**LYMPSTONE PRE-SCHOOL – REGISTRATION FORM**

**Candys Field, School Hill, EX8 5JY 01395 266511**

**Admissions email:** **lympstonepreschool@yahoo.co.uk** **Mobile: 07395 391052**

(LYMPSTONE PRESCHOOL IS A REGISTERED CHARITY - Charity Number: 1038447)

CHILD’S NAME……………………………………………………………… SEX……………………….. DATE OF BIRTH……………………………………………………..

PARENT/CARER HAVING PARENTAL RESPONSIBILITY FOR THE NAMED CHILD:

NAME:…………………………………………………………………………………………………….. ADDRESS:……………………………………………………………………………….

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

POSTCODE………………………………………………………………………….MOBILE………………………………………………………………………………………………………..

TEL NO…………………………………………………………………………………………….EMAIL……………………………………………………………………………………………….

ANY OTHER CONTACTABLE TELEPHONE NUMBER EG PLACE OF WORK…………………………………………………………………………………

DOB…………………………………………………………………………………… National Insurance Number………………………………………………………………………

**ANY OTHER PARENT/CARER HAVING PARENTAL RESPONSIBILITY FOR THE NAMED CHILD:**

NAME……………………………………………………………………………………………………………………………………………………………………………………………………………

ADDRESS……………………………………………………………………………………………………………………………………………………………………………………………………..

POSTCODE…………………………………………………………………………………………………MOBILE…………………………………………………………………………………

TEL NO ………………………………………………………………………..EMAIL……………………………………………………………………………………………………………………

ANY OTHER CONTACTABLE NUMBER EG WORK………………………………………………………………………………………………………………………………

DOB……………………………………………………………………………… National Insurance Number…………………………………………………………………………….

**PERSON/S THAT CHILD USUALLY RESIDES WITH**……………………………………………………………………………………………………………………………………………………………………………………..

IN THE EVENT OF AN EMERGENCY AND WE ARE UNABLE TO CONTACT EITHER OF THE ABOVE PLEASE PROVIDE DETAILS OF AT LEAST ONE OTHER NAMED CARER WITH AUTHORITY TO ACT ON YOUR BEHALF EG GRANDPARENT/FRIEND:

1ST CONTACT, NAME AND NUMBER………………………………………………………………………………………………………………………………….................

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2ND CONTACT, NAME AND NUMBER………………………………………………………………………………………………………………………………………………….

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NAME(S) OF **ALL** PERSONS AUTHORISED TO COLLECT YOUR CHILD FROM PRESCHOOL:

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

**PLEASE NOTIFY US OF ANY CHANGES. NO CHILD WILL BE RELEASED TO AN UNAUTHORISED PERSON.**

NAME OF CHILD’S DOCTOR………………………………………………………………………………………………………………………………………………………………….

DOCTORS TELEPHONE NUMBER…………………………………………………………………………………………………………………………………………………………

HAS YOUR CHILD BEEN IMMUNISED AGAINST? DIPTHERIA……………………………… WHOOPING COUGH………………………..

POLIO……………………………TETANUS………………………………..MEASLES…………………………….HIBS………………………………………………………………

IS YOUR CHILD ALLERGIC TO ANYTHING?.....................................................................................................................................

HAS YOUR CHILD HAD ANY MAJOR ILLNESS OR OPERATIONS?................................................................................................

HAS YOUR CHILD ANY ONGOING HEALTH PROBLEMS?..................................................................................................................

HAS YOUR CHILD BEEN IN HOSPITAL RECENTLY?...........................................................................................................................

**OUR GROUP HAS A SPECIAL NEEDS POLICY. DOES YOUR CHILD HAVE ANY SPECIAL NEEDS WHICH YOU WOULD LIKE TO DISCUSS WITH STAFF?** ………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**CHILD’S FIRST LANGUAGE**………………………………………………………………………………………………………………………………………………………………………

**CHILD’S NATIONALITY**:…………………………………………………………………………………………………………………………………………………………………………

**CHILD’S ETHNICITY**: ……………………………………………………………………………………………………………………………………………………………………………..

OTHER LANGUAGE(S) SPOKEN AT HOME…………………………………………………………………………………………………………………………………………..

SPECIAL REQUESTS/REQUIREMENTS/PREFERENCES ABOUT RELIGIOUS OBSERVANCE, FOOD, CLOTHING, HEALTH OR OTHER MATTERS WHICH WE SHOULD OBSERVE IN RELATION TO YOUR CHILD…………………………………..

