We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2021 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do not need consent this is identified. The information provided will be kept in paper form. This information will be used for the purpose of maintaining appropriate contact details for the safety and well-being of your child.

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| --- | --- | --- | --- |
| **Child’s personal details** | | | |
| **Title:** | **Forename:** | **Address:** | |
|  |  |  | |
| **Surname:** | |  | |
|  | |  | |
| **Name by which child is known:** | | **Postcode:** |  |
|  | |  |  |
| **Date of Birth:** |  | **Home phone number:** |  |

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| **Parent/Carer Details** | | | | | | | | | |
| **Carer 1** | | | | | | **Carer 2** | | | |
| **Full Name:** | | | | | | **Full Name:** | | | |
|  | | | | | |  | | | |
| **Date of Birth:** | | |  | | | **Date of Birth:** |  | | |
| **NI Number:** | | |  | | | **NI Number:** |  | | |
| **Address** | | | | | | **Address:** | | | |
|  | | | | | |  | | | |
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|  | | | | | |  | | | |
| **Post Code:** | | | |  | | **Postcode:** | |  | |
| **Relationship to Child:** | | | |  | | **Relationship to Child:** | |  | |
| **Do you have parental responsibility for this child?**  **YES NO (please circle as appropriate)** | | | | | | **Do you have parental responsibility for this child?**    **YES NO (please circle as appropriate)** | | | |
| **Employers name and address:** | | | | | | **Employers name and address:** | | | |
|  | | | | | |  | | | |
|  | | | | | |  | | | |
|  | | | | | |  | | | |
| **Postcode:** | | | |  | | **Postcode:** | |  | |
| **Contact Details:** | | | | | | **Contact Numbers:** | | | |
| **Mobile:** |  | | | | | **Mobile:** |  | | |
| **Home:** |  | | | | | **Home:** |  | | |
| **Work:** |  | | | | | **Work:** |  | | |
| **Email address:** | | | | | | **Email address:** | | | |
|  | | | | | |  | | | |
| **Are you happy to be contacted by:** | | | | | | **Are you happy to be contacted by:** | | | |
| **Text** | | **Email** | | | **At work** | **Text** | **Email** | | **At work** |
|  | |  | | |  |  |  | |  |

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| **Other people who live with the child:** | | |
| **Name:** | **Relationship to child** | **Name of any educational setting attending:** |
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| **Emergency/ Pick up Contact Details (other than parents):**  Please provide the names and contact details of 2 people (other than parents/carers) who we can contact in case of an emergency.  **Note: it is your responsibility to ensure these people are happy for us to contact them and to hold their details** | | | | | |
| **Full name of emergency contact 1:** | | | **Full name of emergency contact 2:** | | |
|  | | |  | | |
| **Relationship to the child:** | | | **Relationship to the child:** | | |
|  | | |  | | |
| **Address:** | | | **Address:** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Postcode:** | |  | **Postcode:** | |  |
| **Contact details:** | | | **Contact Details:** | | |
| **Home:** |  | | **Home:** |  | |
| **Mobile:** |  | | **Mobile:** |  | |
| **Work:** |  | | **Work:** |  | |

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| **Security Details** | |
| A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and some thing that is easily memorable. Please do not use obvious things such as names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them. | |
| **My secure password is:** |  |

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| Persons authorised to collect the child. This is any other adult who may collect your in child in your absence. Authorised persons must be over the age of 18 years of age | | | |
| Authorised Person 1: | | Authorised Person 2: | |
| **Name:** |  | **Name:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Relationship to child:** |  | **Relationship to child:** |  |
| Authorised Person 3: | | Authorised Person 4: | |
| **Name:** |  | **Name:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Relationship to child:** |  | **Relationship to child:** |  |
| Additional Security Information:  We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.  We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that anyone unknown to us will be collecting that you inform us in advanced and show us a photograph to enable us to identify them when they collect your child. | | | |

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| **Health Information:** | | |
| **Name of Doctor** | **Address of Doctor:** | |
|  |  | |
| **Telephone Number:** |  | |
|  | **Postcode:** |  |

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| --- | --- | --- |
| **Name of dentist:** | **Address of Dentist:** | |
|  |  | |
| **Telephone Number:** |  | |
|  | **Postcode:** |  |

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| --- | --- | --- | --- |
| Does your child suffer from any of the following *(please tick those which apply)* | | | |
| Asthma |  | Epilepsy |  |
| Heart condition |  | Kidney/Bladder problems |  |
| Diabetes |  | Bee/wasp sting allergies |  |
| Sight impairment |  | Deafness |  |
| Wear Glasses |  | Eczema |  |
|  |  | Other |  |
| If you have ticked any of the boxes above please give details here: | | | |
| **Does your child require medication, either long term for existing conditions or lifesaving drugs?(*please give brief details of name, reason and dosage)*** | | | |
| **Diet Information** | | | |
| **Food or drink allergies/intolerances your child suffers from:** | | | |
|  | | | |
| **Food or drink which should not be given to your child due to religious reasons:** | | | |
|  | | | |

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| **Safeguarding:** | | | | |
| Is your child subject to any of the following: (*please tick if appropriate)* | | | | |
| **Children centre referral** | **Early Help assessment** | | **Child in need plan** | **Child Protection plan** |
|  |  | |  |  |
| If you have ticked any of the above please give any contact details and further information: | | | | |
| **Reason:** | |  | | |
| **Named Contact:** | |  | | |
| **Contact phone number:** | |  | | |
| Note: if the child has a child protection plan, make a note here, but do not include details. The details will be obtained from the social worker named above and this will be kept securely in the child’s named Child Protection folder. | | | | |

