

Triumphant Kids Day Nursery

142 Wood Street

Middleton

Manchester M24 4BB

triumphantkids@preciouskidsnursery.co.uk

Tel: 0161 425 4460

**Childcare Registration Form**

**Please complete all sections in FULL**

|  |
| --- |
| **Type of Care:**Full Time / Part Time / 2YO Funded / 3-4YO Funded (15 or 30) / Evening / Overnight / Holiday Club / Before School / After SchoolPlease circle type of service required Term Time / All Year Round |
| **Child’s Full Name:** | **Date of Birth:** |
| **Child’s Preferred Name:** | **Gender:**Male Female Please Tick |
| **Religion / Beliefs:** | **All Languages Spoken at Home:** |
| **Ethnicity:**  | **Cultural Heritage:** |
| **Home Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **GP Name & Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Health Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent / Carer 1:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Name & Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Funding Eligibility:**NI No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have parental responsibility for the above child: Yes No Please Tick | **Parent / Carer 2:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Name & Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Funding Eligibility:**NI No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have parental responsibility for the above child: Yes No Please Tick |
| **Start Date:** | **Gradual Admission:** |
| **Emergency Contact Details:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can this person collect your child? Yes No Please TickName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can this person collect your child? Yes No Please TickName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can this person collect your child? Yes No Please TickPlease choose a password to pass onto to the above people when collecting your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does your child have any allergies?**Yes / No Please circle as appropriateIf ‘Yes’ please provide further details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Does your child have any special dietary requirements?**Yes / No Please circle as appropriateIf ‘Yes’ please provide further details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does your child have any additional needs, a special educational need or disability?** Yes\* / No\*Please provide further details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Vaccinations:**Please provide details of all vaccinations your child has received to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please provide details of all professionals other than your GP or Health Visitor involved with your child and/or family:**Speech & Language / Paediatrician / Physiotherapist / Social Worker\* / Early Help\* / Other\*\*Please provide further details including the names of your social worker or other professionals involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is your child on a Child Protection Plan or a Child In Need?** Yes / No**Has your child had their Two Year Health Check with the Health Visitor?**Yes Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NoName of Health Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Privacy Notice – General Data Protection Regulation 2018**We at Precious Kids Childcare Ltd are a ‘data controller’ for the purposes of the General Data Protection Regulation 2018 (GDPR). We collect information from you, ‘the subject’ and may receive information about you. We will only use your personal information in relation to your child’s care and our childcare service. We will keep your information secure and will never share it except if required to do so by law. You can request to see the information we hold about you or request that it be deleted. Please sign below to give consent for us to securely store your personal information and for us to contact you via telephone, email and post. You can unsubscribe at any time.Parent / Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Policies & Procedures:**Triumphant Kids Day Nursery has a comprehensive list of Policies and Procedures. They are available at all times in the nursery for parents to access and read should they wish.Please sign below to confirm that we have informed you of this.Parent / Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent / Nursery Agreement** |
|  | Monday: | Tuesday: | Wednesday: | Thursday: | Friday: |
| Full Time- 5 Days:7.30am-6.00pm£220 per week |  |  |  |  |  |
| Full Day:7.30am-6.00pm£50.00(Funded 9am-4.30pm) |  |  |  |  |  |
| Morning:8.00am-1.00pm£32.00(Funded 9am-12pm) |  |  |  |  |  |
| Afternoon:1.00pm-6.00pm£32.00(Funded 1pm-4pm) |  |  |  |  |  |
| Before School:7.30am-9.00am£10.00 per day |  |  |  |  |  |
| After School:3.00pm-6.00pm£15.00 per day |  |  |  |  |  |
| Holiday Club:8.00am-6.00pm£30 per day |  |  |  |  |  |
| **15 Hours Funded Places:** |
| 2 Full Days9.00am-4.30pm | 5 Half Days - Mornings9.00am-12.00pm | 5 Half Days - Afternoons1.00pm-4.00pm |
|  | **NOT AVAILABLE** | **NOT AVAILABLE** |
| **30 Hours Funded Places:** |
| 5 Days9.00am-3.00pm | 3 Full Days8.00am-6.00pm |
|  |  |
| **Registration Fees:**Triumphant Kids Day Nursery charges a £50.00 registration fee per child\*. To secure your child’s place this fee should be paid at the point of registration. This fee covers all of your child’s settling in sessions and administrative costs.Registration Fee Paid: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Registration Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Not applicable on 15/30 hours funded places**Deposit:**For fee paying places a deposit is required of one week’s fees prior to your child starting. The deposit is fully refundable and will be paid when your child leaves Precious Kids.Deposit required: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Deposit Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Nursery Fees:**The current fees for the sessions above is £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week which is £\_\_\_\_\_\_\_\_\_\_\_\_\_ per month.Payment is required at the start of each week/month in advance and prior to your child starting at Triumphant Kids Day Nursery. Fees are still required to be paid in your child’s absence and public holidays.I agree to pay in advance the nursery fees stated above for my child’s day care:Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dinner & Snack Money:**Precious Kids Childcare Ltd charge a small amount to go towards the costs of your child’s meals and snacks or parents can provide a healthy packed lunch for their child. The costs of dinner money is £6.00 per week for 15 hours funded place or £10.00 for 30 hours funded place. All dinner monies MUST be paid at the start of the nursery week. Would you like your child to have nursery meals? Yes / No (please circle)I agree to pay weekly for my child’s meals at a cost of £5.00 (15 hours) / £10.00 per week (30 hours).Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1st Payment is Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE NOTE DINNER AND SNACK MONEY IS STILL TO BE PAID IN YOUR CHILD’S ABSENCE DUE TO SICKNESS.  |
| **Change of Provider Declaration**Please complete this declaration if your child has accessed their free 15-hour entitlement from another nursery or childminder prior to starting at Triumphant Kids Day Nursery.Please complete all sections below:Name & Address of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please circle type of provider: childminder / nurseryDate started with provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date left provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you give the provider 4 weeks’ notice of your child’s leaving date? Yes / NoIf yes, what date was 4 weeks’ notice was given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent / Carer Consent**Pease read the information below and indicate your consent by circling Yes or No and then provide your signature. |
| I hereby give consent for: | Consent Given: |
| Staff to carryout observations on my child | Y / N |
| For my child to have a secure online Learning Journal | Y / N |
| Staff to take photographs of my child as part of observations | Y / N |
| Qualified staff to provide first aid when needed including the use of plasters | Y / N |
| Photographs of my child to be displayed around the nursery | Y / N |
| Photographs to be used on the nursery website, nursery social media and our prospectus | Y / N |
| For staff to apply sun cream in sunny weather | Y / N |
| For staff to administer prescription medication upon my instruction | Y / N |
| For staff to administer paracetamol medicine in the event of a high temperature / fever | Y / N |
| For my child to be taken out on trips and outings with nursery staff, e.g. to library, park etc | Y / N |
| For college students to carry out observations on my child as part of their study | Y / N |
| Ofsted to have access to my child’s learning journal and other records | Y / N |
| My data being stored securely on the nursery computer as stated under GDPR 2018 | Y / N |
| For nursery to contact me by telephone, mobile including text message, email and/or post | Y / N |
| My child to have their face painted on ‘fun days’ | Y / N |
| My child’s photograph to be included in another child’s online secure learning journal | Y / N |
| My child to receive medical treatment on site or off site in the event of an emergency | Y / N |
| My child to access the outdoor area and use the garden toys provided | Y / N |
| For staff to apply creams and lotions provided by myself including nappy creams | Y / N |
| To share your child’s information and progress when they move to a new setting / school | Y / N |
| I give my full consent for the above where I have indicated:Parents/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Terms & Conditions****Registration Fee**A registration fee of £35.00 is required to secure your child’s place.**Payment of Fees**Payment must be made of the first day of each week that your child attends and this includes all dinner monies. Payment is in advance and receipts will be issued. Non-payment of fees of two weeks or more means that your child will be refused entry into nursery until the fees are brought up to date and your child’s place could be withdrawn. Fees are reviewed annually. **Absences/Sickness**All absences, including family holidays and sickness must be notified to the nursery and are still required to be paid. This is to ensure that we can still pay the staff that we have in place to look after your child and keep your child’s place for them.**Holidays**All Bank Holidays are to be paid for and will be charged at the normal rate. The Nursery will close for three staff training days throughout the year. Parents will be notified of the dates in advance. All family holidays are required to be paid in full. A 50% retainer fee is required to paid during school holidays for all before school and after school places.**Notice of Termination**We require parents to give the nursery 4 weeks’ notice when terminating their child’s place. If no notice is given 4 weeks fees will be charged.**Collection of Children**All children should be picked up promptly at the end of their session/day. Children are not permitted to be on nursery premises after 6pm for insurance purposes. Parents arriving late will be charged a late fee of £10.00 for every 15 minutes of lateness and then £1 per minute thereafter.**Illness**Your child will not be able to attend nursery if they are ill or have any kind of infection that can be passed on to others through normal activities. If your child is taken ill whilst in nursery staff will contact you. In the event of a parent/carer not being available, staff will contact one of the nominated emergency contacts provided. The nursery reserves the right to contact your child’s doctor to take him/her to hospital if required. Your child will be asked to stay home for 48 hours after vomiting or diarrhoea. Please note that fees are still payable in your child’s absence, including when your child has been sent home because they are ill.**Administration of Medication**A child taking prescribed medication must have been taking it for 24 hours before attending nursery, this must be 48 hours in the child is taking antibiotics. For nursery to administer medicine it must be clearly labelled with the chemist label stating the child’s name, date of birth and expiry date. All parents are required to complete a medication form before medicine can be administered. For further information please see the Administration of Medication Policy.**Nappies, Baby Wipes & Cream**Parents/carers MUST provide their own nappies and wipes for their child. If requested by the parent / carer nappy cream can be administered by staff. Nappy cream must be provided by parents/carers and clearly labelled with their child’s name and a cream consent form must be completed.**Mobile Phones / Smart Watches / Tablet Computers**It is prohibited for parents/carers to use the above devices on the nursery premises, this includes both in doors and the outside play area.**I have read and understood the information provided in this form and agree to abide by these terms and conditions.**Parent / Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Office Use only:**

