# **Forms for Completion and Return – Early Years**

## Kent College Preparatory School

2024-2025

# Checklist

The following checklist details the forms and lists which you should have in this booklet. Please complete and return the forms as soon as possible to the Prep School Office.

Personal Details

About My Child

About Me (to be completed by your child)

Nursery General Permission Form

Personal Details Permission Slip

Ethnic Background

General Parental Permissions

Permissions for Photographs

Early Years Additional Permission for Photographs

Email preferences

Group Call Registration Details

Swimming Form

Fee Refund Scheme

***Early Years***

Personal Details

|  |  |
| --- | --- |
| Child's Surname: | Click or tap here to enter text. |
| Child’s First Names: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. |
| Nationality: | Click or tap here to enter text. |
| First Language: | Click or tap here to enter text. |
| Parent (1) title and name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Home number: | Click or tap here to enter text. |
| Mobile Number: | Click or tap here to enter text. |
| Work number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Parent (2) title and name: | Click or tap here to enter text. |
| Address: *(if different from above)* | Click or tap here to enter text. |
| Home number: | Click or tap here to enter text. |
| Mobile number: | Click or tap here to enter text. |
| Work number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **PLEASE PROVIDE DETAILS OF AN ADDITIONAL LOCAL EMERGENCY CONTACT:** | |
| Emergency contact name: | Click or tap here to enter text. |
| Relationship to child: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Telephone number: | Click or tap here to enter text. |
| Mobile Number: | Click or tap here to enter text. |
| Siblings at KC Prep or Senior School | Click or tap here to enter text. |

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***Early Years***

About My Child

Please complete the following sections to inform us about other things we need to know about your child.

If your child has previously attended a nursery, how did your child get on? e.g. Did your child find it difficult to leave you? Did they make friends easily? Did they particularly like or dislike any activity?

Click or tap here to enter text.

*Do you want to make any other general comments about your child’s readiness for school?*

*Click or tap here to enter text.*

*Is there anything about your child’s health that you would like us to know – for instance, allergies, special diet, medication that your child needs, use of an epipen?*

*Click or tap here to enter text.*

*Are there any special family circumstances or events that you would like us to know about, such as a new baby, illness in the family, or other changes in the family?*

*Click or tap here to enter text.*

*What language(s) do you speak at home?*

*Click or tap here to enter text.*

*Is there anything else you would like us to know?*

***Early Years***

About Me

Note to parents: Please help your child to complete this sheet to help us get to know them and to inform us about their interests. We hope your child will enjoy drawing the picture, colouring in the drawings and talking to you about the questions before you fill in the answers.

My first name is *Click or tap here to enter text.*

My family name is *Click or tap here to enter text.*.............



***Early Years***

What I am like now

I am happy when *Click or tap here to enter text.*

I get upset when *Click or tap here to enter text.*

When I start school I am looking forward *Click or tap here to enter text.*

I usually prefer to use *Choose an item.*

How I play and learn

I like to talk to other children *Choose an item.*

I like to talk to grown ups *Choose an item.*

My favourite songs and rhymes are: *Click or tap here to enter text.*

My favourite game is: *Click or tap here to enter text.*

My favourite toy is: *Click or tap here to enter text.*

I like to look at books *Choose an item.*

My favourite book is *Click or tap here to enter text.*

I like to listen to stories *Choose an item.*

My favourite story is *Click or tap here to enter text.*

***Early Years***

Nursery General Permission Form

In line with the Early Years Foundation Stage guidance, we are now encouraged to share details of your child’s progress and character with other settings which they may attend. This is to help us build up a full profile of your child.

If you would like us to be in contact with any other setting that your child attends, please complete the form below.

**(Please mark with a tick each relevant box)**

Name of child *Click or tap here to enter text.*

Name and address of other setting attended: *Click or tap here to enter text.*

Number of sessions they attended/currently attend elsewhere. *Click or tap here to enter text.*

**I confirm:**

my child’s Health Visitor Review at Age 2 has been completed;

my child had a Progress Check at Age 2 at the previous setting.

**I give consent:**

to information about my child being passed on to the above setting to help build up a full profile of my child in line with the Early Years Foundation Guidance;

for you to obtain a copy of The Progress Check at Age 2 from the previous setting; or

I can provide you with a copy of The Progress Check at Age 2, completed at the previous setting.

Child’s Name *Click or tap here to enter text.* Form *Choose an item.*

Signed Date *Click or tap to enter a date.*

(Parent/Guardian)

***Early Years***

Personal Details Permission Slip

From time to time it may be necessary for your details to be passed on to other parents in your child’s form and/or year group and the KCPPA Form Reps.

Would you kindly indicate below whether or not you give your permission for this.

I *Choose an item.* give permission for the details ticked below to be sent out to other parents in my child’s form and/or year group and the KCPPA.

Parent Name *Click or tap here to enter text.*

Home address *Click or tap here to enter text.*

Home telephone/mobile number *Click or tap here to enter text.*

Email address *Click or tap here to enter text.*

Child’s Name *Click or tap here to enter text.* Form *Click or tap here to enter text.*

Signed …………………………………………...……………....  Date *Click or tap to enter a date.*

(Parent/Guardian)

*\* please delete as appropriate*

***Early Years***

Ethnic Background

Please study the list below and tick *one box only* to indicate the ethnic background of your child. Ethnic background is not the same as nationality or country of birth. If you do not wish to record an ethnic background, please tick the relevant box.

