

MANOR PRE-SCHOOL REGISTRATION FORM



Please complete the information below and return to the main school office with your child's birth certificate and £20 administration fee (fee includes polo shirt and sweatshirt)

Provider Name: MANOR PRE-SCHOOL

Child's Details (to be completed by the parent/carer)

	First Name	Middle Name(s)	Last Name
Legal Name:			
Chosen Name:			
Date of Birth:	___/___/___	Gender:	Male / Female
Date of Birth Evidence:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Child Benefit Book		<input type="checkbox"/> Other (please specify) _____
Ethnicity			
Home Language:	First Language:		
Address:			
Town:		Postcode:	

Name of Parent/Carer at this address:			
Does the child normally live with this parent/carer?			Yes / No
Home Tel:		Work or Mobile Tel:	
E-mail:			

Name of Parent/Carer:			
Address:			
Town		Postcode:	
Does the child normally live with this parent/carer?			Yes / No
Home Tel:		Work or Mobile Tel:	
E-mail:			

Please provide details of further parent/carers on a separate sheet if needed.

30 hours extended funding

If you think you may be entitled to the 30 hours extended funding, please log onto www.childcarechoices.gov.uk to check your eligibility and access your 11 digit code. Please enter the code and all other relevant information in the box below.

I give consent for Manor Pre-school to use my 11 digit code to access my child's extended funding.	
11 digit code:	
National Insurance Number:	
Signature:	

Early Years Education Place

PLEASE TICK SESSIONS REQUIRED

Time \ Day	AM – 8.45-11.45	LUNCH	PM - 12.45 --2.45	ALL DAY	Breakfast Club	After School Club 15.15/16.00/ 17.00/18.00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Is your child attending another provider in Devon or in another Local Authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child accessing the early years education funding at this provider?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If yes, please provide:		
Name of Provider:		
Address of Provider:		
	Postcode:	
Number of hours claimed per week:	This is claimed:	Term Time / All Year

Provider Declaration and Data Protection (to be completed by the provider)

I have seen an original document that confirms the child's date of birth

Signature:		Print Name:	
Position:		Date:	

Early Years Education Funding for two-year-olds (to be completed by the provider)

- Eligibility letter seen
- Application Reference Number: _____

TO BE COMPLETED BY PROVIDER

Is this Early Years Education Place to be accessed: (delete as appropriate)	All Year / Term Time
Total booked hours per week (B): (hours booked per week = funded hours + chargeable hours)	
Total funded hours per week (F): (max of 15 hrs for term time or less hours per week for all year/stretched)	
Total chargeable hours per week (C): (Booked hours less funded hours per week) (C = B – F)	

Funded hours will be claimed as follows (unless you make changes with your provider – see below):

	Start date	End date	Funded hours per week	Funded hours per term
Funding Period 1	___/___/_____	___/___/_____		
Funding Period 2	___/___/_____	___/___/_____		
Funding Period 3	___/___/_____	___/___/_____		
Total	* The total funded hours must not exceed 570 per academic year or the pro-rata allocation for a child becoming eligible from 1 September each year.			

Changes to hours attended or funded hours per week to be listed here:

Date of Change	Total booked hours (B)	Total funded hours (F)	Total hours charged for (C=B-F)	Parent signature
___/___/_____				
___/___/_____				
___/___/_____				

Early Years Pupil Premium

Early years providers can get extra money to enhance the education they provide to support children's development, learning and care. For more information on the Early Years Pupil Premium please see: devon.cc/the-early-years-pupil-premium or speak to your Early Years Provider. If you think you are eligible you will need to complete the Early Years Pupil Premium Registration Form. **If you are happy to, please enter your NI number in the box below and we can check your eligibility.**

NI Number:		Signature:	
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Declaration (to be completed by the parent/carer)

Please tick to show that you understand and agree with the following conditions of the entitlement to free early education:

- I confirm that the information I have given on this form is complete and accurate. I will inform my provider if any of these details change.
- I understand that my child's entitlement to early years education will not start until I have provided evidence of their date of birth and proof of eligibility for my two-year-old as appropriate and I will provide a copy of this evidence for Devon County Council if requested.
- I confirm that when my child is eligible for the early years education funding, I will tell my provider at the beginning of each funding period how many hours I will be claiming and if my child is attending elsewhere.
- I understand that I cannot be charged for the free entitlement to early years education or have to access other chargeable services including extra hours, lunch etc.
- I will ensure that my child attends regularly and I will inform my provider if my child is unable to attend.
- I understand that if I have given false information on this form, I may be asked to reimburse the provider.
- I understand that personal information on this form is held on a secure database by Devon County Council for the duration of the time that my child receives education related funding from Devon County Council and will be used only for local authority education funding purposes.

Signed:			
Print Name:		Date:	

Joining Fee

We charge a one-off fee of £20 on admission to cover administration and your child's introduction pack.

I enclose cheque / cash for

(Cheques payable to Devon County Council)

Please return to Manor Primary School main reception.

Password

Please supply a password that can be used in case of an emergency pick-up. This password will ensure your child only leaves the setting with a safe person.

Password:	
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Medical Details

Name of Doctor:		
Name of Health Visitor:		
Doctor's address and telephone number:		
Is your child up to date with all relevant immunisations? (please circle)	Yes No	Please specify -
Is your child allergic to anything?	Yes No	Please specify -
Does your child suffer from asthma/hay fever	Yes No	Please specify -
Has your child had any major illness/operation?	Yes No	Please specify -
Please describe any on-going health problems that your child may have.		

Special Requirements

At Manor Pre-school, we believe all children to be individuals. Does your child have any particular needs that we should be aware of or that you would like to discuss with the staff?	
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Dietary Needs

Does your child have any particular dietary needs or allergies?	
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Emergency Treatment

Should there be an emergency during Pre-school hours or whilst on an authorised outing, we need your specific permission to organise appropriate medical treatment for your child.

Please complete the following declaration:

Name of Pre-School provision:	
Full name of child:	
Date of birth:	

Declaration:

I agree to the staff of Manor Pre-School taking all necessary steps to ensure that my child (named above) receives the best and most appropriate care, attention or treatment should there be an emergency of accident within the provision or whilst taking part in an authorised outing. I understand that Manor Pre-school staff will make every effort to inform me of an emergency or accident as soon as possible to do so. In the event of an emergency or accident, I give permission for a member of Manor Pre-school staff to accompany my child (named above) to hospital/other medical facility in my absence. I give permission for Manor- Pre-school staff to authorise medical staff to administer essential treatment until my arrival.

Please declare below if your child has any medical problems or allergies to medicines that may affect medical treatment in the event of an emergency or accident. Examples would be heart conditions, antibiotic cover, allergic reactions to drugs (eg Penicillin), and the need for epi-pen injections for other allergies (eg food allergies, insect bites etc):

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Signed:	
Date:	

Emergency Contact Details (to be completed by the parent/carer)

If, for any reason we need to contact you during a nursery session we will first use your contact details provided. In the event that we are unable to contact you, please give at least two other contacts.

Name:	
Relationship to child:	
Emergency Contact Tel:	
Name:	
Relationship to child:	
Emergency Contact Tel:	

Your Child's Development

It would help us enormously if you could answer the following questions regarding your child's development:

Does your child wear nappies or pull ups?	
Does your child use the toilet or potty?	
Does your child have a comforter or dummy during the day?	
Does your child enjoy music/singing/nursery rhymes? What are their favourites?	
Does your child enjoy stories? Do they have a favourite?	
Does your child recognise any colours? If so, which ones?	
Can your child recognise their written name or write their own name?	
Can your child count to ten or beyond?	
What activities does your child enjoy doing?	
What activities would you like to see them doing at Manor Pre-school?	
Can your child do any of the following? Take off their clothes at bedtime? Put on simple clothes? Put on their socks? Put on their shoes? Put on their coat? Do up zips? Do up buckles? Do up buttons? Tie up laces?	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
Is there anything else about your child or your family circumstances that we should know?	

Authorisation and Permissions

Observation and Record Keeping:

We accept early years funding. To comply with Department for Education requirements, we are obliged to maintain records on all children in receipt of funding attending Manor Pre-school.

I consent to records and observations being kept on my child (Please circle):	Yes
	No
Child's Name :	
Signed:	
Date:	

Photography and Promotion:

From time to time we like to use photographs of children in the nursery setting for promotional or other purposes such as our Newsletter, Website and Facebook page. Please indicate whether you give permission for photographs of your child to be used in the following:

In the nursery (including other children's files if they are together)	Yes	No
Local newspapers or other media	Yes	No
Display Boards	Yes	No
Newsletters	Yes	No
Pre-school Website	Yes	No
Facebook page	Yes	No

Outings:

As part of your child's development we occasionally arrange outings from the nursery, for example to the shops or park.

I give permission for my child to go on organised outings:	Yes
	No
Childs Name:	
Signed:	
Date:	