



Beulah Family Church, Osborne Road, Thornton Heath, Cr7 8jl

Early Years Funding Enrolment Form

Please fill in this form in BLOCK CAPITALS, all fields are mandatory.
Please ensure you complete all sections in full writing n/a where applicable to avoid delays in processing your child's enrolment.

Your child will not be entitled to claim funding unless you have returned the free entitlement parent/carer agreement form in addition to our own enrolment form. If you decide to cancel your child's place before the agreed start date or at any other time you will be required to give one month's notice.

Please provide a copy of your child's birth certificate and proof of your home Address

1. Child's First Name :..... Surname:.....
 Address:

 Postcode: Telephone Number:.....
 Date of Birth: Sex: Male Female
 Ethnic Origin: Language(s)
2. Mother's Name:.....
 D.O.B: National Insurance Number:
 Mother's Email:
3. Father's Name:
 D.O.B: National Insurance Number:
 Father's Email:
4. Which parent holds parental responsibility? Mother.....Father.....Both.....

Registration Form

(Private and confidential)

Child's full name
.....Gender
Address.....
.....Post Code.....
Child's D.O.B.....Religion
Position in family Number of brothers..... Number of sisters.....

PARENT / CARER

1. Full Name.....Relationship.....D.O.B.....
Does this parent have parental responsibility? Yes/No [delete]
Home address.....
.....Email.....Mobile No.....
Work Place name and address.....
.....Tel. No Mobile No.....

2. Full Name.....Relationship.....D.O.B.....
Does this parent have parental responsibility? Yes/No [delete]
Home address
.....Email.....Mobile No.....
Work Place name and address.....
.....Tel. No Mobile No.....

3. Name of parent with whom the child does not live.....
Does this parent have parental Responsibility? Yes/No [Delete]
Address.....
.....
Telephone.....Mobile No.....
Does this parent have legal access to the child? Yes/No [delete]

Child to be collected from the nursery by:

1. unless otherwise informed.
2. unless otherwise informed.

Password for collection:

Emergency Contact Details (we will only contact one person on the named contact list in order of priority, please include yourself if you wish to be contacted, if we cannot get hold of the 1st named emergency contact, we will then try the 2nd and then the 3rd if required).

TWO OTHER EMERGENCY CONTACTS *(in the event that parent / carers cannot be contacted)*

1	Full Name	Relationship to child
	Tel. No.....	Mobile No
2	Full Name.....	Relationship to child.....
	Tel. No.....	Mobile No.....

3	Full Name.....	Relationship to child.....
	Tel. No.....	Mobile No.....

Language

<p>What is your child’s home language?</p> <p>Are any other languages spoken in the home?</p>

ETHNICITY *[To be filled in by the parent and this part of registration is voluntary it helps with data collection in the grant forms and the SEF form]*

	Please tick appropriate description		Please tick appropriate description
<p>White</p> <ul style="list-style-type: none"> • British • Irish • Traveller of Irish background • Gypsy/Roma • Any other White background <p>Dual Heritage</p> <ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other Dual Heritage background 		<p>Asian</p> <ul style="list-style-type: none"> • Asian British • Indian • Pakistani • Bangladeshi • Any other Asian background <p>Black</p> <ul style="list-style-type: none"> • Black British • Caribbean • African • Any other Black background <p>Chinese</p> <ul style="list-style-type: none"> • Chinese <p>Any other ethnic background</p>	

ADDITIONAL NEEDS

<p>Food Allergies</p> <p>Dietary Needs <i>(Please give details)</i></p> <p>Any other Allergies</p>
<p>Special health Requirements</p> <p>Any medical information we should know about?</p> <ul style="list-style-type: none"> • Is your child asthmatic? Y / N. • Does your child suffer from febrile convulsions? Y / N. • Does your child suffer from Eczema? Y / N, If yes which part of the body? •
<p>Child Protection: <i>(Registration / Category)</i></p>
<p>Disability in the family? <i>(Please give details)</i></p>
<p>Is an interpreter or signer required? <i>(Please give details)</i></p>
<p>Has your child any learning difficulties and/or disabilities? Yes/No [delete]</p> <p>Are any of these in place for your child:</p> <p>Portage worker? Yes/No [delete]</p> <p>Early Years Action? Yes/No [delete]</p> <p>Early years Action Plus? Yes/No [delete]</p> <p>Statement? Yes/No [delete]</p> <p>What special support will he/she require in our setting?</p>

