

ENROLMENT FORM/CONTRACT

The relationship between a child's parents and a setting is crucial to the child's well-being. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for information to be provided to us. Please understand that there are sound reasons why we are required to ask these questions. We want to help your child to keep safe, it is not just that we are being curious. Thank you for your co-operation.



Child's Current Full Name: _____

Also Known As: _____

Any Previous Names: _____

Date of Birth: _____

Child's Current Address: _____

Home Tel: _____ e-mail address: _____

Any Previous Addresses: _____

Details of Parents/Carers & Emergency Contacts:

Main contact/Person with parental responsibility	Person with parental responsibility or an additional emergency contact. (Delete as appropriate)	Additional Emergency Contact
Names:	Names:	Names:
Relationships:	Relationships:	Relationships:
Address: if different from above	Address:	Address:
Home Tel:	Home Tel:	Home Tel:
Work Tel:	Work Tel:	Work Tel:
Mobiles:	Mobiles:	Mobiles:

Please confirm below whom you authorise to collect your child and in addition supply a password for use in the event that an unauthorised person is required to collect your child. If you wish for an unauthorised person to collect your child we do insist that you let us know in advance and that the named person brings some form of photo ID to prove their identity.

I understand that it is my responsibility to have obtained consent from all emergency contacts to supply their personal information.

Agree

Authorised names: _____

Password: _____

111 wetherby Road
 Harrogate, HG2 7SH.
 Tel: 01432 886470
 e-mail: woodlands@funcare.co.uk
 Managed by FunCare Ltd Co Reg No: 05203165

Postcode: _____

Session details:

Please tick requested place requirements:

Requested Start Date: _____

Session	Mon	Tues	Weds	Thurs	Fri
Full Day (7.30am-6.00pm)					

Please note that we require 4 weeks notice or fees in lieu for any changes or cancellations. Additional sessions may be booked on a casual basis, subject to availability. Fees will be charged for all booked term time sessions, regardless of attendance.

Payment Terms: Invoices will be issued via email and are payable in advance of attendance. Additional sessions are paid for at time of booking. Failure to pay on time will result in a late payment fee of £5 per child per week overdue, and your child's place may be withdrawn.

BILL PAYER NAME/S: _____

BILL PAYER EMAIL: _____

Additional Information:

Child's Doctor (Name, Address, Tel No.): _____

Any known allergies/illnesses.

If medication is required ie inhalers/epi pen/piriton etc this must be available at nursery at all times the child attends and an additional care plan must be completed. Please see the manager for further info.

Any additional needs/cultural or dietary requirements: _____

1st & 2nd languages: _____

Safeguarding Children Statement: Please note that if we have any concerns about your child's development, welfare or safety, we will speak to you immediately. We are required to keep records of these concerns, and when we feel it necessary the advice of other professionals will be sought (in accordance with our Safeguarding Children Policy and Procedures). All matters will be dealt with in consultation with parents / carers and in the strictest confidence.

Please give details below of any of the following factors that may be relevant to your child:

1. Names, roles and contact details of any professionals who have contact with your child or family
2. Any relevant court orders in place including those which affect any person's access to the child (e.g. residence order, contact order, care order, injunction etc.) Is there any information from these orders that our setting needs to be aware of which will help us to care for your child?
3. Any child protection plan which your child is subject to?
4. Any other factors which may impact on the safety and welfare of the child?

Please continue over the page if necessary

Please tick each statement to agree or highlight any permissions not acceptable to you and bring these to the managers attention for further information:

- 1) First Aid: We occasionally have to administer first aid to the children, please delete any preparations you do not wish us to use on your child: Sudocrem, Sun Cream (min. factor 30)/Antiseptic Wipes/Micropore Tape/Plasters/Cold Compresses. **AGREE**

- 2) Calpol/Metanium. I confirm that in case of fever/severe nappy rash nursery staff may administer Calpol/metanium (We will always contact you first, but should we have trouble contact you, this would allow us to administer these immediately). **AGREE**

- 3) Emergency Medical Permission: I confirm that in case of emergency, club staff may involve Emergency Services i.e. Ambulance, A & E Department. (We will always aim to contact you first, but should we have trouble contacting you, this would allow us to start treatment immediately). **AGREE**

- 4) Photographs: I confirm that photos may be taken of my child. Photos will only be used for Funcare displays onsite and on Tapestry where other nursery parents may view. Photos will not be publically published without further consent. **AGREE**

- 5) Outings & Excursions: I confirm that my child may participate in Outings & Excursions by transport or on foot on an on-going basis. **AGREE**

- 6) Data Protection: I give permission for Funcare to store my information electronically and/or on paper for the sole use of administration & legal requirements for 21 years. I will keep the nursery informed of our most up-to-date information at all times. **AGREE**

- 7) Sharing Information with other Professionals: I give permission for the nursery to seek or share any relevant information pertaining to the child with other professionals involved with the child and/or family. **AGREE**

- 8) I give permission for my early years provider's assessment of my child's progress towards the early learning goals to be shared with our local children's centre on the following occasions. *On entry/starting assessment, *Vulnerability conversations, *Two year-old assessment check and *Last assessment. I understand by giving this permission the children's centre will automatically register my family's details to give us membership and access to the children's centre as part of the new Families Information Service. **AGREE**

I confirm that the above information is correct and that I have read fully this form and information leaflet. I understand that a full set of nursery policies and procedures are available at anytime for me to refer to and I agree to comply with the terms and conditions set out therein.

Signed: _____ (Parent/Carer)

Date: _____

Signed: _____ (Parent/Carer)

Date: _____

Signed: _____ (for Funcare)

Date: _____

RE: GENERAL DATA PROTECTION REGULATIONS 2018

We are required by law to keep certain information regarding you and your child for statutory and for business purposes. We will not keep any more information than necessary. This information is kept securely on our premises in locked cabinets and only accessed by the Management Team key holders. We will only use your (including your child's) personal information to provide a childcare service to you.

We keep your information so you can receive important updates, invoices, information regarding your child and Funclub by email and Family. We will keep your information secure and will not share it except if required by law to do so. We will not retain information any longer than the legally required timescales. (For more information please contact your manager).

By signing this form you understand the need for us to continue holding and processing your data, and to us sending you information. Should you wish to view your child's file, please see our Access in Information Policy and Confidentiality & Data Protection Policy.

Signed

Name.....

Child's name

Date