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

BACKGROUND INFORMATION WHICH MAY HELP US BETTER UNDERSTAND HIM/HER – ANY SPECIAL FEARS, PETS, BROTHERS AND SISTERS, ANY SPECIAL WORDS FOR (EG) TOILET, ANY RECENT FAMILY EVENTS WHICH HAVE AFFECTED THE CHILD, PREFERENCES ETC………………………………………………………………………………………………………………………………

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LYMPSTONE PRE-SCHOOL IS A REGISTERED CHARITY AND NOT FOR PROFIT ORGANISATION. OUR PRE-SCHOOL OFFERS SUPPORT SERVICES AS OUTLINED IN THE WELCOME PACK WHICH WILL BE SENT TO YOU DURING THE TERM BEFORE YOUR CHILD STARTS WITH US. THE WORK OF THE GROUP CANNOT BE FULLY EFFECTIVE UNLESS PRE-SCHOOL AND PARENTS WORK TOGETHER IN THE CHILD’S INTERESTS.

**PARENT PARTICIPATION:**

I/WE WILL JOIN IN THE LIFE OF THE PRE-SCHOOL FOR AS LONG AS OUR CHILD ATTENDS. I/WE WOULD BE PARTICULARLY INTERESTED IN:

HELPING DURING OCCASSIONAL SESSIONS……………………………WORKING ON THE COMMITTEE……………………………

MAKING/MENDING THE EQUIPMENT…………………………………………….TAKING PART IN OUTINGS…………………………………..

HELPING WITH FUNDRAISING……………………………………………………….OTHER (PLEASE SPECIFY)………………………………………….

**ARE YOU REGISTERED WITH A LOCAL CHILDREN’S CENTRE?** …………………………………………………………………..

NAME OF CHILDREN’S CENTRE…………………………………………………………………………………………………………………………………

**HAS YOUR CHILD HAD THEIR 2 YEAR DEVELOPMENT REVIEW CHECK WITH THEIR HEALTH VISITOR?**

 YES/NO/NOT SURE

**HAS YOUR CHILD HAD THEIR 2 YEAR PROGRESS CHECK WITHIN APRESCHOOL/NURSERY/CHILDMINDER?**

YES/NO/NOT SURE

**IF YOU ARE NOT REGISTERED WITH A CHILDREN’S CENTRE, PLEASE CONTACT MOORFIELD ROAD, EXMOUTH EX8 3QW 01395 226 789 TO REGISTER YOUR DETAILS**

**PLEASE RETURN THIS FORM (along with your child’s red book and a form of ID) TO: NEW ADMINISTRATIONS AT THE ADDRESS ON THE TOP OF THIS FORM**

***WE LOOK FORWARD TO YOUR CHILD STARTING WITH US AT PRE-SCHOOL!***

**REQUIRED CONSENTS AND DECLARATIONS – LYMPSTONE PRESCHOOL**

**CONSENT TO SHARE:** I UNDERSTAND THAT THE INFORMATION PROVIDED IN THIS FORM WILL BE USED TO CREATE A PERSONAL FILE FOR MY CHILD AND WILL BE STORED IN A SECURELY LOCKED FACILITY WITHIN THE SETTING. INFORMATION FROM THIS FILE MAY BE KEPT FOR UP TO 21 YEARS TO COMPLY WITH CURRENT LEGISLATION GUIDELINES AND MAY BE SHARED (WITH ADDITIONAL CONSENT WHERE REQUIRED) BETWEEN OUTSIDE AGENCIES (ie HEALTH TEAM/DCC) ANDWITH OTHER SETTINGS ATTENDED WHERE REQUIRED AND ON A LAWFUL BASIS AS PER GDPR REGULATIONS. I AGREE FOR THE INFORMATION TO SHARED IN ACCORDANCE TO THE DATA PROTECTION ACT AND RECOGNISE THAT IT WILL BE STORED IN COMPLIANCE TO THIS LEGISLATION. I UNDERSTAND THAT I CAN REQUEST CLARIFICATION OF WHERE MY INFORMATION WILL BE USED AT ANY TIME AND WITHDRAW CONSENT FOR SHARING AT ANY POINT (ALTHOUGH ANY LEGALLY BINDING REQUIREMENT FOR INFORMATION SHARING AND STORAGE WILL OVERRIDE PARENTAL PREFERENCES)

-------------------------------------- (SIGNED) NAME/RELATIONSHIP TO CHILD-----------------------------------------

**PARENTMAIL**:

 I CONSENT TO MY NAME AND EMAIL ADDRESS BEING SHARED SECURELY WITH PARENTMAIL IN ORDER FOR AN ACCOUNT TO BE SET UP ON MY BEHALF FOR COMMUNICATION AND BILLING PURPOSES. ONLY MY NAME AND EMAIL WILL BE SHARED AND I WILL THEN CREATE OTHER DETAILS MYSELF THROUGH MY ACCOUNT:

SIGNED………………………………………………….PRINT……………………………………………………………………………………DATE:…………………………..

