

REGISTRATION FORM

Please complete all sides (4) then sign at the bottom of the last page.

The General Data Protection Regulation (GDPR), provisions of the Data Protection Act 2018 (DPA 2018) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored by the Care & Learning Centre (C&LC) on its child records database. The information on ethnic origin and first language is needed by the C&LC to ensure that resources are made available when required and that it offers real equality of opportunity for all pupils.

Full details about how we use this data and the rights you have around this can be found in our Data Policy on our website www.monkfieldpark.cambs.sch.ukf where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer whose contact details are on our Privacy Notice.

CHILD'S DETAILS					
egal Surname(as it appears on child's birth certificate)					
Legal Forename		(as it appears on child's birth certificate)			
Middle name(s)					
Preferred Forename					
Date of Birth					
Home Address					
Postcode					
In Local Authority Care Yes/No If Yes, Name of Care Authority					
Please indicate which provision you would like your child to attend					
Pre-school for funded 2 year old		Pre-school for paying 2 year old			
Pre-school for funded 3 year old		Pre-school for funded 3 year old, plus additional paid pre-school sessions			
Breakfast Club		After School Club			
Holiday Club			_		

CONTACT INFORMATION

Please provide details of those with parental responsibility and place them in the order you wish them to be contacted in an emergency. Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

PRIORITY 1 CONTACT – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY

TitleSurname	Forename		
Relationship to student	Parental responsibilityYES / NO		
Home address			
	Postcode		
Home telephone number	Home email		
Work address	Work email		
Work telephone number	Mobile telephone number		
PRIORITY 2 CONTACT – TH	IIS PERSON MUST HAVE PARENTAL RESPONSIBILITY		
TitleSurname	Forename		
Relationship to student	Parental responsibilityYES / NO		
Home address			
	Postcode		
Home telephone number	Home email		
Work address	Work email		
Work telephone number	Mobile telephone number		
	N – THIS PERSON MUST HAVE PARENTAL RESPONSIBILITY h child. Please specify contact priority (if any)		
Under the 1989 Children's Act all parents ha	ave the right to receive information about their child's progress.		
TitleSurname	Forename		
Relationship to student	Parental responsibility YES / NO		
Home address			
	Postcode		
Home telephone number	Home email		
Work address	Work email		
Work telephone number	Mobile telephone number		
Court Case Yes/No	Address can be Disclosed Yes/No		

EMERGENCY CONTACT – IF NO PERSON WITH PARENTAL RESPONSIBILITY IS AVAILABLE If you provide information on behalf of anyone else, then in doing so you are confirming that you have explained how their information may be used by us and they have given permission for you to do so. You have informed them that their data will only be used by the C&LC if the C&LC is unable to make contact with a person with Parental Responsibility, that their data will be deleted once your child leaves Monkfield Park, or the emergency contact no longer wishes to have their data stored by the C&LC. You, the contact with Parental Responsibility, will inform us if other contacts no longer wish for their data to be held by us.

	contacts no longer wish for their data to be held by us.						
Si	igned:	(Person with Parental Responsibili	ity)				
Title	eSurname	Forename					
Con	ntact telephone numbers:						
	MEDICA	L DETAILS					
Doc	ctor						
Add	dress and telephone number						
Plea		e C&LC to be made aware, (e.g. asthma, epilepsy, allerg					
		allergy or intolerance					
	,	•					
	es your child have any Special Needs Provision YES	S/NO					
If YE	ES *SEN Support/*EHCP *Statement? (*Please de	lete accordingly)					
Doe	es your child have in place an Early Health Assessmer	nt (EHA)? YES/NO					
	PERSONAL	INFORMATION					
	I ENGONAL						
To h	help us in monitoring equal opportunities you are aske	d to complete the following:					
1.	Country of birth	Nationality					
2.	many things, including, for example, our skin colour the same as nationality or country of birth.)	escribes how we think of ourselves. This may be based r, culture, ancestry or family history. Ethnic background is					
	White - British White - Irish	Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil)					
	White - Traveller of Irish Heritage	Black or Black British -Caribbean					
	White - Gypsy/Roma	Black or Black British -African					
	White - Any other White background	Any other Black background					
	Mixed - White and Black Caribbean	Chinese					
	Mixed - White and Black African	Any other ethnic group – please circle one.					
	Mixed - White and Asian	(This includes Afghan, Arab, Egyptian, Filipino,					
	Mixed - Any other mixed background Asian or Asian British -Indian	Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian,					

3. Date of arrival in UK (if relevant)......

Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)

I do not wish an ethnic background to be recorded

4.	First languageOther language(s)					
5.	Religion					
6.	If there are any religious or cultural practices of which the C&LC should be aware, please specify.					
7.		e the name, gender and date of birth of any other children in your family who are attending the C&LC ld Park Primary School.				
	Name	Date of Birth	Male / Female			
	Name	Date of Birth	Male / Female			
	Name	Date of Birth	Male / Female			
		MARKETING MATERIAL				
Plea	ase indicate your consent below as t	to whether you wish to receive marketing ma	aterial regarding the following:-			
	Monkfield Park Primary School The Friends of Monkfield Park					
	The Friends of Monkfield Park	YES/NO				
I	certify that, to the best of my knowle	edge, the information on this form is correct.				
s	ignature:		Parent/Guardian			
	oate					

If you have any queries before returning this form please contact the C&LC by telephone 01954 273301 or e-mail clcoffice@monkfieldpark.cambs.sch.uk.

Please return this form when completed to:-

Monkfield Park Care & Learning Centre School Lane Great Cambourne Cambridgeshire CB23 5AX