**The SPARROW'S Nest Childcare Ltd Preschool Enrolment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon  | Tues  | Wed | Thur | Fri  |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

 Preferred Start Date:

 Actual Start Date: Key Person:

|  |  |  |
| --- | --- | --- |
| Child's Name: |  | Date of Birth: |
| Address: |  |  |
|  |  | Postcode |
| Ethnicity: |  | The answers to these  |
| Home Language: |  | questions will help us to  |
| Religion: |  | provide the best |
| Additional Support Requirements: |  | Learning environment for your child. |
| Mother's Name: |  |  |
| Telephone Number: |  | Work Number: | Mobile Number: |
| Email: |  |  |
| Father's Name: |  |  |
| Telephone Number: |  | Work Number: | Mobile Number: |
| Email: |  |  |
| EMERGENCY CONTACT:- | This must be another number different to your home number, |  i.e. a relative or friend  |
| Name: |  | Telephone Number: |
| Their Relationship to your  | child: |  |
| If your child is going home details below. Non regular | with someone else on a regulararrangements should be  | basis please provide theirrecorded in the signing in sheet. |
| Name: |  | Telephone Number: |
| Address: |  |  |
| Their Relationship to your  | child: |  |
| Name: |  | Telephone Number: |
| Address: |  |  |
| Their Relationship to your  | child: |  |

|  |  |  |
| --- | --- | --- |
| Children’s Centre Details: |  | Telephone Number: |
| Dentist’s Name & Address: |  | Telephone Number: |
| Doctor’s Name & Address: |  | Telephone Number: |
| Do you have any concerns about your child’s development or health? | * Yes
* No
 | Are there any other agencies you have contact with such as social care, speech therapist etc? |
| Does your child have special educational  | * Yes
* No
 |  |
| Is your child receiving therapy, such as physiotherapy/speech therapy? | * Yes
* No
 |  |
| Does your child require specialist medical support e.g. diabetes/epilepsy/allergies | * Yes
* No
 |  |

**Parent & Preschool Agreement:**

* The Preschool will keep all information provided by you confidential; it will be securely stored on the premises in line with our data-handling and protection policy. If we need to share your information with outside organisations (for example when completing funding applications) you will be asked for your written consent for us to do so.
* We aim to provide a friendly and inclusive learning environment for all children and our policies and procedures provide the framework for this. Our Parent Handbook contains accessible versions of these and you may view our full policy document at any time.
* Your child will be allocated a key person who will record your child's progress whilst in the preschool. We encourage you to view and contribute to this record at any time.
* You must inform us if your child is be collected by anyone not named on this form, as we will not allow your child to leave unless we have been informed about an alternative arrangement. Please note we cannot release your child into the care of anyone under 18. Please note a PASSWORD here to be used in cases of emergency when someone unplanned needs to pick up your child
* PASSWORD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your agreement to the following statements and then sign below:**

* I will inform the preschool if any information contained on this form changes **Yes/No**
* I understand that my child may take 2 weeks holiday per school year and that the Early Education Funding will not be withdrawn if I have notified the Preschool. **Yes/No**
* If understand that I must give 4 weeks notice before withdrawing my child from the Preschool and that if I do not, it may affect my Early Education Funding at a new setting. **Yes/No**
* I have paid a £25 deposit which will be refunded to me if I give 4 weeks notice before my child leaves the preschool **Yes/No**
* I have been shown around the preschool premises **Yes/No**
* I have been given a copy of the preschool handbook and agree to all the policies and procedures of the preschool **Yes/No**
* I agree that photographs or video footage may be taken of my child, during preschool or on outings for their records, staff training and parent evenings **Yes/No**
* I agree to pay all fees, including the parental contribution, in advance either monthly or half-termly, and understand that all sessions I book must be paid for, whether my child attends them or not **Yes/No**
* I give general consent for my child to go on walks around the local area of the school. I understand that safety checks will have been carried out which include: 1 adult to 3 children, wearing florescent vests, risk assessment, a trained first aider will be present, a first aid kit, mobile phone with all contact numbers on. **Yes/No**
* I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical treatment (including First Aid) **Yes/No**
* I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical treatment (including anaesthetic) from the medical authorities **Yes/No**

**Parent Signature: Date:\_\_\_\_\_\_\_\_\_\_**

Dear Parent/carer,

We have an online system we use in the preschool which helps us to record your child's information and to make observations of their development. It is called

'Baby's Days' and can be viewed at www.babysdays.co.uk.

