**LYMPSTONE PRE-SCHOOL – REGISTRATION FORM**

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

**Admissions email:** [**lympstonepreschool@yahoo.co.uk**](mailto: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…………………………………………………………………………………

Preschool may be able to claim additional funding to support children in the setting- in order to check eligibility please provide the following details:

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………………………………………………………………………………………………………………………………

Preschool may be able to claim additional funding to support children in the setting in order to check eligibility please provide the following details:

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

………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

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

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

**PLEASE NOTIFY US IF THERE ARE ANY CHANGES TO WHO IS NAMED TO COLLECT FROM SESSION – WE REQUIRE A NAME OF WHO IS AUTHORISED TO COLLECT EACH DAY AS NO CHILD WILL BE RELEASED TO AN UNAMED PERSON – EVEN THOSE CLOSELY RELATED TO THEM/ON THE AUTHORISED MAIN LIST UNLESS ADVISED.**

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**

**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) and with 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 via my account set up:

signed………………………………………………….

**CONTRIBUTION TO SNACK** :

I give permission for preschool to bill me for my voluntary snack donation each term (£5 per term per child)

signed………………………………………………….

**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…………………………………………………………..

**BIRTH CERTIFICATE IN PERSONAL FILE:**

I consent to a copy of my child’s birth certificate to be stored within their file

signed……………………………………………..

**LEARNING JOURNALS:**

I consent to my email address being shared with tapestry to set up an account for myself/my child

signed……………………………………print………………………………………………………..

**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………………………………………..

Permission for photography to take place in the Pre-school

It is the Pre-school’s policy to routinely take photographs of the children in the Pre-school environment. This is used to show evidence to Ofsted inspectors and PLA Accreditation inspectors that we are covering the six areas of Early Years foundation stage education through a wide range of activities. We follow the data protection act and this information is not shown to anyone else outside the Pre-school staff.

Signed……………………………………….

## Parental Agreement to short excursions

From time to time the Preschool take the children on short excursions around the village for nature walks etc. This is done with the appropriate adult: child ratio and all care will be taken in the safety of all the children. Trips further away will be arranged, but you will be asked to sign another consent form in these circumstances.

Signed…………………………………………….

**Parental consent to emergency medical treatment of their child**

If your child is involved in an accident of any kind or has a medical trauma, the first- aid will be given by a qualified member of staff. In serious incidents a doctor or ambulance is called and you will be contacted immediately, but occasionally we need to act in loco parentis until we can get hold of you. We would be grateful if you would fill in and return the consent forms below so that we have a record that you are happy for the staff to act quickly.

In accident/emergency situations I give **general consent** (ie preschool do not need to request permission for individual instances) to my child being administered pain relief (calpol) /antihistimine (delete as applicable) to my child should they be unable to contact me, at the discretion of the qualified first aider on duty.

Signed………………………………………………………….

**BEHAVIOUR MANAGEMENT**

**System of Referral**:

A designated person within the pre-school will be responsible overall for issues relating to behaviour management. Behavioural management issues which are unresolved and/or reoccurring will be referred to the designated person. At Lympstone Pre-school the designated person is **Caroline Armstrong.** Training will have been accessed to enable that person to fulfil their role and support children, parents and other members of staff. The support of professional bodies will be sought when considered advantages. I have read and agree to support the pre-school's policy of behaviour.

Signed…………………………………….

**INTIMATE CARE**

I give permission to staff at Lympstone Preschool to provide appropriate intimate care support to my child e.g. changing nappies, soiled clothing, washing and toileting. I will advise the Special Educational Needs Co-ordinator of any medical complaint my child may have which affects issues of intimate care

Signed…………………………………………………………….

**BILLING**

If your child is not entitled to government funding, or is attending preschool for more than the 15hrs/30hrs funded then parents will be billed for these hours. Currently our charges are;

**£5.50 per hour for children over 3 years**

**£5.75 per hour for children under 3 years**

Chargeable hours will be billed after headcount week (where hours are declared to Devon County Council) near the beginning of each term (for the whole term), and will be payable within 28 days (unless by prior agreement). If your child is ill and does not attend sessions the amount is still billable. We would require a half term (minimum) notice to attendance changes for them to come into effect in relation to billing.