**CONTRIBUTION TO SNACK** :

I GIVE PERMISSION FOR PRESCHOOL TO BILL ME FOR MY VOLUNTARY SNACK DONATION EACH TERM (£5 PER TERM PER CHILD)

 SIGNED………………………………………………….PRINT……………………………………………………………………………………DATE:…………………………..

**SUNCREAM PAYMENT**:

 I GIVE PERMISSION FOR PRESCHOOL TO BILL ME FOR MY PAYMENT FOR SUNCREAM FOR MY CHILD (£6 PER YEAR) AND CONSENT THAT MY CHILD MAY WEAR THE PRESCHOOL 5 STAR, HYPOALLERGENIC SUNCREAM WHILST IN SESSION.

SIGNED…………………………………………………………..PRINT………………………………………………………………………………..DATE…………………………

**ANIMAL INTERACTION:**

OCCASSIONALLY WE HAVE A VISIT FROM OUR ‘THERAPY DOG’ SNOWY WHO STAYS IN THE OFFICE AT PRESCHOOL AND CHILDREN ARE INVITED IN TO PLAY WITH HIM AS AND WHEN REQUIRED FOR SUPPORT WITH SEPARATION ANXIETY AND/OR TO LEARN HOW TO SAFELY INTERACT WITH DOGS AND ANIMALS. THIS IS FULLY SUPERVISED AT ALL TIMES BY HIS OWNER WHO IS ONE OF THE MAMAGEMENT TEAM (VICKI DRINKWATER ). HE IS A 4 YEAR OLD SHIH TZU (CORRECT AT 2019) AND IS HYPOALLERGENIC SO THERE IS A VERY LOW CHANCE OF ALLERGIC REACTION FROM ANY CHILD.

I AGREE TO MY CHILD BEING PART OF THIS ADDITIONAL PART OF THE PRESCHOOL SESSION SHOULD THEY WISH TO:

SIGNED………………………………………………………PRINT……………………………………………………………………DATE:…………………………………………….

**BIRTH CERTIFICATE IN PERSONAL FILE:**

I CONSENT TO A COPY OF MY CHILD’S BIRTH CERTIFICATE TO BE STORED WITHIN THEIR FILE

SIGNED……………………………………………..PRINT…………………………………………………DATE:……………………………………………………………………..

**TAPESTRY:**

I CONSENT TO MY EMAIL ADDRESS BEING SHARED WITH TAPESTRY TO SET UP AN ACCOUNT FOR MYSELF/MY CHILD

SIGNED……………………………………PRINT………………………………………………………..DATE:………………..………………………………………

**OUTINGS:**

I AM WILLING FOR MY CHILD TO GO ON BRIEF LOCAL OUTINGS FROM PRE-SCHOOL. I UNDERSTAND THAT SPECIFIC CONSENT WILL BE SOUGHT FOR MAJOR EXCURSIONS.

SIGNED…………………………………PRINT…………………………………………………………

**SESSIONS REQUIRED:**

**Please agree your preferred sessions with the admissions team – timings as follows: Breakfast (8-9) am session (9-11.30) lunch club (11.30-12.30) afternoon session (12.30-3.00) after school (3.00-4/5/6.00) and declare any sessions you will be attending at other settings – Lympstone Preschool will strive to meet preferences wherever possible. Funded hours can be claimed across any session and any hours over funding or for children not eligible for funding will be charged at £4.85 per hour for over 3yr olds and at £5.00 for under 3yr olds.**

|  |  |  |  |
| --- | --- | --- | --- |
| **LYMPSTONE** **PRESCHOOL** | **Please enter the total hours requested and confirmed with the admissions team** | **Total number of hours per week** | **Number of weeks per year (e.g. term time only 38 weeks or stretched all year 50 weeks)** |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Total hours term time****e.g 9-3** |  |  |  |  |  | **x** | **X** |  |  |
| **Total hours during holiday club sessions**  |  |  |  |  |  | **x** | **x** |  |  |

**Funding details**

* Parents need to agree and complete this Declaration (or something similar that other settings have produced) with each provider your child attends for their early years entitlement. This will help ensure that funding is paid fairly between them.
* Your child can attend a maximum of two sites in a single day and if your child attends more than one provider Devon County Council will fund all providers based on the hours your child is booked into those provisions.

