



# West Green Playgroup

## REGISTRATION 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>Tel. No.</b>		
<b>Mobile No.</b>		
<b>Workplace Address:</b>		
<b>Occupation:</b>		
<b>Work Tel. No.</b>		
<b>Email Address</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: _____ Mob: _____	
<b>Any person(s) with legal contact</b> (To be completed where there is an S8 order in place)	Name: Address: Relationship to child: Tel: _____ Mob: _____ Notes:	
<b>Person(s) who may be contacted in an emergency</b>	Name: _____ Tel: _____ Mob: _____ Name: _____ Tel: _____ Mob: _____	

	Name:	Tel:
		Mob:
<b>Who will normally collect your child?</b>	Name:	Tel:
	Name:	Tel:

#### Other settings (if applicable)

If your child also attends another nursery setting please provide the name of the setting below.	
Name of setting:	
Can we share information/ discuss your child's development with this setting? Yes / No	

#### Childminders Details (if applicable)

Name:	Tel. No:
Can we share information/ discuss your child's development with the childminder? Yes / No	

#### Other Information

Family Ethnic Origin:	Religion:
Favoured Language:	Other Languages:
Other children in the family (names & ages)	
Any information which would help us to support your child	

#### 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.

Please tick as appropriate: I give permission for staff at West Green Playgroup to:	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 piriton, following the instructions and dosage relating to my child's age.		
Apply nappy cream supplied by me/us if required.		
Apply cream for eczema 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>					

Start date			Funded	Yes	No
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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).

### 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												
				Z	F	3	9	2	1	6	8	A				
<i>Miss</i>	<i>Joan</i>	<i>Happytown</i>	<i>07/04/1982</i>													

30-hour eligibility code (if applicable)		Name of parent who made the application (if applicable)	
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**Please read then sign that you agree to the terms and conditions for your funded place**

1. The information contained on this form is accurate and true and if any of the information changes I will inform the provider in writing.
2. I understand that the provider will deliver my child the above agreed entitlement without charge to me.
3. I understand the provider will charge me for any additional services that my child uses beyond the funded entitlement e.g. extra hours.
4. 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.
5. I understand that my child's attendance should be regular and that I will inform the provider of my child's absence if they are unwell.
6. I understand that I will be required to give 4 weeks' notice to the provider of my intention to move my child to another setting or leave.
7. 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, 30 hours free childcare or Early Years Pupil Premium as relevant.
8. 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 in order 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 30-hour free 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 30 hours free childcare).

We may need to share developmental records such as Tapestry or early years profile with Haringey Early Years Advisers or relevant specialist (e.g. Health Visitor/ Speech Language Therapist etc). This may happen during an advisory visit to evaluate the quality of care/ practice or if it has been agreed that your child(ren) may benefit from specialist support. (e.g. Special educational needs, speech and language therapy etc). During an Ofsted inspection we may also need to share a small sample of developmental records to allow the inspector to make a judgement on the quality of care provided.

**Keeping your data safe.**

We are committed to ensuring that any personal data we hold about you and your child is protected in accordance with data protection laws and is used in line with your expectations. Our privacy notice explains what personal data we collect, why we collect it, how we use it and how we protect it.

**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.

**Students**

From time to time we have students working with us. These students are training to work in Child Care. They are supervised by nursery staff and must abide by the Student Placement Policy. Students are not allowed to assist any of the children in the toilet area nor are they allowed to change the children's clothes. Students may not work

**All information is held confidentially**

unsupervised with children. They usually need to submit written observations of the children as part of their course work. The observations are carried out during the session under the supervision of the staff.

**Safeguarding**

The staff team at West Green Playgroup have a duty to ensure that the children are protected from harm, both in and out of the setting. To help us keep your child safe, all staff are trained in safeguarding and child protection. We also have a Designated Child Protection Officer who investigates any concerns about children in the setting and monitors children thought to be at risk. Concerns would normally arise if we noticed significant changes in a child’s behaviour or moods, physical marks, unusual and worrying play or social behaviour or if a family member or child says something that makes us think the child might be at risk.

We will inform the local authority if there any significant reasons to be concerned about your child’s wellbeing. We will usually inform you that we are making a child protection referral but we are not required to do so. If we feel that informing you would put the child at greater risk of harm we would not

**I understand that any member of the staff at West Green Playgroup who suspects that children in their care may have been abused or neglected have a duty to report this in line with the nursery and local authority procedures**

Signed (Parent/Carer 1):..... Signed (Parent/Carer 2):.....

**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 <b>nursery within 30 minutes</b> of the expected start time if my/our child will not be attending 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/we have been provided with a <b>Welcome pack</b> containing summarised information on the settings policies and procedures.		
I /we have been informed how I /we can access the full policies and procedures both in the setting and online and understand it is my/our responsibility to read them.		
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.

Signed (Parent/Carer 1):..... Signed (Parent/Carer 2):.....

Full Name (Parent/Carer 1):.....Date:.....

Full Name(Parent/Carer 2):.....Date:.....