| ***GDPR***  *Please note that personal details supplied on this form will be held and/or computerised by Cranfield University Pre-School for Education purposes. The information will be disclosed and held by the Local Education Authority and the DfE (Department for Education). Cranfield University will keep your personal data safe. Any questions about the processing of your data please email* [*gdpr@cranfield.ac.uk*](mailto:gdpr@cranfield.ac.uk) |

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Start Date |  |
| Date of birth checked |  |
| Policies agreed |  |