**Lympstone Preschool Registration Form**

**Candys Field, School Hill, Lympstone, Devon, EX8 5JY**

**Email: admissions@lympstonepreschool.co.uk Office: 01395 266511**

Childs name ……………………………………………………………… Gender ……………………

Date of birth ……………………………………………………

Childs nationality……………………………………………. Childs ethnicity……………………………………….

Childs home language…………………………………….

Any additional languages spoken? …………………………………………..

**Parent/carers having parental responsibility for the named child**

**Parent/carer 1**

Name …………………………………………………… D.O.B …………… NI Number …………………

Address……………………………………………………………………………

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

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

Telephone number…………………………………………………………………………

Alternative contact number…………………………………………………………..

Email address ……………………………………………………………………………….

**Parent/carer 2**

Name………………………………………………………… D.O.B ………………………….

Address……………………………………………………………………………………………………………………………………

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

Telephone number ………………………………………………………………………

Alternative contact number………………………………………………………….

Email address……………………………………………………………………………….

**Person that the child usually resides with**…………………………………….

In the event of an emergency and if 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

**Contact 1**

Name…………………………………………………… Relationship to child…………………………………………….

Telephone number……………………………………………

**Contact 2**

Name…………………………………………………… Relationship to child…………………………………………….

Telephone number………………………………………….

Names of all persons authorised to pick up your child.

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

**Medical information**

Name of child’s doctor……………………………………………………………

Surgery telephone number …………………………………………………….

Has your child been immunised against the following?

Diphtheria Y/N Whooping cough Y/N Polio Y/N Tetanus Y/N Measles Y/N HIBS Y/N

**Does your child have any allergies?** .........................................................................................

Has your child had any major illnesses or operations?

...................................................................................................................................................

Has your child got any ongoing medical concerns?

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Our preschool has a Special Educational Needs Policy. Does your child have any special needs that you would like to discuss with a manager Y/N

If yes, please provide a brief outline …………………………………………………………………………………………………………………………………………………

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

Are you registered with a local children’s centre? Y/N

If you are not registered with a children’s centre, Please follow the link and register your child: [Devon Children's Centres - Membership Form (smartsurvey.co.uk)](https://www.smartsurvey.co.uk/s/ChildrensCentreMembershipForm/)

Has your child had their 2 year develop check with a health visitor? Y/N

Has your child had a 2 year progress check at another setting? Y/N

Please use this space to provide any other information that you would like to share with us about your child.

Lympstone preschool is a registered charity and not for profit organisation. Our preschool offers support and services as outlined in the welcome pack. The work of the preschool cannot be fully effective unless preschool and parents work together in the child’s interest.

**Parent participation**

I/we will join in the life of the preschool for as long as our child attends. I/we would particularly interested in:

Volunteering on the committee Y/N

Helping with fundraising Y/N

Helping with general maintenance of the preschool Y/N

Do you have any other skills or interests that you would be willing to share with the preschool?

**Sessions required:**

Please agree your preferred sessions with the office. **To secure these sessions a £25 deposit will be required which is refundable after the first term of attendance.**

Timings are as follows:

Breakfast club 8am-9am

Preschool sessions, morning 9-11.30am, Lunch club 11.30am- 12.30pm, Afternoon session 12.30-3pm.

After school club 3- 3.30/4/5/6 **(Friday ASC closes at 5pm)**

**Funding details**

Please agree and complete this declaration with each provider your child attends for their early years entitlement. This will ensure the 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. Funded hours can be claimed across any session and any hours over funding or for children not eligible for funding will be charged at £6.50 per hour for over 3yr olds and at £7.00 for 2yr olds.

**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** |  |  |  |  |  |  |  |  |  |
| **Total daily Funded Hours Attended** |  |  |  |  |  |  |  |  |  |

**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 child’s 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.

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 full name:** |  |
| **Parent/carer** **Date of Birth:** |  |
| **Parent/carer NI Number** |  |
| **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.

Signed……………………………………

**Details for children claiming the 2 year funding or 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 2 years funding or extended funding (30hrs) for 3/4 years. 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 NI Number/ NASS:** |  |
| **30 hours eligibility code:**  | 5 0 0 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |

NB Parents are responsible for their application and refreshing their eligibility claim every 3 months. If you fail to re-check or apply too late you may not be able to claim your extended funding and will revert back to the standard 15hrs for 3/4 year olds or chargeable hrs for 2 year olds – please be mindful of this as you may then be responsible for an invoice.

**Invoicing**

If your child is attending preschool for more than the 15hrs/30hrs funded then parents will be invoiced for these hours. Currently our charges are;

**£6.50 per hour for children over 3 years**

**£7.00 per hour for children under 3 years**

Chargeable hours will be invoiced monthly. Payments are expected to paid in full before the start of month relating to the issued invoice. If your child is ill or on holiday and does not attend sessions the amount will still be invoiced. We require a 4 week notice to attendance changes for them to come into effect in relation to invoicing.

I have read and agree to the terms of invoicing.

Signed………………………………………

**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 be shared in accordance with 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………………………………………………

**Learning Journals – secure online sharing platform for parents and staff.**

Preschool use a secure online platform called Learning Journals to record all your child’s observations and pictures, targets and achievements whilst at preschool. We follow our bespoke curriculum using OPAL which is available to view on Learning Journals. 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 Journal 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 Journal account.

Signed………………………………………..

I consent to listed parents email address’s being shared with learning journals our online sharing/observation tool to set up an account for parent/s/my child

signed…………………………………………

Permission for photography to take place in the Pre-school

Photographs of the children are routinely taken in the Pre-school environment. We will upload pictures of your child onto Learning Journals so you can interact with and see your child’s day to day activities. We follow the data protection act.

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.

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……………………………………………

**Consent to emergency medical treatment**

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 an ambulance will be 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) /antihistamine (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**

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 **Katharine Grabke.** 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 advantageous. 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, **Terri Smith,** of any medical complaint my child may have which affects issues of intimate care.

Signed…………………………………………………………….

## Parental Agreement for 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…………………………………………….

**Sun care**

As part of our sun care 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 sun cream. Lympstone Preschool will provide this sun cream 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 sun cream in the spring/summer term.

Signed………………………………

**Please return this form along with your child’s birth certificate for identification to the address above.**

**We look forward to your child joining our preschool.**

**Office use only:**

|  |  |
| --- | --- |
| Register |  |
| Allergies |  |
| Allergies list |  |
| ID sent and seen |  |
| Nominal |  |
| Phone |  |
| Learning Journals |  |
| Deposit |  |
| Settling session |  |
| Start date |  |