Newington CE (Controlled) Primary School & Nursery

Part of the
Lower Halstow & Newington CEP Schools Federation

Transition Pack

School Lane, Newington, Sittingbourne, Kent ME9 7LB
Tel: (01795) 842300 ext 3 E-mail: nursery@newington.kent.sch.uk

Child's full name: _____

Name known as: _____

Date of Birth:_____

Gender: Male Female

Name of Parent(s) with whom the child lives:

1)_____ Parental responsibility?: Yes No

Date of Birth_____ National Insurance No._____

2)_____ Parental responsibility?: Yes No

Date of Birth_____ National Insurance No._____

Address:_____

_____

Postcode:_____

Parent 1:

Telephone:_____Mobile:_____

E-mail address: _____

Parent 2:

Telephone:_____Mobile:_____

E-mail address: _____

Name of Parent with whom the child does not live:_____

Date of Birth_____

Does this parent have parental responsibility?: Yes No

Address:_____

_____

Postcode:_____

Home telephone:_____Mobile:_____

Does this Parent have legal access to the child?: Yes No

Please, choose one option that best describes your ethnic group or background

Asian/Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background, please describe	**Black/ African/Caribbean/Black British** African Caribbean Any other Black/African/Caribbean background, please describe
Mixed/Multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed/Multiple ethnic background, please describe	**White** English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Roma Any other White background, please describe
Other ethnic group Arab Any other ethnic group, please describe	

Religion:_____

Are there any festivals or special occasions celebrated in your culture, that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?_____

_____

Language(s) spoken at home:_____

_____

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment? Yes/No

Doctors Name and Address:_____

_____

Telephone:_____

Health Visitors name:_____

Telephone:_____

Was your child born prematurely? YES NO

If yes, at how many weeks was your child born:_____

Were there any concerns during pregnancy/delivery? YES NO

If yes, please provide brief details_____

_____

Did they need to go to the NICU/SCBU at birth? YES NO

If yes, please provide brief details_____

_____

Has your child had their 2-2 ½ year health and development review with the Health Visiting service? YES NO

When was your child's last hearing test?_____

Does your child have any medical needs/conditions?

_____

_____

Does your child require any regular medications? YES NO

Please list: _____

_____

Does your child have any known/diagnosed allergies? YES NO

_____

_____

Does your child have any dietary needs? YES NO

_____

_____

Has your child ever reacted to any foods/skin care items?

_____

_____

Is there any family history of anaphylactic allergies?

_____

_____

Health and immunisation details up to date? _____

Is your child currently in a:
(please circle)

Nappy
Pull-up
Goes to toilet independently

Does your child have any involvement from the following professionals?
(please circle as appropriate):

Paediatrician
Speech and Language
Occupational therapist
Portage
Physiotherapist
Educational psychologist
NHS children's care co-ordination team
Health Visitor
Specialist teaching service
Early Help Worker
CAMHS
Family Hub
Any other professional _____

If you have circled any professional involvement, please provide contact details:

Agency_____
Name _____Telephone: _____

Agency_____
Name _____Telephone: _____

Agency_____
Name _____Telephone: _____

Does your family have a Social Care Worker for any reason? Yes No
Name:_____
Telephone:_____

What is the reason for the involvement of the Social Care Department with your family?_____
_____

N.B If your child has a protection plan, make a note here, but do not include details. Ensure these are obtained from the Social Care worker named above and keep these securely in the child's file.

Does your child have any special needs or disabilities? YES NO
If 'Yes', please give details: _____
_____

Does your child have a Education and Health Care Plan (EHP): YES NO

Is your child in receipt of Disability Living Allowance (DLA) YES NO

Do you have any concerns in any of these areas?

Your child's speech…

_____

_____

Your child's interactions with other children…

_____

_____

Your child's ability to learn and develop…

_____

_____

Your child's emotional wellbeing…

_____

_____

Your child's behavior…

_____

_____

Your child's physical development…

_____

_____

Your child's sensory experiences…

_____

_____

Have you seen any professionals in regards to these concerns?

_____

_____

Has your child previously attended a childcare setting: YES NO

Did your child settle well at the previous setting? What helped your child to settle in?

_____

_____

_____

At the previous setting was your child on any form of support plan?

_____

_____

_____

Did your child require any additional support at the Nursery?

_____

_____

_____

Do you consent to the Nursery contacting the
previous childcare setting to share information? YES NO

Name of childcare setting: _____

Address: _____

Will your child be eligible for Government funding, please circle:

Free for two funding (2-year old/ 15 hours)

Working parent entitlement (2/3/4-year old 30 hours)

Universal funding (3/4-year old 15 hours)

Funding Code: _____

Please indicate below any sessions you require. We make every effort to meet family's needs, however a Free Early Education place does not offer a guarantee of a particular pattern of delivery.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 8.45am-11.45am					
Afternoon 12.15pm-3.15 pm					
Full day* 8.45am-3.15pm *Additional daily lunch charge £3.50					

* A £3.50 daily charge for lunchtime (11.45am-12.15pm) is payable. Please note if you do not wish to pay for this lunch period, you have the option to collect your child at 11.45am for the 30-minute lunch session. Children may return for the afternoon session 12.15pm-3.15pm.

OFFICE USE ONLY

Proof of birth seen: Birth certificate No: Passport No: