



# West Green Playgroup

## APPLICATION FORM

Please complete in **BLOCK CAPITALS**, do not write in the shaded areas

Child's First Name:		Child's Last Name:
Date of Birth:	Girl/Boy Please delete	Is child known by another name? State here.

	Parent / Carer	Parent / Carer
<b>Full Name:</b>		
<b>Home Address:</b> (including postcode)		
	Is this the child's address? Yes / No	Is this the child's address? Yes / No
<b>Mobile No.</b>		
<b>Email address:</b>		
<b>Occupation:</b>		
<b>Work Telephone no.</b>		
<b>Parental responsibility</b>	Does the person above have parental responsibility? Yes / No	Does the person above have parental responsibility? Yes / No
<b>Any other person who has parental responsibility</b>	Name: Address: Relationship to child: Tel: <span style="float: right;">Mob:</span>	
<b>Collection Password:</b>		
<b>Person(s) who may be contacted in an emergency</b>	Name: <span style="float: right;">Tel:</span> <span style="float: right;">Mob:</span> Name: <span style="float: right;">Tel:</span> <span style="float: right;">Mob:</span> Name: <span style="float: right;">Tel:</span> <span style="float: right;">Mob:</span>	
<b>Who will normally collect your child?</b>	Name: <span style="float: right;">Tel:</span> Name: <span style="float: right;">Tel:</span>	

### Other settings (if applicable)

Does your child attend or has your child attended another setting/childminders:
Name of setting:
Can we share information/ discuss your child's development with this setting? Yes / No

### Other Information

Family Ethnic Origin:	Religion:
Favoured Language:	Other Languages:
Other children in the family (names & ages)	
Do you have any concerns regarding your child's development:	

### Health

Doctor's Name:
Surgery Address:
Immunisations:
Health Clinic:
Allergies:
Dietary Requirements (e.g. Vegan; no dairy; no pork etc):
Any additional needs (e.g. speech delay; hearing loss; asthma etc):
Any specialist agencies involved (e.g. speech therapist; educational psychologist etc):
Any regular medication needed:

### Consents and Important Information.

<b>Please tick as appropriate: I give permission for staff at West Green Playgroup to:</b>	Yes	No
Seek emergency medical attention and/or escort my/our child to the emergency department of the nearest hospital and await my/ our arrival.		
Administer inhalers or auto-injectors (e.g. Epipen or Anapen).		
Administer medication, following the care plan instructions.		
Apply nappy/sun cream supplied by me/us if required.		
Take my/our child on visits to local places of interest e.g. park, shops, library.		
Take photos of my/our child(ren) and use them to show / record progress (e.g. Tapestry) and general display within the playgroup (e.g. family board)		
Share information with professionals involved in the care of your child e.g. health visitors, speech and language therapists, Haringey Early Years Advisors.		

### Attendance Details

Please tick sessions required

	Breakfast 8-9am	AM session 9-12	Lunch 12-1	PM session 1-4	After hours 4-6
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					

What age do you want your child to start:	
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#### Funded places for 2, 3 and 4 year olds.

The information you provide in this section will be used by Haringey Council to check whether your child is entitled to additional funding (e.g. Early Years Pupil Premium) and whether you are eligible for any of criteria-based free childcare schemes (e.g. Free for 2's and 30 hours free childcare).

**Please check if you are entitled to funding on [childcarechoices.gov.uk](http://childcarechoices.gov.uk)**

Which funding is your child entitled to.....	
Free for 2's (FF2)	<i>Child enrolls for 15 hours per week at the cost of £50 per term*</i>
Universal funding (3/4yr olds)	<i>Child enrolls for 15 hours per week at the cost of £50 per term*</i>
15 hours for working parents (2yr olds)	<i>Child enrolls for minimum 20 hours at the cost of £60 per week*</i>
30 hours for working parents (3/4yr olds)	<i>Child enrolls for 35 hours per week at the cost of £75 per week*</i>
<i>*Additional hours will be charged at our hourly rate</i>	

#### Declaration for funded places

	Yes	No
I confirm that my child will access the hours shown above at West Green Playgroup. These will be provided over 38 weeks (Term-time)		
My child will also be accessing a funded place at another provider/ school nursery. (If yes please provide more information in the box below including setting name, local authority, day/hours accessed.)		
Parent / Carer signature		

Title	Parent First Name	Parent Surname	Date of Birth dd/mm/yyyy	National Insurance Number or NASS Reference Number																
<i>Miss</i>	<i>Joan</i>	<i>Happytown</i>	<i>07/04/1982</i>	<i>Z</i>	<i>F</i>	<i>3</i>	<i>9</i>	<i>2</i>	<i>1</i>	<i>6</i>	<i>8</i>	<i>A</i>								

#### Please read then sign that you agree to the terms and conditions for your funded place

- The information contained on this form is accurate and true and if any of the information changes, I will inform the provider in writing.
- I understand the provider will charge me for any additional services that my child uses beyond the funded entitlement e.g. fruit, snack, cooking activities, extra hours etc.

3. I understand that I cannot transfer my child's funded entitlement hours to another provider or increase/decrease my child's funded entitlement hour's part way through a funding period unless I show evidence of exceptional circumstances.
4. I understand that my child's attendance should be regular and that I will inform the provider of my child's absence.
5. I understand that I will be required to give 4 term weeks' notice to the provider of my intention to move my child to another setting or leave and 2 term weeks' notice of reduction to hours
6. I understand that my NI or NASS number will be checked against the national database to confirm eligibility for a 2-year-old funded place, 15/30 hours childcare or Early Years Pupil Premium as relevant.
7. I understand that my details will be held securely in accordance with the principles of the General Data Protection Regulations 2018 and Data Protection Act 2018.

Parent/Carer signature:..... Date:.....

### Information Sharing and Data Processing Notice

We will share information about you and your child(ren) with Haringey Council (Haringey Early Years Commissioning Team). The information we share/ process relating to your child(ren) includes full name, address, date of birth, address, ethnicity, and gender. This information is required to claim the free entitlement. The information we share relating to you (parent/ carer) includes full name, date of birth, National Insurance Number/ NASS Reference Number, and your eligibility codes for the Free for 2s or 15/30-hour childcare. This information is required to check whether your child is entitled to additional funding (e.g. Early Years Pupil Premium) and whether you are eligible for any of criteria-based free childcare schemes (e.g. Free for 2's and 15/30 hours free childcare).

### Emergency contacts and Persons authorised to collect.

In completing the registration form, you will provide us with personal data for those persons you nominate as emergency contacts or give permission to collect your child from the nursery. It is your responsibility to:

- Inform them that you have provided us with their personal data.
- Ensure they consent to us retaining their personal data in line with our privacy policy.
- Inform us of any changes so we can keep our records up to date.
- Inform us if they would like to have their details removed from your child's record.

Parent/Carer 1 signature:..... Parent/Carer 2 signature:.....

### Acknowledgements and Declaration

Please tick as appropriate:	Yes	No
I/ we understand that the setting is a <b>nut-free zone</b> . I/we will not send my/our child(ren) to the nursery, with nuts or snacks containing nuts.		
I/we understand that I/we must contact the nursery <b>via email or telephone</b> if my/our child will not be attending the setting.		
I/we understand that fees for any sessions booked are still payable if your child is absent due to sickness or any other reason.		
I understand that I/we must inform the setting immediately if there are any changes to our address/ contact details or contact details of emergency contacts and those authorised to collect.		
I/we understand that West Green Playgroup is a Registered Charity. As such I/we may be asked to support the nursery in various ways e.g. fundraising		

I/we have read and accept the terms relating to the registration for my/our child's place at West Green Playgroup. All personal and child details I/we have provided are true as at the date of registration.

(Parent/Carer 1) Signed.....Full name.....

(Parent/Carer 2) Signed.....Full name.....

Date.....