



Child's information:

Child's name.....

Date of birth.....

Ethnic origin.....

Childs's first language.....

Address including post code.....

.....

Email address

Names of parents (those who have legal responsibility)

.....

Contact information:

Name.....

Phone number.....

Work.....

Name.....

Phone number.....

Work.....

Contact name and number for extra emergency contacts e.g. friend/neighbour/relative:

.....

Doctor's name and surgery.....

Details of any allergies.....

Is child up to date with inoculations? **Yes/no**

Please give any medical details which you think we should know and or any other relevant information

.....

.....

Signed by parent/carer.....dated.....



Funding:

Could you please also provide a copy of your child's birth certificate as nursery education funding cannot be claimed without it.

Parent's date of birth.....

Sessions and Fees

Childcare required: *Please write the childcare times that you require for each day eg. 9am til 3pm, please also put down if you would like to increase them and you know when and what you would like to increase them to, this will ensure you get the sessions you want.*

Monday	Tuesday	Wednesday	Thursday	Friday

Childcare fees are still payable for all sessions booked even if your child is absent due to illness, holidays, days off etc. We do not charge for any days that we are not open.

Parent's national insurance number:.....

2 year code (if applicable).....

30 hour code (if applicable).....



Responsible adult or adults (over 18) with permission to collect your child:

Please could you provide a photo and the name of a responsible adult that has permission from yourself to collect your child if for some reason you are unable to. If you do not have access to a printer (for the photo) please email your photo to: fbcps1@gmail.com

If no photographic evidence is provided we will require a password and this will be issued by a staff member.



Fleckney Baptist Pre-school

Continuity of care

Is your child already attending another pre-school or nursery as well as this one? Or are they moving from another pre-school or nursery?

If so, please could you let us have any relevant documentation regarding their learning and development.

Has your child has their two year assessment with the health visitor **yes/no**

Name of health visitor

Are you and your child currently involved with any other professionals e.g. speech and language therapist, nutritionist, outreach worker?

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

Do you need any additional support, for example support filling in forms or forms in a different language?

If yes please give details:

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



Parent/Carer Information- Sharing Consent Form

This parent/carers consent form gives permission for Fleckney Baptist Pre-school to share relevant discussions, assessments, records, reports and other information with appropriate professionals eg. health visitor, speech therapist, outreach worker, teacher etc.

I/We (please circle)

Parent/Carer's Name:.....(Please print)

Parent/Carer's Name:.....(Please print)

give my/our consent to appropriately share relevant information about my/our child

Child's full name:.....

Date of Birth:.....

with other professionals involved in working with him/her.

Parent/Carer's Signature.....

Relationship to child:.....

Date:.....

Parent/Carer's Signature.....

Relationship to child.....

Date.....

You have the right to withdraw your consent to share information at anytime.

Consent withdrawn: Signed.....Date.....



Fleckney Baptist Pre-school – Parental/carers consent form

Name of child:

In the interests of safe-guarding children we will need your consent for the following -

Medication and emergencies

Should your child need medication administering to them during the time they are with us for example if your child needs to use a ventolin inhaler, then you will need to give your permission for us to do this. Also if your child needs sun cream applying to protect them during outdoor play we will administer our own if none is provided by yourselves. In the event of an emergency we need your permission to call out the emergency services. Please sign below to give your consent.

I give the staff of Fleckney Baptist Pre-school permission to administer any medicine which I (the parent/carers) will provide and hand over to the staff for safe keeping. Should this become necessary I will ensure that proper instruction is given to the staff on how and when to administer such medication. I also give permission for the staff to administer their own sun cream if I do not provide any and I agree to them contacting the emergency services and for any emergency treatment to be given should it be deemed necessary.

Signed-----(parent/carers) date-----

Photographs

Photographs are regularly taken of the children enjoying the activities on offer as this is useful evidence for us to use when we have Ofsted inspections and to put on our own website. Photographs are also taken as a lovely record of your children's learning.

I give permission for the staff of Fleckney Baptist Pre-school to take photographs of my child.

Signed-----(parent/carers) date-----

Outings

From time to time we take the children on local outings to help them to develop in their knowledge and understanding of the world. These outings are only local ones such as trips to the library or to the duck pond. There is always a ratio of one staff member to three children and great care is always taken when crossing the roads. Please sign below if you are happy for your child to be taken out by the staff.

I give permission for the staff of Fleckney Baptist Pre-school to take my child on outings within the local community.

Signed-----(parent/carers) date-----

Late Collection Policy

I have read and understand the Late Collection Policy

Signed-----(parent/carers) date-----



Getting to know me:

We like to know about your child before they start so we can support them with the settling in process.

I like to be called

My comforter is called

My favourite toy is

My favourite story is

My favourite song is

My favourite TV programme is

We'd like to hear about your child's development so that we can plan how best to support them.

I am really good at....

I might need some extra help with.....



Special people to me

Who is special to your child? Please put photographs and tell us who they are and details about them such as their occupation below. Please include photographs of pets. This allows us to talk to your child about people who mean something to them and can benefit the child when they are settling in.



What is happening that is important to your child/ family 2023/2024

January	February	March
April	May	June
July	August	September
October	November	December

Does your child do anything on a regular basis.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Things that I am interested in at the moment...

The Early Years Pupil Premium – Parent/carer form

VOLUNTARY REGISTRATION

The Early Years Pupil Premium (EYPP) will be available from April 2015 for eligible 3 + 4 year olds accessing Free Early Education Entitlement. If your child is eligible, the premium will provide your child’s nursery, pre-school or childminder with extra funding to enhance the opportunities, experiences and support offered to your child. We need information about you and your child to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled. Please complete this form and return by _____

This form gives you the opportunity to find out if your child may be eligible for the extra funding. Please provide us with the information requested below.

If your child has been adopted or has a care order, please speak to your child’s key person for more information as they will be eligible for the funding.

ABOUT YOUR CHILD/CHILDREN

Child’s Last Name	Child’s First Name	Child’s Date of Birth			Name of preschool, nursery, childminder
		DD	MM	YYYY	
		DD	MM	YYYY	

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1			Parent/Guardian 2		
Last name						
First Name						
Date of Birth	D	M	Y	D	M	Y
National Insurance Number*						
National Asylum Support Service (NASS) Number*	/	/		/	/	
Daytime Telephone Number						
Mobile Number						
Address						
	Postcode:			Postcode:		

* Complete as appropriate

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FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? Yes No

(Please place an X in the appropriate box).

If you have indicated “yes”, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you indicated “no”, please place an X in this box if you¹ are in receipt of any of the benefits listed below:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Universal Credit.
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
- Working Tax Credit run-on

Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the early years pupil premium.

How the information in this form will be used

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits. They will do this by checking out of work benefit data provided by HMRC and DWP. We would like your consent to make this check. Once this is confirmed, we can decide how much money your child’s nursery, childminder or pre school will receive. You are free to withdraw your consent so that your details are not used in future. Whether you use this scheme or not will not affect any of the benefits you may be entitled to.

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to enable my child’s preschool/Nursery/childminder to claim the early years pupil premium for my child.

Signature of parent/guardian : Date:

¹ This includes those who have parental rights for the child/children named on this form.

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