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and allow us to monitor and assess their development

|  |  |  |  |  |
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| **Additional Information:** | | | | |
| Has or does your child attend any other Early Years Settings (including a childminder | | | Yes: | No: |
|  |  |
| If Yes please give provide details below: | | | | |
| Name: | Address: | | | |
|  |  | | | |
| Hours attending: |  | | | |
|  | Postcode: |  | | |

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| Health visitor Name: |  |
| Telephone Number: |  |
| Has your child had their two year progress check? Yes No *(please circle)*  If yes, on what date was this completed? | |
| Are you able to share this information with the setting? Yes No | |

The following section requires information classed as ‘sensitive personal data’ for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child’s needs.

|  |
| --- |
| Family background and Culture: |
| How would you describe your child’s ethnicity/cultural background? |
|  |
| What is the main religion of your family? |
|  |
| Are there any festivals or special occasions celebrated in your culture that your child would be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting? |
|  |
| What is/are the main language(s) spoken at home? |
|  |
| If English is an additional language, will this be your child’s first experience of being in an English-speaking environment?  Yes No *(please circle)* |

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| --- | --- | --- | --- | --- |
| **Please indicate below if your child has any additional or special educational needs** | | | | |
| Specific learning difficulty |  | Moderate learning difficulty | Severe learning difficulty |  |
| Profound & multiple learning difficulty |  | Social, emotional and social difficulty | Speech, language and commination needs |  |
| Autistic Spectrum Disorder |  | Visual Impairment | Hearing Impairment |  |
| Multi sensory impairment |  | Physical disability | Other (please indicate below) |  |
|  | | | | |

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| Group of children: please tick below if you child falls under of the following categories: | |
| **Looked after Child:**  The child is in the care of the local Authority, placed with foster carers |  |
| **In receipt of Early Years Pupil Premium:**  If your child is already in receipt of the 3 and 4 year old funding and you are on the following benefits your child may be eligible for the EYPP funding:  Income support, Job seekers, employment support allowance, child tax credit (+annul gross income of no more than £16,190), working tax credit, universal credit |  |
| **Two year old funding:**  If your child is over two years and you’re in receipt of the following benefits your child may be eligible for 15 hours a week free childcare:  Income support, Job seekers, employment support allowance, child tax credit (+annul gross income of no more than £16,190), working tax credit, universal credit |  |

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| **Attendance Type:** | | | | | | | | | |
| **Please tick the relevant box:** | | | | | | | | | |
| **Full time** | **Part time** | | | **Term time only** | | | | **Stretched funded hours** | |
|  |  | | |  | | | |  | |
| **Please tick below preferred attendance hours** | | | | | | | | | |
|  | |  | |  | | |  | | |
| **FUNDED ONLY SPACE: TERM TIME ONLY** | | | **3 hours per day: 5 days per week (Please circle)** | | **OR:** | **5 hours per day: 3 days per week (please circle which session and which 3 days you require** | | | | |
| **2 year old funded place** | | | **Am session: 9am-12pm** | | **Am session: 8am-1pm** | | | Monday Tuesday Wednesday Thursday Friday | |
| **Pm Session: 1pm-4pm** | | **Pm session: 1pm-6pm** | | |
| **3 and 4 year old funded place: 15 hours only** | | | **Am session: 9am-12pm** | | **OR:** | **Am session: 8am-1pm** | | | Monday Tuesday Wednesday Thursday Friday | |
| **Pm session: 1pm-4pm** | | **Pm session: 1pm-6pm** | | |
|  | | | | | | | | | | |
| **3 and 4 year old funded place: 30 hours** | | | **5 days per week 9am-3pm** | | **OR** | **3 full days per week ( please circle which days you require)** | | | Monday Tuesday Wednesday Thursday Friday | |

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| **PRIVATE DAY CARE: 50 WEEKS OF THE YEAR** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning session** |  |  |  |  |  |
| **Afternoon session** |  |  |  |  |  |
|  | | | | | |
| **Please indicate if your child is entitled to any funding that you would like to stretch over the 50 weeks** | **2 year old funding: 15 hours** | | **3 and 4 year old funding: 15 hours** | **3 and 4 year old funding: 30 hours** | |
|  | |  |  | |

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| **Acceptance of terms and conditions:** | |
| **I wish to apply for admission of the above named child to Ministars Childcare. I have received, read and understood the terms and conditions outlined in the Prospectus, and agree to comply with them and any other conditions which may be required in the future** | |
| **Signed (legal Guardian):** | **Date:** |
|  |  |
| **I wish my child to start on:** | |
| **Please tell us how you heard of Ministars Childcare:** | |

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| **Office use only:** | | | | | |
| **£50 Registration fee paid:** |  | **Date received:** |  | **By whom:** |  |
| **£150 Deposit received:** |  | **Date received:** |  | **By whom:** |  |
| **Home visit date:** | |  | | | |

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| Additional information that will be collect by the nursery during the home visit | | | | | | | | | | | | | | | |
| **Red book seen:** |  | | | **By whom:** | | |  | | | **Date seen:** | | |  | | |
| Any relevant information: *(immunisations ect)* | | | | | | | | | | | | | | | |
| **Birth certificate seen** |  | | | **By Whom:** | | |  | | | **Date seen:** | | |  | | |
| Any relevant information: | | | | | | | | | | | | | | | |
| **Routine question asked:** | | **Yes No (please circle)** | | | | **By whom:** | | |  | | | **Date asked:** | | |  |
| Any relevant information: | | | | | | | | | | | | | | | |
| **EAL questionnaire completed:** | | |  | | **By whom:** | | |  | | | **Date completed:** | | |  | |
| Any relevant information: | | | | | | | | | | | | | | | |