**My child is claiming Early Years Funding at the following providers:**

**Our setting:**

|  |  |  |  |
| --- | --- | --- | --- |
| **LYMPSTONE** **PRESCHOOL** | **Please enter the total funded hours attended each day** | **Total number of hours per week** | **Number of weeks per year (e.g. 38/50)** |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Total hours****e.g 9-3** |  |  |  |  |  | **x** | **X** |  |  |
| **Total daily Funded Hours Attended** |  |  |  |  |  | **x** | **x** |  |  |

**Other provider/childminder**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Provider Name:** | **Please enter the total funded hours attended each day** | **Total number of hours per week** | **Number of weeks per year (e.g. 38, 45, 51)** |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Total****Hours (e.g 9-3)** |  |  |  |  |  |  |  |  |  |
| **Total daily Funded Hours Claimed** |  |  |  |  |  |  |  |  |  |

**Early Years Pupil Premium (EYPP) Registration**

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to providers for 3 and 4 year old children of families in receipt of certain benefits. This funding will be used to enhance the quality of your childs early years experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child’s progress and development. For more information please speak to your childcare provider.

If you believe that your child may qualify for the EYPP please provide the following information about the **main benefit holder** to enable Devon County Council to confirm eligibility. *If your child is under the age of 3 and you feel that you may be eligible at that point please still complete the below form as we can then submit once at an eligible age.*

|  |  |
| --- | --- |
| **Parent/carer First Name:** |  |
| **Parent/carer Last Name:** |  |
| **Parent/carer** **Date of Birth:** |  |
| **Parent/carer National Insurance Number/ NASS:****(9 characters)** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| **Parent/carer Signature:** |  |

**Declaration I** (name)…………………………………………………………………………………………

**of** (address)……………………………………………………………………………………….

**confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise Lympstone Preschool to claim entitlement funding as agreed above on behalf of my child.**

I also agree that the information I have provided can be shared with Devon County Council (DCC) and the Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim the Early Years Pupil Premium (EYPP) on behalf of my child. DCC may also share that information with neighbouring authorities if necessary for a claim to be processed.

|  |  |
| --- | --- |
| **Parent/carer/guardian with** **legal responsibility** | **Childcare provider** |
| Signed |  | Signed |  |
| Print name |  | Print name |  |
| Date |  | Date |  |

**Two Year Old Funded Places**

If your child is eligible for a two year funded place and you have a golden ticket number please complete the below: (check eligibility through [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)) Please also bring with you your golden ticket in order that the preschool can register this and check eligibility during headcount with the local authority.

|  |  |  |  |
| --- | --- | --- | --- |
| **Golden Ticket Number or** | **MM --- --- --- --- / --- --- --- --- --- ---****or****ZZ --- --- --- --- / --- --- --- --- --- ---**  | **Eligible from:** |  |
| **Citizens Portal** | **TYF 878 - \_\_\_ \_\_\_ \_\_\_ \_\_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_\_** |

**Details for children claiming the Extended Entitlement**

If both parents (or sole parent if a sole parent household) are working over 16hrs at minimum wage rate or equivalent you may be entitled to extended funding (30hrs). To apply please visit [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) – this application for eligibility needs to be refreshed every 3 months. If you are eligible please apply in good time ahead of a new term to ensure you can activate the funding in time – then provide the details below so preschool can register your claim.

|  |  |
| --- | --- |
| **Parent/carer National Insurance Number/ NASS:****(9 characters)** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| **30 hours eligibility code:** **(11 digits)** | 5 0 0 0 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |

NB Parents are responsible for their application and refreshing their eligibility claim every 3 months. If you fail to re-check or you apply too late you may not be able to claim your extended funding and will revert back to the standard 15hrs – please be mindful of this as you may then be responsible for a bill for any additional hours attended over the 15hrs entitlement.

\*Please see our billing policy – this can be viewed online at [www.lympstonepreeschool.co.uk](http://www.lympstonepreeschool.co.uk) – we have a 4 week cancellation policy on any reduction/cancellation of hours from he declared hours on this form or from the point of any future amendments – all bills are payable within 28 days of issue unless by previous agreement. Any bills unpaid which carry over into a new term will incur interest at a weekly rate (£) per week for each week overdue which will be advised by the preschool and will not exceed £10 per week in interest chargeable.