The advantage is that you will be given a login and password which lets you see your child's

Learning Journey from your computer or phone whenever you like. You will be able to see

the photographs taken and observations written and will also be able to write your own

comments. We hope this means you can share your views on your child's progress even

more.

If you do not have internet access, we will still be printing the Learning Journeys so you can

see them at any time and during Parent and Key worker meetings.

If you are happy for us to store your child's data on this secure site, please complete the

permission slip and return as soon as possible.

This program is going to be very useful for us to show Ofsted how we observe your child

and plan for their Next Steps so we would appreciate you returning the permission as soon

as you can.

Thank you, if you have any more questions, please do not hesitate to ask,

Cerian and Florence

Baby's Days Permission

I give you my permission to store data online using the Baby's Days system, I understand

that this data can include and is not limited to the following information about my child:

1. Personal details including:

Name, address, date of birth, medical information including allergies and other general

information.

2. Observations including:

Progress and observation notes, next step notes and other general developmental

information.

3. I understand you will use the system to store the following:

Daily Diaries, Photographs and audio recordings.

4. I understand that the information stored about my child is accessible by me should I

request to view it.

5. I understand that when another parent connects to the system they can only view

information relating to their child and cannot view any information relating to my child.

Name:

Child's Name:

Signature:

Date:

**FOR CHILDREN RECEIVING 3 & 4-YEAR-OLD Early Education Funding**

**The government’s contribution to your child’s childcare costs is a great relief**
**financially. On average a child attending for 15 hours receives approximately £2,280 per year towards their childcare costs.**

The Department for Education has now made it clear that settings should only use the government Funding to cover the cost of the Education side of childcare and, as funding rates are lowered despite costs rising, we should not use the funding to cover the cost of the extra services or consumables. The Minister for Childcare has gone beyond this and made it clear that settings should charge for these extras to remain viable.

These items which we provide include, but are not limited to:

• Baby’s Days Subscription to enable online Learning Journeys as well as printing and paper so you have a hard copy

• equipment and additional staffing for excursions- such as safety vests, first aid kits

• milk at snack times

• food used in cooking and baking

• materials used for craft activities

• equipment used for changing children after accidents (wipes, aprons, gloves, tissues and toilet paper, anti-bacterial spray, nappy bags)

• replacing and purchasing resources and equipment on a regular basis

• administering funded hours and responding to queries related to funding

• summer & Christmas Parties etc

• Sports 4 Tots weekly sports sessions

• technology such as ipads, Bluetooth speakers and b-bots

As a result, many settings have been charging parents an additional contribution for some time. As the new councils merged in April 2019, the funding rate was also lowered and in April 2020 the Minimum Wage was increased - This means we also must charge for these additional services. This is currently £2 per 5-hour session or £6 per 15 hours.

This means a child on 15 hours will receive on average 570 hours of childcare per year for £2348 (EEF) plus £228 (PARENTAL CONTRIBUTION) = £2590.50

The good news is that there are ways to raise this contribution. You may not be aware of

The Tax Free Childcare scheme which can be used to pay for the charge, making the cost to parents only £1.60 per session on 15 hours if paying by this method. This is because the government will contribute 20% to any amount you pay into the account up to £2,000 per year.

Go to [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk/) to find out more.

**Example:**

**15 hours: 3 monthly contributions of £28 due by 7th of October, November and December.**

 **30 hours: 3 monthly contributions of £56 due by 7th of October, November and December.**

**Payments made to: - The sparrows Nest Childcare Ltd. A/C 22647144 sort code 090129**

**Early Education Funding**

**Parent/Carer Declaration Form**

1. **PROVIDER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of childcare provider | The Sparrow’s Nest Preschool | Child start date at the setting | ……/……/…… |

1. **CHILD DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| First name(s) |  | Legal Surname |  |
| Preferred Surname |  | Gender(please tick) | Male  | Female  |
| Date of birth | ……/……/…… | Telephone number |  |
| Home address |  | Postcode |  |