Birth Certificate seen – Y / N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Address seen – Y / N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Evidence seen – Y / N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager



**PARENTAL AGREEMENT: FREE EARLY EDUCATION FOR TWO,THREE AND FOUR YEAR OLDS**

This agreement is for the Local Authority to determine funding to the named early years provider for free early education hours for the named child. **A copy should be retained by the early years provider.**

**I am applying for: 2 Year Old Entitlement [ ] 3&4 Year Old Entitlement [ ]**

**1. CHILDS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Childs Legal Family Surname** |  | **Childs legal Forename(s)** |  |
| **Name by which child is known (if different from above** |  |
| **Date of birth** |  | **Male/Female** |  |
| **Address** |  | **Postcode** |  |
|  |
| **Documentary Proof of Childs ID (e.g. passport/birth certificate) – copy retained** |  | **Document recorded by (name of staff member) and date recorded** |  |

**2. TWO YEAR OLD APPLICATIONS ONLY**

|  |  |
| --- | --- |
| **I (parent) confirm that I have received confirmation that the above named child is eligible for a 2 year old funded place**  |  |
| **Please enter the eligibility code (e.g. TYOF 123456D)** |  |

**3. PARENT DETAILS:** These details are required to determine eligibility for additional funding to support your child’s learning and development that may be provided to your chosen provider. This is called the Early Years Pupil Premium. For more information regarding how this funding is used please speak to your chosen provider.

|  |
| --- |
| **Parent/Carer 1 with Parental responsibility** |
| **Title**(Mr/Mrs/Miss etc) |  | **Forename** |  | **Surname** |  |
|  |
| Relationship to child (Mother/ Father etc) |  | National Insurance Number(or NASS number) |  |
|  |
| Contact Number |  | D.O.B |  |

|  |
| --- |
| **Parent/Carer 2 with Parental responsibility** |
| **Title**(Mr/Mrs/Miss etc) |  | **Forename** |  | **Surname** |  |
|  |
| Relationship to child (Mother/ Father etc) |  | National Insurance Number(or NASS number) |  |
|  |
| Contact Number |  | D.O.B |  |

**4. ADDITIONAL DETAILS FOR 30 HOUR ENTITLEMENT**

|  |  |
| --- | --- |
| **30 Hour Eligibility Code** |  |

**5. PROVIDER AND ATTENDANCE DETAILS**

You will need to complete this declaration form with each provider your child attends (if you are using more than one provider) for their early education entitlement, so that funding can be accurately paid between them. You cannot use more than two providers.

