

ST JOSEPH'S PRE-SCHOOL ENROLMENT FORM

Your Details¹

CHILD'S FULL NAME:

DATE OF BIRTH: AGE: Girl ☐ Boy ☐ (please tick)

ADDRESS:

.....

.....

POSTCODE:

Parent/carer's names with Parental Responsibility (see attached form):

.....

Address

.....

.....

Contact details, eg.
telephone numbers
etc:

Home:

Work:

Mobile:

Email:

Parent/Carer(s) Occupation(s):

.....

Parent/Carer Special talents/skills:

Birth Certificate seen by Lead Practitioner - Yes/No

Is your child fostered or adopted? Yes/No
[if "yes" please indicate which by circling the word]²

Signed:

Date:

¹ The EYFS (April 2017) requires St Joseph's Pre-school to obtain the following information under paragraphs 3.68 and 3.69 ('Information and Records') and paragraph 3.72 ('Information about child') to enable the running of the Pre-school.

² If your child is fostered or adopted and is 2 years of age, you may be eligible for 2 year old funding – please see information sheet at end of this pack

Parental Responsibility Form

Under the Early Years Foundation Stage (EYFS) that came into effect from September 2008, revised in September 2012, September 2014 and again in April 2017, we are legally required to establish who has Parental Responsibility for each child in our care³.

Who has Parental Responsibility⁴?

- A married couple that have children together both automatically have parental responsibility;
- parental responsibility continues after divorce;
- mothers automatically have parental responsibility;
- where the parents are not married the father has parental responsibility if:
 - his name is registered on the birth certificate (after 1 December 2003);
 - he later marries the mother;
 - both parents have signed an authorized Parental Responsibility Agreement;
 - he obtains a Child Arrangement Order from the Court;
 - he obtains a Residence Order from the Court; and/or
 - he becomes the child's guardian.

If you have Parental Responsibility, your most important roles are to

- provide a home for the child; and
- to protect and maintain the child.

Please indicate below who has Parental Responsibility. If there are any subsequent changes to these details, please let St Joseph's Pre-school know immediately.

Name of child/children:

Date of Birth:

Name of person(s) with Parental Responsibility and contact number(s):

.....
.....
.....

Name of Resident parent⁵:.....

If parents are separate or divorced has a Child Arrangement Order or Injunction Order been granted by the Court?

Yes or No (please delete the one which is not applicable).

What condition(s) does this state?

.....

Please see the Pre-school's Separated Families Policy (no 1.24) for more information.

Please complete and hand to the Lead Practitioner together with your enrolment form.

³ EYFS (April 2017) Para 3.68 'Information and Records'

⁴ <https://www.gov.uk/parental-rights-responsibilities>

⁵ Resident parent: as the parent who has the child living with them for the majority of nights in a week.

Others in family:

Name:

Age:

Relationship (siblings)

.....
.....
.....
.....

Ethnic Origin (please tick)

Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black other	<input type="checkbox"/>	White	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other group	<input type="checkbox"/>						

Languages spoken by the child⁶:

Family religion:

Any medical procedures forbidden by family religion

.....

Name of Doctor:

Address of Doctor:

.....

.....

Doctor's telephone number:

Other *Professionals* involved with the family (for example, Health Visitor, Social Worker), which family member they are involved with and what their involvement has been. Please enter name, job title and telephone number:

.....

.....

.....

.....

⁶ EYFS para 1.7

Has your child been referred to the Pre-school by a professional involved with the family (eg- Health Visitor, Social Worker)? If yes, please give details:

.....

.....

.....

Do you have any concerns about your child's development? Please detail

.....

.....

.....

Further details of allergies, medical condition, feeding difficulties, dietary restrictions or preferences, or other ways in which the child may need special help from a member of staff:

.....

.....

.....

Current medication⁷:

History of infectious diseases and immunisations, including Tetanus:

.....

Emergency contacts (please give at least 2)⁸

Name	Telephone number	Relationship to child
.....

Address:

.....

Name	Telephone number	Relationship to child
.....

Address:

.....

⁷ Prescribed/non-prescribed medicine can be administered only if an Administration of Medicine form has been completed. As per EYFS para 3.46

⁸ As per EYFS para 3.73 within 'Information for parents and carers'

Name	Telephone number	Relationship to child
.....

Address:

.....

Names and descriptions of any other persons whom you have authorised to collect the child. Please also tell the Lead Practitioner of any special arrangements you may have to make for any particular day⁹:

.....

.....

Data Protection Statement:

St Joseph's Pre-school (SJP) will collect only the personal information it needs to perform our functions in line with the standards for learning, development and care of your child from birth to 5 years old as set out in the EYFS framework (updated April 2017). SJP are a data controller of your and your child's personal data under the General Data Protection Regulation 2018 (GDPR)¹⁰.

This form enables SJP to comply with the EYFS and Childcare Acts 2006 and 2016. This form is kept in your child's folder which is kept securely under lock and key. Access is only by the Lead Practitioner or under her direction. This information will be destroyed 3 years after your child has left St Joseph's Pre-school¹¹.

- We will only use your and your child's personal information to enable us to provide an early years education service to you.
- We will also use this information to keep in contact with you either by email, word of mouth or post.
- We will keep the information secure and will only share it as necessary and appropriate for funding purposes (eg. to access 15 or 30 hours funding from Gloucestershire County Council) or if required by law (eg. for safeguarding purposes).
- You have the right to ask us to view any information held and we will comply in accordance with the regulations.

By ticking this box you are consenting to us holding and processing your data and sending you information. If you do not give us your consent, then this will limit our ability to deliver the learning and development to your child and ensure that they are ready for school.

☐

You can ask us to delete any data held at any time and we will comply in accordance with our statutory obligations.

Signed: Date:

Signed: Date:
(Parent/Guardian)

Checked by: Date:
(Staff)

⁹ As per EYFS paras 3.62 and 3.63

¹⁰ See policy 5.4 Data Protection

¹¹ See policy 5.7 Retention Periods for Records

Please indicate sessions required:

Monday

☐ 9am to 12 noon ☐ 9am to 1pm ☐ All Day

Tuesday

☐ 9am to 12 noon ☐ 9am to 1pm ☐ All Day

Wednesday

☐ 9am to 12 noon ☐ 9am to 1pm ☐ All Day

Thursday

☐ 9am to 12 noon ☐ 9am to 1pm ☐ All Day

Friday

☐ 9am to 12 noon ☐ 9am to 1pm ☐ All Day

ST JOSEPH'S PRE-SCHOOL

DIAGNOSED MEDICAL CONDITIONS, ALLERGIES AND ADMINISTRATION OF MEDICATION

In order to satisfy the conditions of our insurance, we are unable to administer any medication within Pre-school unless the medication, for example an inhaler, together with specific written instructions have been provided by the parent/carer. This applies to conditions such as asthma, peanut allergy etc. We also require notification of any diagnosed medical conditions such as diabetes or epilepsy.

It is absolutely essential that we be notified immediately should your child suffer from any medical condition where regular medication is required.

Pre-school staff will not administer medication under any other circumstances.

NOTIFICATION OF DIAGNOSED MEDICAL CONDITIONS, ALLERGIES AND ADMINISTRATION OF MEDICATION

Please be advised that the child named below suffers from a diagnosed medical condition that requires regular medication (for example asthma) or may require emergency medication (for example peanut allergy).

Name of child:

Diagnosed condition:

Details of medication – including specific instructions regarding dosage, frequency and administration procedure:

.....
.....
.....

I hereby give my permission for Pre-school staff to administer the above named medication in an emergency.

Signed: Date:

Name:

Relationship to child:

Emergency Treatment

I hereby give my permission and consent for Pre-school staff to seek emergency medical advice or treatment, also authorise written consent, required by hospital authorities if the delay in my signature is considered by the doctor to in danger my child's health.

Signed: Date:

ST JOSEPH'S PRE-SCHOOL

CONSENT

Photographs/Videos

Photographs of your child will be taken whilst they are at Pre-school to positively display the activities that the children participate in during Pre-school sessions. These are kept in our photograph album and are used as evidence for the Desirable Learning Outcomes required for Ofsted Inspectors and sometimes shown to prospective parents. We may also have students who wish to use photographs as evidence of their study and assessment in their portfolios and workbooks. Current parents wishing to record their child's time at Pre-school sometimes take videos. Signed consent is required to take photographs/video of your child at the group. On occasions, Pre-school may promote its own activities or joint events with St Joseph's school through the media, which may include the use of photographs.

Please sign the following consent forms as appropriate, these will then be kept on your child's file.

Walks

If the weather is fine, we will take the children out on short walks around the village of Nympsfield.

Signed permission is required if you wish your child to take part in these walks. Please sign the walks consent form.

Plasters/Wasp-ease

It may be necessary to apply a plaster or Wasp-ease to your child as part of treatment following an accident or sting. However some children may be allergic to these so we, therefore, need your permission to apply them.

Please sign the consent form. Please advise the practitioners if your child is allergic to wasp or bee stings.

Sharing Information

To enable St Joseph's Pre-school to share information about your child with other settings that he/she attends¹². The Pre-school's Information Sharing Policy (no 1.5) gives more details of when information about your child can or may be shared with or without consent.

Please sign the consent form as appropriate.

¹² EYFS para 2.9 refers to children attending more than one setting.

ST. JOSEPH'S PRE-SCHOOL

CONSENT FORM

I CONSENT TO THE FOLLOWING:

Permission to take photographs/video of my child whilst at St. Joseph's Pre-school or on a group outing.

Child: Signed: Date:

Permission to take and use photographs for the purposes of publicity (e.g. local newspaper)

Child: Signed: Date:

Permission to take and use photographs for the private Facebook page 'St Joseph's Pre-school: Parents and Practitioners', which can only be accessed by current parents and practitioners.

Child: Signed: Date:

Permission to take my child for a walk

Child: Signed: Date:

Permission to apply plasters and Wasp-ease.

Child: Signed: Date:

Permission to give Piriton in extreme circumstances such as an allergic reaction to a bite or sting.

Child: Signed: Date:

Permission that information can be shared with another setting that my child attends.

Child: Name of setting:

Signed: Date:

THANK YOU

Please return this form to:

Natalie Powers, Lead Practitioner,

St Joseph's Pre-school, Leigh Building, c/o St Joseph's Catholic Primary School
Front Street, Nympsfield, Stonehouse, Glos GL10 3TY

Do you have a Two Year Old? Achieving Two Year Olds (A2YO) Funding

If your child is receiving free school meals, or you receive Universal Credit and have gross annual household earnings of no more than £16,190, you may be entitled to 15 hours per week for 38 weeks of the year of funded childcare. If eligible, funding would be available the term after the child's 2nd birthday (see table below).

Child's 2 nd birthday	Term eligible for funding
1 September to 31 December	Spring (1 January to 31 March 2019); - Terms 1 & 2
1 January to 31 March	Summer (1 April to 31 August) - Terms 3 & 4
1 April to 31 August	Autumn (1 September to 31 December) - Terms 5 & 6

Families may also be entitled to the funding if they meet one of the following criteria:

- the child has an Education Health & Care Plan (EHCP) or a current statement of special educational needs, or a SEND My Plan +;
- the child is in receipt of Disability Living Allowance; or
- the child is in the care of the Local Authority (ie. Gloucestershire County Council), they have left care through special guardianship order, child arrangement order or adoption order.

To check if you are entitled you can register with Gloucestershire County Council (GCC) via the Citizen portal (www.gcca2yofunding.com), enter your details and if you are entitled you will be given a reference number and email. You will need your National Insurance Number to check eligibility.

If you are unable to access the portal or wish to find out more, contact the Family Information Service on 01452 427362

What do to next?

If you are successful in attaining 2 year old funding for your child, then please email St Joseph's Pre-school's Treasury Administrator (stjosephpstreasad@gmail.com) the confirmation email you receive from GCC. This will have a unique reference number for your child and funding application together with a start date for the funding. Upon receipt, our Treasury Administrator will furnish you with the information and documents required to enable the Pre-school to receive said funding for your child whilst they are in attendance at the setting.