**Ethnic Background** (We are required by law to pass the following information to the Department of Education for statistical purposes)

|  |  |  |
| --- | --- | --- |
| White British | White & Black African | Bangladeshi |
| White Irish | White & Asian | Chinese |
| White Western European | Any Other Mixed Background | Korean |
| White Eastern European | Black Caribbean | Any Other Asian Background |
| White Other | Black African | Any Other Ethnic Background |
| Portuguese | Any Other Black Background | Prefer not to say |
| Gypsy/Roma | Indian |
| White & Black Caribbean | Pakistani |

1. **PARENT/CARER DETAILS** (below must be completed where a child is claiming **30 Hours Extended Entitlement** and/or **Early Years Pupil Premium**)

If you wish to claim for 30 hours we need your written consent to validate your code. We can’t validate the code without your own date of birth and your National Insurance (NI) or National Asylum Support Service (NASS) Number so please complete all boxes in this section; please also sign the box below and the main declaration on the reverse of this form to indicate your consent.

If you believe that your child may qualify for Early Years Pupil Premium, please provide the following information for the main benefit holder to enable your childcare provider to confirm eligibility.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer First Name |  | Parent/Carer Surname |  |
| Parent/Carer Date of Birth | ……/……/…… | Parent/Carer NI or NASS No. |  |
| Parent/Carer Signature |  |

1. **ELIGIBILITY CODES** (below must be completed where a child is claiming 30 Hours Extended Entitlement or Two Year Old Funding)

|  |  |
| --- | --- |
| 30 Hours Eligibility Code |  |
| Two Year Old Funding eligibility code or voucher reference number  |  |

1. **DISABILITY ACCESS FUND (DAF)**

The DAF is an annual payment to the provider of £615 where they care for 3 or 4 year old children in receipt of Disability Living Allowance. The DAF can only be paid to one provider, once per year.

|  |  |
| --- | --- |
| Is your child eligible and in receipt of Disability Living Allowance (DLA)? | Yes  (please supply your provider with evidence of DLA)   |
| If your child is accessing their early education funding across two or more providers, nominate the provider that should be paid. |  |

1. **ATTENDANCE AND FUNDING DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider name | Please enter the number of hours attended each day | Total number of hours attended per week | Total number of hours claimed per week (Universal Entitlement) \* | Total number of hours claimed per week (Extended Entitlement) \* | Stretched offer (tick if applicable) |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  The Sparrow’s Nest Preschool |   |   |   |   |   |   |   |   |   |  |   |
|   |   |   |   |   |   |   |   |   |   |  |   |
|   |   |   |   |   |   |   |   |   |   |  |   |
| Changes to the original claim (if applicable) |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

\* Please see Guidance Notes attached

1. **DECLARATION**

I, the Parent/Carer, can confirm that I have read and understood the form and that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and

I authorise the provider to claim early years funding as agreed above on behalf of my child.

I understand that if I have given any misleading information on this declaration or have claimed more than the maximum entitlement with one or more providers I may be asked to reimburse the provider(s) or my child’s place may be taken away. I understand that if I choose to take less than the full entitlement for my child I agree that BCP Council has no obligation to make arrangements to provide additional hours to ensure my child receives the maximum entitlement over the year.

In addition, I give permission for BCP Council to check my eligibility status with Government departments and hold my details to make further checks for pupil benefits including Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) when my child is at an eligible age.

I understand that if I choose to claim funding using the All Year Round Stretch method (for example 11hrs per week for 51 weeks per year), there will be a loss of some funded hours over the course of the year.

I understand that you will process personal information in accordance with GDPR and the Data Protection Act 2018 (If you would like to know how we use your information, please see the Privacy Notice attached and available on the council website).

Name of Parent/Carer: .......................................................................... (please print clearly)

Relationship to Child: ..........................................................................

Signature: ........................................................................... Date: .......... / .......... / ..........

1. **INFORMATION FOR PROVIDERS**

This declaration, which is evidence of your Early Education Funding claim, must be retained for future reference (including local authority audits) for at least 1 year following the child leaving your care. Please note however that you may be asked by BCP Council to produce evidence of a claim at any time.

Please indicate which documents have been seen by ticking the relevant box below:

Birth Certificate 

Passport 

DLA award letter 

Other ……………………………………….

I confirm that, to the best of my knowledge, this Parent/Carer Declaration form has been completed correctly.

Name of Childcare Provider: .....Abigail Jones (please print clearly)

Signature of Provider: ..................................................................... Date: .......... / .......... / ..