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name | Free hours attended per day | Hours per week | Weeks per year |
|  | Mon | Tues | Weds | Thurs | Fri |  |  |
| A | Triumphant Kids Nursery |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |
|  |
| Total Daily Hours attended |  |  |  |  |  |  |  |

**6. DISABILITY ACCESS FUND**

Three and four year old children who are in receipt of child Disability Living Allowance and are receiving the three and four year old free early education entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years provider as a fixed annual sum of £615 per eligible child to support their access., learning and development. You may be asked to provide evidence of your child’s eligibility for Disability Living Allowance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your child eligible and in receipt of Child Disability Living Allowance? (please tick) | Yes |  | No |  |

If your child is attending more than one provider for their free hours, please nominate the provider you wish to receive this funding (it can only be paid to one) :

**Nominated Provider (name)** Triumphant Kids Nursery - Middleton

**7. PARENTAL DECLARATION**

* I confirm that the information I have provided is accurate and true
* I confirm to the terms and conditions set out in this document
* I authorise the providers named in this document to claim free entitlement funding, Early Years Pupil Premium or the Disability Access Fund on behalf of my child
* I understand that I cannot claim more than 570 hours per annum for 2 year old entitlement and/or the universal 15 hour 3&4 year old entitlement
* I understand that I cannot claim more than 1140 hours per annum if I am eligible for the 30 hour entitlement for 3&4 year olds. I further understand that my eligibility may change and should I become ineligible at any point in the year my entitlement would reduce to the universal 15 hour entitlement
* I accept that I may only change my chosen provider during a term in exceptional circumstances (moving area, safeguarding or other such issues etc). Should I wish to move for reasons other than exceptional circumstance I must give the provider 4 weeks’ notice during which I cannot seek funding at an alternative provider unless the current provider agrees to waive this condition.
* I authorise Rochdale Council to share and exchange the information I have provided with your specified early years providers , other Local Authorities (if my address is outside Rochdale) and the Department for Education who may access information from other government departments to confirm eligibility for the funding streams detailed in this document
* I authorise Rochdale Council to use this information to check my child’s continuing eligibility for Free School Meals (at statutory school age) and share this information with the school my child will attend and the Local Authorities Revenues and Benefits Service.
* I understand that all early years providers, local authorities and government departments are bound by the Data Protection Act and will not reveal information held on my child to a third party unless the law allows us to. For further information about how the LA or Department for Education store and use this information please go to the following websites;
	+ [http://www.rochdale.gov.uk/council and democracy/data protection and foi/data protection act.aspx](http://www.rochdale.gov.uk/council%20and%20democracy/data%20protection%20and%20foi/data%20protection%20act.aspx)
	+ <http://www.education.gov.uk/researchandstatistics/datadatam/privacynotices/a0064374/pn>
	+ <http://www.education.gov.uk/researchandstatistics/datadatam/b00212337/datause>

If at any stage you wish to withdraw consent for the checks detailed above to be made please contact your child’s early year’s provider or school who must then inform the Local Authority of this.

Signed: (Parent/Carer) Print name: Date:

Signed (for Provider) Print Name: Date:

**8. ETHNIC BACKGROUND**

The Local Authority is required to compile statistics regarding take up of free entitlements by children/families from differing ethnic backgrounds. The information below will help us to do this.

|  |  |  |  |
| --- | --- | --- | --- |
| BACKGROUND | ETHNICITY | CODE | Please tick |
|  |  |  |  |
| ASIAN OR BRITISH ASIAN | Indian | AIND |  |
|  | Pakistani | APKN |  |
|  | Bangladeshi | ABAN |  |
|  | Any other Asian background | AOTH |  |
|  |  |  |  |
| BLACK OR BLACK CARIBBEAN | Caribbean | BCRB |  |
|  | African | BAFR |  |
|  | Any other Black background | BOTH |  |
|  |  |  |  |
| MIXED | White and Black Caribbean | MWBC |  |
|  | White and Black African | MWBA |  |
|  | White and Asian | MWAS |  |
|  | Any other mixed background | MOTH |  |
|  |  |  |  |
| OTHER | Chinese | CHNE |  |
|  | Any other ethnic background | 00TH |  |
|  |  |  |  |
| WHITE | White British | WBRI |  |
| White Irish | WIRI |  |
| White Traveller of Irish Heritage | WIRT |  |
| White Gypsy/Roma | WROM |  |
| Any other white background | WOTH |  |
|  |  |  |  |
| Childs spoken language (please write) |  |
|  |  |  |  |
| I do not wish an ethnic background to be recorded  |  |  |