*Please note that although your child is entitled to 15hrs/30hrs a week funding from the term after their third birthday Devon County Council cap this to 570/1140 hrs per academic year. Depending on term lengths etc this may mean that your termly bills fluctuate as the year progresses as differing numbers of hours of funding may be available/left to claim. If you have any queries regarding this please speak to our finance manager.*

I have read and agree to the terms of billing.

Signed……………………………….. Print name……………………..

**Online learning journals – Learning Journals**

Preschool use a secure online learning journal to record all your child’s observations and pictures, targets and achievements whilst at preschool. You will be sent a secure email and be asked to follow a link to set up your own secure password to access your child’s account.

I agree to Learning Journals being set up for my child and confirm that I understand that no images will be shared other than via this secure system

Signed…………………………….

When working in groups there may be instances where my child’s image will feature within another child’s Learning Journals account. I confirm that I agree that in these instances I am happy for my child’s image to be shared in a secure manner with the parents/carers of the other children in the group only and in the same secure manner as my own Learning Journals account.

Signed…………………………..

**Animal Handling/Interaction**

Lympstone Preschool has a doggy friend that may visit to spend time with the children in small groups in a controlled environment. Activities will include:

* Learning how to safely approach/interact with a dog
* Play and cuddles
* Learning tricks and commands
* General Care

All areas have been risk assessed and abide by strict health and safety requirements including washing hands after interaction and no interaction shall be available in areas where food may be handled/consumed. The dog is very well integrated with children and is a shih tzu (hypoallergenic) breed aged 3 (at May 2018) – any interaction will be fully supported and supervised by an adult.

I give consent for my child to be involved in this programme where available.

Signed……………………………………………..

**GDPR**

Lympstone Preschool is committed to processing and controlling data held about children and families in accordance with GDPR regulations and guidelines and in the interest of the data subject in a lawful manner. Only information that is relevant to the preschools legal obligation will be taken and will be updated regularly to ensure that it is current. Some information (such as incident/accident) will be retained and stored for up to 21 years in accordance to legal requirements and will be held in a safe storage manner in accordance with data protection guidelines. The preschool will only share information held with outside agencies such as Ofsted /Devon County Council/ Early Help/Children’s Centre as per legal obligations and parents will be advised of any intended sharing of information and verbal/written consent sought for this. Please see privacy notice for further details.

I have read and understand the above declaration and agree that Lympstone Preschool may use collected information in accordance to the data protection act and GDPR 2018.

Signed…………………………………………….

**PARENTMAIL**

As part of our communication system with parents/carers, Lympstone preschool have secure messaging and billing via Parentmail. This requires an email contact to be set up. I agree to my email address being used to set up parent mail and will download the app to my phone so I can be updated via text as well as email of any notifications.

Signed…………………………..

Email address to be used for set up…………………………………………………………………….

**SUNCARE**

As part of our suncare policy we are committed to the safeguarding of our children in the sun. Children will be expected to wear a sunhat whilst in the direct sunlight and will wear a high standard UVA/UVB 5 Star Hypoallergenic suncream. Lympstone Preschool will provide this suncream for all children (unless requested to use own brand for specific sensitive skin issue - this must also be compliant with UVA/UVB 5 Star standards). We ask for a £6 contribution from parents towards this cost. I agree to being billed £6 for suncream in the spring/summer term

Signed………………………………

**FUNDING & 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 (3.00-3.30/4/5/6.00) 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 £5.50 per hour for over 3yr olds and at £5.75 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**

* Please agree and complete this declaration 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 let us know.

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)…………………………………………………………………………………………**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 please confirm with the administration team.

**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.lympstonepreschool.co.uk](http://www.lympstonepreschool.co.uk) – we have a 4 week cancellation policy on any reduction/cancellation of hours from the 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.

**PLEASE RETURN THIS FORM ALONG WITH LONG BIRTH CERTIFICATE IDENTIFICTAION FOR YOUR CHILD TO**

**‘NEW ADMISSIONS’ AT THE ADDRESS ON THE TOP OF THIS FORM.**

WE LOOK FORWARD TO YOUR CHILD STARTING WITH US AT PRESCHOOL.