**White**

* British 
* Irish 
* Any other white background (e.g. European) 

**Asian or Asian British**

* Indian 
* Pakistani 
* Bangladeshi 
* Any other Asian background (e.g. Nepalese) 

**Chinese** 

**Black or Black British**

* Caribbean 
* African 
* Any other Black background 

**Mixed**

* White and Black Caribbean 
* White & Black African 
* White & Asian 
* Any other mixed background 

**Any other ethnic background**  …………………………………….

**I do not wish an ethnic background category** 

**to be recorded**

***Early Years***

General Parental Permission Slip

**(Please mark with a tick each relevant box)**

* I give permission for my child to participate in accompanied visits in and around the school grounds. I understand that these will be at the teachers’ discretion, and may not necessarily be arranged in advance.
* I give permission for my child to participate in school visits outside of school. I understand that I will be fully informed of these visits in advance of the event.
* I give permission for my child to have sun cream (provided by the school) applied by the school staff whenever required. \*
* I would prefer my child to have their own sun cream, which I will supply (named) to be applied at school, as required.
* I give permission for my child to have face paint or make up applied when participating in school events, plays, fun days etc. \*
* I would prefer for my child **not** to have face paint or make up applied when participating in school events, plays, fun days etc.
* I give permission for the school to seek any necessary emergency medical advice or treatment for my child should the need arise. The school will contact me where possible prior to seeking this advice/treatment.

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

***Early Years***

Permissions for Photographs

The DfE has advised schools to request parental permission to use photographs of students on their website and in marketing materials.

We therefore request general permission for use of photos of your child on the website for the duration of their education at Kent College Preparatory School.

In accordance with DfE guidelines, the following will apply:

* If the pupil is named (first name only), we will not use their photograph.
* If the pupil is pictured, we will not name them.

We also request permission to use photos of your child for other promotional purposes such as literature, school displays, social media (which includes the school’s official Facebook and Twitter pages) and press releases. In contrast to the website, we are required to supply names with photos for coverage in the press.

Please complete and return the slip below to indicate whether or not you give permission for use of photographs of your child as set out above. If you have any questions about the use of photography please contact Louisa Priestley, Marketing Manager at

[marketing@kentcollege.kent.sch.uk](mailto:marketing@kentcollege.kent.sch.uk)

* I give permission for Kent College Preparatory School to use photographs of my child for the weekly newsletter.
* I give permission to Kent College Preparatory School to use photographs of my child for promotional purposes in accordance with the conditions outlined.
* I do not give permission for photos of my child to be used for external promotional purposes.

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

***Early Years***

Early Years Additional Permission for Photographs

Staff in the Early Years Department take photographs of the pupils on a daily basis. The photographs are put in the pupils’ records as evidence for their achievements. Quite often several pupils will be in the photograph.

Please could you indicate on below if you are happy for your child’s photograph to appear in other pupil’s record.

* I give permission for my child’s photograph to appear in the records of other children in the class.
* I do not give permission for my child’s photograph to appear in the records of other children in the class.

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

***Early Years***

# Email Preferences

Generally, we communicate with parents via email and Firefly. Therefore, we would be grateful if you would tick the relevant box below to ensure that we use the correct email address/addresses in our correspondence with you. Please inform us of any changes to your email addresses.

**Please send email correspondence to:**

* Both parents/carers
* Only the Primary Contact …………………………………………….……………. (name)
* Only the Secondary Contact ………………………………………………….... (name)

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

***Early Years***

# Group Call Registration Details

*Please complete in block capitals and return to the School Office.*

Groupcall gives us the ability to send text messages to your mobile phone. We will be able to use this facility to get a message to one parent or the whole school very quickly.

All text messages sent from Kent College will have ‘GROUPCALL’ displayed at the top of the message and then the school’s name. We will be able to see from school when the message has arrived in your phone and so we will know you have received it. You cannot reply via text to these messages. If we are asking for information, please provide that information in the normal way (i.e. by telephone, email or letter to the school).

Groupcall will be our first method of reaching parents in an emergency situation, so it is important that your contact information is kept up-to-date. Please ensure that the school office has all your current contact details, especially your current mobile phone number, and advise us immediately if any of these numbers change.

|  |  |
| --- | --- |
| Primary Contact (name) |  |
| Relationship to pupil |  |
| Contact mobile number |  |

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

# Swimming Form

All children throughout the school have weekly swimming lessons as part of the curriculum and it is necessary for us to know the standard of each child.

* My child cannot swim
* My child can swim and has gained the following awards:

……………………………………………………………………………………………………………………………………....................................................................

……………………………………………………………………………………………………………………………………....................................................................

……………………………………………………………………………………………………………………………………...................................................................

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

***Early Years***

**Fee Refund Scheme**

**Effective from Autumn Term (September) 2024**

The absence of a pupil does not lessen the cost of running the school and fees are not refundable if a pupil is unable to attend classes due to sickness, accident or quarantine. The school is however, able to make refunds through the Fees Refund Scheme. Further information is available from our Bursary. Please send an email to [bursary@kentcollege.kent.sch.uk](mailto:bursary@kentcollege.kent.sch.uk) for further information.

***Early Years***

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* My child can swim and has gained the following awards:

……………………………………………………………………………………………………………………………………....................................................................

……………………………………………………………………………………………………………………………………....................................................................

……………………………………………………………………………………………………………………………………...................................................................

Child’s Name …………………………………………..….  Form …………………….

Signed …………………………………………...……………....  Date …………………….

(parent/guardian)

***Early Years***

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