

Meads Data Collection Form

Please complete and return to the Meads office by _____



Name:	Address:
Surname:	
Gender:	
Date of birth:	Post Code:

Please give details of all persons who have parental responsibility, as well as anyone else who you wish to be contacted in case of an emergency. This could also include a named: Child Minder / Nanny / Family Friend.

Priority	Name / Relationship of parent/carer:	Contact details:
1 <i>(first person to be contacted)</i>	Name: Relationship: Parental responsibility: Yes / No Permission to collect child: Yes / No	Address: Mobile Number: Additional Number: Email Address:
2	Name: Relationship: Parental responsibility: Yes / No Permission to collect child: Yes / No	Address: Mobile Number: Additional Number: Email Address:
3	Name: Relationship: Parental responsibility: Yes / No Permission to collect child: Yes / No	Address: Mobile Number: Additional Number: Email Address:
4	Name: Relationship: Parental responsibility: Yes / No Permission to collect child: Yes / No	Address: Mobile Number: Additional Number: Email Address:

If a person collecting your child is not already known to our staff, a password may be used. Please provide a password:

School / Nursery currently attending:
Does your child currently have any siblings attending: Mill Mead School, Mill Mead School Nursery, or The Meadows Pre-Nursery? Yes / No
Number of children in family:
Position in family:

Permissions and Consents:

Please **tick** the appropriate choice for each of the below sections. By ticking a box, you are agreeing to, and giving permission for, the statement. Any box left un-ticked, will be assumed that permission has not been allowed.

- 1) Publication of photos (please note that we will not share your child's name where photographs are used):

<input type="checkbox"/>	Photos can be used in school publications, online and externally. <i>Online/External publications include our website and on social media pages.</i>
<input type="checkbox"/>	In The Meads, The Meadows and Mill Mead School Publications only. <i>School publications include parent/carer newsletters and displays.</i>
<input type="checkbox"/>	I would not like for photograph to be used in School Publications, or Online/Externally. <i>Photographs of your child will not be used.</i>

- 2) Activities:

<input type="checkbox"/>	My child is able to have access to outdoor equipment with staff supervision
<input type="checkbox"/>	My child is able to participate in Food Tasting activities <i>(in line with any known allergies / dietary requirements)</i>
<input type="checkbox"/>	My child is able to participate in short visits within the locality during any session
<input type="checkbox"/>	I consent to my child's name being shared with the local Hertfordshire Children's Centre for registration purposes
<input type="checkbox"/>	I give permission for a staff member to help my child apply sun cream if necessary <i>(please note that this may be a male or female member of staff).</i>
<input type="checkbox"/>	If my child has an accident and needs to be changed, I give permission for one staff member to change them, if they are unable to do so themselves <i>(please note that this may be a male or female member of staff).</i>

- 3) Early Years (this section is applicable to children aged 3-5 years only):

<input type="checkbox"/>	I give permission for my child to be included in group observations on Tapestry <i>(Tapestry is an online learning journal used to record children's progress, observations are carried out in line with EYFS Framework to monitor children's progress)</i>
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Signed.....

Pupil observation (this section is for all children):

From time to time we have staff members who are studying for a new qualification. We welcome being part of their training and try to support them in any way that we can. This will sometimes mean the staff member will need to observe a child / group of children. This is done on an unnamed basis and any written recording will be anonymous.

I give permission for pupil observations to include my child to support staff qualifications.

Yes / No

Signed..... Date.....

Ethnicity:

Home language:	Any other languages spoken in the home:
Ethnicity (<i>please choose one</i>):	
Bangladeshi/ Black- African/ Black Caribbean/ Chinese/ Gypsy- Roma/ Indian/ Italian/ Pakistani/ Traveller of Irish heritage/ Turkish/ Turkish Cypriot/ White/ White- British/ White- Irish/ White and Asian/ White and black African/ White and Black Caribbean/ Any other Asian background/ Any other background/ Any other ethnic group/ Any other mixed background	
Do you have any culture requirements or needs?	

Medical / Dietary / Allergy Information:

Please give details below of any known medical, dietary, or allergy requirements. If you have any other concerns, please also share these below, eg. fussy eater, toilet training, etc.

<u>Medical Information:</u>
<u>Dietary Information:</u>
<u>Allergy Information:</u>
<u>Any Additional Concerns:</u>

Parent / Carer Agreement:

Please **tick** each of the below sections to acknowledge that you have read and understand the information given, and then sign to confirm this. By ticking a box and signing below, you are agreeing that you have read and understand the information provided in this section of the form.

	<p><u>Discipline:</u> I understand that The Meads Management Groups discipline is firm and fair. I know that it is expected that all children within the setting are to conform to certain standard of behaviour, and to respect others and their property. On occasions where damage occurs due to thoughtless behaviour, or improper use of equipment / resources, usual disciplinary action will be taken, and parents / carers will be expected to pay for repairs.</p>
	<p><u>Consent Form:</u> I accept that The Meads Management Group's insurance does not cover personal accident or injury to those attending the setting, or damage or loss to personal property, unless it can be shown that this is due to negligence on the part of the Meads Management Groups employees, or volunteers. I understand that insurance against personal accident and loss or damage to personal property is my own responsibility.</p>
	<p><u>Medication:</u> If my child requires medication during the day, I understand that I need to enter my requirements for administration into the relevant Medication Consent Form, directly with a member of The Meads Office Staff. By completing this information, I will be giving my permission for the Club Leader, or senior staff member on duty, to administer the medication, as required. I understand that I take full responsibility for this.</p>
	<p><u>Serious Illness / Accident:</u> I understand that in the event of serious illness, or accident, The Meads Management Group will contact the given emergency contacts, in order of preference, as soon as possible. In the event that contact cannot be made with any of the listed people, I understand that the Manager, or senior staff member on duty, may be able to make decisions regarding any emergency medical treatment that may be necessary, including anaesthetic.</p>
	<p><u>Bookings and Payments:</u> I have received and read The Meads Management Groups literature and agree to abide by the conditions set out, including the 6.00pm deadline for collecting my child/children, and the Bookings and Payments Policy. I understand that if my situation changes dramatically, therefore impacting my childcare arrangements, I will contact The Meads directly, as a matter of urgency.</p>

Signed..... Date.....

The Meads Management Group
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