Registration form

Could you tell us where you heard about Elham Pre-School? _____

Basic details

Name of child: _____ Date of birth: _____

We need to see your child's birth certificate or passport on registration.

Name known as: _____

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

Parent 1: _____

Does this parent have parental responsibility? Yes/No (please delete)

Parent 2: _____

Does this parent have parental responsibility? Yes/No (please delete)

Address: _____

_____

Telephone: _____ Mobile: _____

Email(s): _____

Name of parent with whom the child does **not** live: _____

Does this parent have parental responsibility? Yes/No (please delete)

Address of this parent: _____

_____

Telephone: _____ Mobile: _____

Does this parent have legal access to the child? Yes/No (please delete)

Parent 1 - Work/daytime contact number: _____

Parent 2 - Work/daytime contact number: _____

Any other emergency contact number (please provide details e.g. grandparent):

_____

Persons authorised to collect the child (must be over 16 years of age)

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Name: _____ Relationship to child: _____

Telephone: _____ Mobile: _____

Personal details of child

Has your child any allergies/intolerances? _____

_____

Does your child have any other special dietary needs/preferences? Yes/No (please delete)

If yes, please provide details: _____

_____

Has your child any ongoing health problems? _____

_____

Does your child take any regular medication? Yes/No (please delete)

If yes, please provide details: _____

_____

Has your child had the following standard childhood vaccinations?

MMR (3 in 1)	Measles (single)	Mumps (single)	Rubella (single)	HIB
☐	☐	☐	☐	☐

Polio	Tetanus	Diptheria	Men. C	W/cough
☐	☐	☐	☐	☐

Pn'coccal

☐

How would you describe your child's ethnicity or cultural background? _____

_____

What is the main religion in your family?_____

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

_____

What language(s) is/are 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 (please delete)

If yes, please discuss and agree with the key person how you will support the child when settling in. Thank you.

Does your child have any additional needs or disability? Yes/No (please delete)

If yes, please provide details: _____

What additional support will s/he require in our setting? _____

_____

Have you any concerns about your child, with either learning or development?

_____

What other information is it important for us to know about your child? For example, what they like, fears they may have, any special words they use, or what comforter they may need and when.

_____

_____

Additional funding (optional information)
If you receive certain benefits, or your child is a “looked after” child, pre-school may be able to secure additional funding to ensure that the needs of your child are met. We would be very grateful, therefore, if you would tick the box below if you think this might be relevant to you, so that we can contact you regarding registering for the scheme.

I would like further information on the Early Years Pupil Premium. ☐

Names of professionals involved with the child

Name 1: _____ Role: _____

Agency: _____ Telephone: _____

Name 2: _____ Role: _____

Agency: _____ Telephone: _____
Do you have a health visitor? Yes/No (please delete)

Name: _____ Based at: _____

Telephone: _____

If Social Services have involvement with your family, could you please give details.

_____

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

To be completed by the key person/manager

Starting date: _____

Days and times of attendance: _____

Details of any fees payable: _____

Name of key person: _____

Name of back-up key person: _____

Has the settling-in process been agreed? Yes/No (please delete)

If so, detail: _____

_____

Signed by

Key person: _____ Manager: _____

Date: _____

(FOR STAFF ONLY)

Birth certificate/passport seen: Certificate No: _____

DATE:_____ by: _____

Password given: Yes/No Password: _____

Drinks required at snack time: Milk/Water

Consent forms signed: Yes/No

Permission form for emergency treatment signed: Yes/No

Permission form for observations signed: Yes/No

DOCTORS INFORMATION AND PERMISSION FOR EMERGENCY TREATMENT

Child's name: _____

Date of birth: _____

Doctor's name: _____

Doctor's address: _____

_____

Doctor's telephone number: _____

Allergies or any medical information: _____

_____

_____

_____

I/We* _____ give/do not give* permission for Elham Pre-School to seek emergency medical advice in my/our* absence and for my/our* child to receive medical treatment (*delete as applicable).

If permission not given, please provide your reasons. Thank you.

Signed: _____ Date: _____

CONSENTS FORM

For child named: _____

Local excursions
I agree to my child taking part in fully supervised excursions.

Signed: _____ **Date:** _____

Photographs
I agree to my child having his/her photograph taken at Pre-School events or during sessions, and for photos of my child to appear on the Pre-School website and other promotional material (no names will be published). I also understand that my child's image may appear in the background of other people's photos. (If you are not happy for your child to appear in any photos please let staff know, and we will ensure that nobody is permitted to take photos at events at which your child is present.)

Signed: _____ **Date:** _____

Observations and assessments
I give permission for the staff at Elham Pre-School to carry out observations and assessments of my son/daughter, including the taking of photographs, for the purpose of developmental progress and use in individual and curriculum planning.

Signed: _____ **Date:** _____

Sun cream application
I agree to apply sun cream to my children when necessary prior to leaving them at pre-school, and to provide a named bottle of sun cream should it need to be re-applied. I also give permission for staff to re-apply sun cream when necessary.

Signed: _____ **Date:** _____

Pre-School policies
I have read and understand the policies of the Pre-School.

Signed: _____ **Date:** _____

Late pick-ups
I agree to pay a late pick up fee of £10.00 per session if I consistently collect my child later than 3.00pm.

Signed: _____ **Date:** _____

Holiday absence
I agree to pay for my child's place when absent in term-time due to being on holiday.

Signed: _____ **Date:** _____

Notice of leaving or reduction in hours
NO NOTICE IS REQUIRE IF YOU ARE ONLY ACCESSING YOUR FREE EARLY EDUCATION PLACE
I agree to give 4 calendar weeks' notice if I intend to withdraw my child from Pre-School, or reduce their regularly booked hours, or to pay the equivalent of 4 calendar weeks' fees in lieu of notice.

Signed: _____ **Date:** _____

Refundable deposit
NO DEPOSIT IS PAYABLE IF YOU ARE ONLY ACCESSING YOUR FREE EARLY EDUCATION PLACE
I enclose a cheque/have made an online payment (please delete) to the value of £50 by way of a refundable deposit. I understand that this will be returned to me when my child leaves Pre-School, provided the required 4 calendar weeks' notice has been given and all fees paid. Please make online payments to Sort Code: 08-92-99 A/c no: 65335037, Co-operative Bank, referencing payments with your child's name.

Signed:_____ **Date:**_____

Other care providers
If your child/children attend another care provider, or may in the future, it may be necessary for us to contact them from time to time to discuss how both settings can work together to provide continuity in their learning and development. We can only do this with your permission and will discuss with you before we make contact. Thank you.

I/we give permission for Elham Pre-School to contact our child(ren)'s other care provider.

Signed: _____ **Date:** _____

Name of other setting:_____

Telephone number of other setting: _____

Name of keyworker at other setting: _____

Please advise us of any change of contact or other details. Thank you.

Notice of intention to withdraw child from Elham Pre-School

As per the registration document signed when I enrolled

…..... (insert name of child)

at Elham Pre-School, I hereby give four calendar weeks' notice that I am withdrawing my child from the setting.

Today's date:.....

Last day at Elham Pre-School:.....

Signed:…….....

Name of person signing:.....

ELHAM PRE-SCHOOL

Privacy Notice - Data Protection Act 1998

We **ELHAM PRE-SCHOOL** are a data controller for the purposes of the Data Protection Act. We collect and hold personal information from you and may receive information about you from your previous school and the Learning Records Service. We hold this personal data to:

- support your learning;
- monitor and report on your progress;
- provide appropriate pastoral care, and
- assess how well we are doing.

Information about you that we hold includes your contact details and personal characteristics such as your ethnic group, any special educational needs and relevant medical information.
We will not give information about you to anyone without your consent unless the law and our policies allow us to.
We are required by law to pass some information about you to our Local Authority (LA) and the Department for Education (DfE). If you want to receive a copy of the information about you that we hold or share, please contact **ELAINE TROTH.**
DfE may also share pupil level personal data that we supply to them, with third parties. This will only take place where legislation allows it to do so and it is in compliance with the Data Protection Act 1998.
Decisions on whether DfE releases this personal data to third parties are subject to a robust approval process and are based on a detailed assessment of who is requesting the data, the purpose for which it is required, the level and sensitivity of data requested and the arrangements in place to store and handle the data. To be granted access to pupil level data, requestors must comply with strict terms and conditions covering the confidentiality and handling of data, security arrangements and retention and use of the data.

For more information on how this sharing process works, please visit:
https://www.gov.uk/guidance/national-pupil-database-apply-for-a-data-extract
For information on which third party organisations (and for which project) pupil level data has been provided to, please visit: https://www.gov.uk/government/publications/national-pupil-database-requests-received
If you need more information about how our local authority and/or DfE collect and use your information, please visit:

- our local authority at http://www.kent.gov.uk/about-the-council/contact-us/access-to-information/your-personal-information;or
- the DfE website at https://www.gov.uk/data-protection-how-we-collect-and-share-research-data

If you cannot access these websites, please contact the LA or DfE as follows:

Information Resilience & Transparency Team
Room 2.71
Sessions House
Maidstone
Kent
ME14 1XQ

Email: dataprotection@kent.gov.uk

Ministerial and Public Communications Division
Department for Education
Piccadilly Gate
Store Street
Manchester
M1 2WD

Email:http://www.education.gov.uk/help/contactus
Telephone: 0370 000 2288
Website: https://www.gov.uk/government/organisations/department-for-education