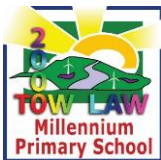


Tow Law Millennium Primary School
Nursery Contact Details



Nursery Admission Date: _____

Year group: _____

School start date: _____

SURNAME:		FIRST NAME(S):		Gender category:						
Legal Surname:		Preferred Name:		<input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Cisgender <input type="checkbox"/> Intersex <input type="checkbox"/> Gender fluid <i>Please see overleaf for definitions</i>						
Date of Birth:		Birth Certificate seen: Yes / No								
Address:			Gender: Male / Female							
Mother's Name:			Parental Responsibility		Yes / No					
Father's Name:			Parental Responsibility		Yes / No					
Are mother and father living at the same address? Yes / No										
Emergency Contact Details (we require 3 contacts, please add yourself and 2 others)										
Contact 1		Address		Telephone						
Relationship to child		Mobile						
Contact 2		Address		Telephone						
Relationship to child		Mobile						
Contact 3		Address		Telephone						
Relationship to child		Mobile						
Who do you want to be contacted first in an emergency situation:										
Position in Family:			Siblings in School:							
Allocated Session Times: <i>(Please circle)</i>										
Monday		Tuesday		Wednesday		Thursday		Friday		
am	pm	am	pm	am	pm	am	pm	am	pm	
School Meal (for full day only):										
Does your child require a school meal: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Previous Nursery Details:										
Nursery Attended:						Dates attended:				
Medical Details										
Doctor			Special Needs Requirements							
Address:										
.....										
Telephone:										
Medical Problems — Please tick any of the following which affects your child										
<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Eczema	<input type="checkbox"/> Toileting	<input type="checkbox"/> Speech problem							
<input type="checkbox"/> Asthma	<input type="checkbox"/> Blood disorder	<input type="checkbox"/> Fits or convulsions	<input type="checkbox"/> Allergies (nuts, milk, plasters etc)							
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Other (please detail below)							
Details:										
Any other information:						Religion:				

Gender Category Definitions:

Non-binary

A person who identifies with a gender outside of “the male-female gender binary”—such as an agender person, whose identity is gender-neutral rather than specifically male or female.

Transgender

Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.

Cisgender

Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex.

Intersex

Intersex is a general term used for a variety of situations in which a person is born with reproductive or sexual anatomy that doesn't fit the boxes of “female” or “male.”

Gender Fluid

Relating to, or being a person, whose gender identity is not fixed and is capable of changing over time.