PROFESSIONALS KNOWN TO BE INVOLVED WITH THE FAMILY

Designation	Name	Address and Telephone No.
Registered GP		
Health Visitor		
Speech Therapist		
Social Worker		
Portage worker		

ADDITIONAL INFORMATION

My child has been immunised against: -

(Please tick and include the date)

- Diphtheria / tetanus / whooping cough date _____
- Measles, mumps, rubella (MMR) date _____
- Polio date _____

Has your child had any infectious diseases or medical conditions that you would like to discuss with staff?

Please feel free to give us any additional information that you feel that would be helpful to have on our records (e.g. birthmark or permanent skin abrasions, individual needs or personal circumstances)

OTHER EARLY YEARS SETTINGS YOUR CHILD HAS HAD CONTACT WITH:

	Name of setting	Address
Parent & Toddler group		
Nursery / playgroup / preschool		

PRIVACY NOTICE

As a nursery we take your privacy seriously and will only use your personal information to manage your account and provide tailored care for your child.

We may have to share information about your child with Ofsted or other agencies and other professionals who have a right to see them. We are required to work in partnership with other childcare settings your child may attend and any other professionals or agencies which might be involved with your child. Whilst we will try and let you know in advance that we are going to share information directly with other professionals, there might be some instance (such as safeguarding concerns or an emergency) when this is not possible.

EYFS 2012 **Record of Parent Permission**

Date

Child's name

Parent's name

Emergency medical advice/ treatment

I understand that if my child has an accident or becomes ill and needs emergency medical attention I will be contacted immediately, but if it is not possible to contact me I give my permission for my child to receive emergency medical advice or treatment.

Signature

Photographs

I understand that my child will sometimes be photographed or videoed which may be used in his/her profile or learning journal. During activities, photographs or video taken may be uploaded and can include several children in the pictures – likewise other children's photographs may include a photograph of your child on their copy.

Photographs taken may also be used for displays in the setting or for training purposes in the setting or borough and I give my permission for this to happen. I understand that there will be no name or means of identification with the photograph or video if it is used out of the setting.

We and other parents of the nursery also film some major events and these may include Christmas, Sports day, international day, Graduation etc.

Signature for profile:

Signature for setting displays and training:

Signature for Borough displays and training:

Outings

I understand that my child will go on regular short visits to the local environment. E.g Library, park, garden centre, shops, market, school or the children's centre. There will be a risk assessment for each outing. I give my permission for my child to go on these short outings.

Signature

Booking Details

Preferred Session / Start Date: Full-Time Part-Time

Non Funded	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning Session (8-1)					
Afternoon Session (1-6)					
Other (give details)					

Funded Sessions	Mon	Tues	Wed	Thurs	Fri
1 Session. (8-1)					
2 Session (1-6)					
Extended Hours					
Extra Days/time					

Please note that whilst we would like to absorb all combinations of days, we would give priority to those requiring five full days.

- I agree to let the setting know as soon as any of this information changes.
- I confirm that I have read and understood the terms and conditions of Chosen Treasures Early Years and I agree to abide by the regulations outlined in it.
- I understand that one calendar months' notice of leaving in writing is required.

Full Name of Parent/Career 1:

Signature:Date:

Full Name of Parent/Career 2:

Signature:Date:

Full Name of manager / Deputy:

Signature:Date:

Office Use Only

Registration Fee paid:Date:

Deposit of Fee Paid:Amount:Date:

