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**Registration form 2020**

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and electronic form on the nursery school software ‘Instant Nursery Manager’ and used for the purpose of maintaining appropriate contact, creating the nursery school register and record lists.

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

**Please return the completed form to:**

Guildford Montessori Nursery School

All Saints Hall, Vicarage Gate, Onslow Village, Guildford, GU2 7QJ

or e-mail to **guildfordmontessori@gmail.com**

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| Basic Details |

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| Child’s name: | | Known as: |
| Date of birth: | | Gender: |
| Name of parent(s)/guardian(s) with whom the child lives: | | |
| Name of parent/guardian 1:  Relationship to child:  Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)*  If no, do you have legal contact?  **Yes/No** *(please delete as appropriate)* | | Name of parent/guardian 2:  Relationship to child:  Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)*  If no, do you have legal contact?  **Yes/No** *(please delete as appropriate)* |
| Address of parent(s)/guardians with whom the child lives: | | |
| Home telephone number: | | Mobile telephone numbers:  Parent /guardian 1:  Parent /guardian 2: |
| Email address 1:  Would you prefer to receive invoices, newsletters and information via email? **Yes/No** *(please delete as appropriate)*  *If YES please sign here to consent to us contacting you for the purposes above ………………………………………………………………….*  Name: Date:  Email address 2:  Would you prefer to receive invoices, newsletters and information via email? **Yes/No** *(please delete as appropriate)*  *If YES please sign here to consent to us contacting you for the purposes above ………………………………………………………………….*  Name: Date: | | |
| Name of parent(s) with whom the child **does not** live: | | |
| Does this parent have parental responsibility? **Yes/No** *(please delete as appropriate)* | | |
| Does this parent have legal contact? **Yes/No** *(please delete as appropriate)* | | |
| Address: | | |
| Home telephone number: | Mobile telephone number: | |

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| Emergency Contact Details  *Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.*  **NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.** | |
| Emergency Contact 1:  Name:  Home telephone number:  Mobile telephone number:  Relationship to child | Emergency Contact 2:  Name:  Home telephone number:  Mobile telephone number:  Relationship to child: |
| Security Details | |
| A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone colleting your child. If they do not have the password we will not release your child to them.  My secure password is | |
| Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age. | |
| Authorised Person 1:  Name:  Home telephone number:  Mobile telephone number:  Relationship to child: | Authorised Person 2:  Name:  Home telephone number:  Mobile telephone number:  Relationship to child: |
| Additional Security Information | |
| We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.  We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child. | |

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| Health Information | | | |
| Does your child suffer from any of the following *(please tick those which apply)* | | | |
| Asthma |  | Epilepsy |  |
| Heart Condition |  | Kidney/Bladder problems |  |
| Diabetes |  | Bee Sting Allergy |  |
| Sight Impairment |  | Deafness |  |
| Wears Glasses |  | Other |  |
| If you have ticked any of the boxes above please give details here: | | | |
| Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)* | | | |
| Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*  If yes please give details below | | | |
| Does your child have known allergies? **Yes/No** *(Please delete as applicable)*  If yes please give details below | | | |
| Name of GP:  Surgery:  Address:  Telephone number: | | | |

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| Safeguarding Children |
| Does your family have a social worker for any reason? |
| Name: Telephone number:  Based at |
| Does your child have a child protection plan? |

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

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| Health Visitor |
| Name: Telephone number:  Based at |
| Has your child had their two years old progress check? **Yes/No** *(Please delete as applicable)*  If so, on what date was this completed?  Are you able to share this information with the setting? **Yes/No** *(Please delete as applicable)* |

The following section requires information classed as ‘sensitive personal data’ for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with Surrey County Council, but also as we have a legitimate interest to allow us to plan and meet your child’s needs.

|  |  |
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| Ethnicity and Cultural background | |
| How would you describe your child’s ethnicity/cultural background? | |
| What is the main religion of your family? | |
| Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged while s/he is in our setting? | |
| Where was your child born? | |
| What is/are the main language(s) spoken at home?  If English is an additional language, will this be your child’s first experience of being in an English-speaking environment? **Yes/No** *(Please delete as applicable)* | |
| Special Educational Needs and Disabilities | |
| Does your child have any special needs or disabilities? **Yes/No** *(Please delete as applicable)*    If yes please give details below | |
| What (if any) special support will your child require in our setting: | |
| Professionals involved with the child | |
| Name:  Agency:  Role: | Name:  Agency:  Role: |

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with the nursery school manager in the first instance.

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| Permissions and Consent | | | |
| Permission for the setting to act in loco parentis | | | |
| If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child’s time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/ambulance indicated above or to transport the child to a hospital A & E department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section. | | | |
| I / we parent (s)/guardian(s) of do / do not give consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.  I do not agree to this statement and indicate our wishes as follows | | | |
| Signatures of parent/guardian 1:  Date: | | | Signature of parent/guardian 2:  Date: |
| Permission for the application of sun cream | | | |
| Please read the statements below and strike through the statement that **does not** apply | | | |
| I / We parent(s)/guardian(s) of will supply our own sun cream, clearly labelled with my child’s name for the nursery staff to reapply the sun cream on my child after 12.30 pm if my child attends a full day session. I am fully aware that it is my/our responsibility to apply the sun cream on my child prior bringing my child to the nursery school in. | | | |
| Signatures of parent/guardian 1:  Date: | | | Signature of parent/guardian 2:  Date: |
| |  |  | | --- | --- | | Famly Platform Consent | | | I understand that by signing this consent form I shall receive an email to create an account, download the app on my smart phone. I will then be able to long on and see my child’s electronic learning journal with observations of my child. These observations may include photographs, video clips, I hereby give consent for my child to be photographed and/or videoed for recordkeeping purposes and for the use of Early Years Professionals at Guildford Montessori Nursery School.  I understand that there may be a group photograph/video that incorporate images of my child and other children and teachers. I agree that these photographs/videos may be used in other children's electronic Learning Journals.  To protect and respect privacy, I agree not use/upload/share these photographs, videos involving other children on a public website such as social media websites and may not utilise information from my child's electronic Learning Journal for purposes other than understanding the development of my child.  Guildford Montessori Nursery School's policy on photographs/videos covers this in more detail which can be accessed on The Guildford Montessori Nursery school’s website: www.guildfordmontessori.co.uk/policies  I agree that my Child's Observations, Learning Journey, Reports and other Documents created on Famly can be stored on the Famly system. I agree to log in using the personal log in created by myself. | | |  | | | Which e-mail address would you like us to use for sending invoices? | | | Name:  Relationship to child:  E-mail address:  Signature of parent/guardian 1: | Name:  Relationship to child:  E-mail address:  Signature of parent/guardian 2: | | | | |
| **Please tick the statements below if you consent to the following:** | | | |
|  | I consent to first aid being administered to my child by the nursery school staff in case of emergency. | | |
|  | I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting | | |
|  | I consent to my child having their photograph taken to be used for publicity purposes – website, flyers. | | |
|  | I consent to my child’s artwork (with their first name) being displayed in the setting | | |
|  | I consent to my child being photographed and videoed for use by the nursery school staff only with regards to observational purposes either assessment of children or an educational activity and used in Famly electronic learning journeys . | | |
|  | I consent to my child’s photograph being used in electronic learning journeys (Famly) of other children within the setting. | | |
|  | I consent to my child’s learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority. | | |
|  | I consent to the video and photographs of my child to be taken by other parents during nursery school’s special celebrations: Nativity Play and Graduation ceremony. I understand that the nursery school cannot be held responsible for the usage of these videos and photographs by other parents. | | |
|  | I consent to my child participating in off-site outings as part of daily practice e.g. nature learning sessions | | |
| Please sign below to confirm your consent for the indicated statements above: | | | |
| Signatures of parent/guardian 1:  Date: | | Signatures of parent/guardian 2:  Date: | |

Further information regarding how we use children’s images within the setting can be found in our Policies and Procedures.

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| SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below: | |
| I / We confirm that the information provided on this form is correct to the best of our knowledge. | |
| Signature of Parent 1/Guardian:  Date: | Signature of Parent 2/Guardian:  Date: |

The following section requires information classed as ‘sensitive personal data’ for which we need your consent to collect and process. We request this data as, in some cases, we have a contractual obligation to do so with Surrey County Council, but also as we have a legitimate interest to allow us to plan and meet your child’s needs.

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| **Sessions booking form** |

**Date you wish your child to start at the Nursery School\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE CIRCLE THE SESSIONS REQUIRED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Morning session**  **9.00 – 12.00** | **Morning session with lunch**  **9.00 – 12.30** | **Afternoon session**  **12.00 – 2.45** | **School Day session**  **9.00 – 2.45** |
| **Monday** | **Morning session** | **Morning session with lunch** | **Afternoon session** | **School Day session** |
| **Tuesday** | **Morning session** | **Morning session with lunch** | **Afternoon session** | **School Day session** |
| **Wednesday** | **Morning session** | **Morning session with lunch** | **Afternoon session** | **School Day session** |
| **Thursday** | **Morning session** | **Morning session with lunch** | **Afternoon session** | **School Day session** |

**If you are planning to claim 30 hours funded hours YES /NO**

**Please only book 30 hours place, once you have received your eligibility code. We do not accept bookings for free 30 hours places without eligibility code.**

**If you are planning to claim 30 hours funded hours, please provide the following information:**

**Extended Hours Code number code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NI Number of the person who applied for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number used to apply for the code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You can receive more information about 30 funded hours childcare and apply for the code via** [**www.childcarechoices.gov.uk**](http://www.childcarechoices.gov.uk)**.**

**Please note that without the Extended Hours Code number, you can only apply for 15 hours of universal Free Entitlement (FE) place.**

All sessions requested on this form are guaranteed and will be confirmed with parents/guardians by e-mail.

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| I understand that by signing this form I am accepting a place for my child at Guildford Montessori Nursery School from the date requested by me on this form. I understand that if I need to reduce or cancel chosen sessions Guildford Montessori Nursery School’s terms and conditions apply and notice is required. | |
| Signature of Parent 1/Guardian:  Date: | Signature of Parent 2/Guardian:  Date: |

**Fees from 1st September 2020**

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| --- | --- | --- |
|  | Time | Rate |
| Morning session | 9.00 am – 12.00 pm | £18.60 |
| Morning sessions with lunch | 9.00 am – 12.00 pm | £21.70 |
| Afternoon session | 12.00 pm – 2.45 pm | £17.05 |
| Full day session | 9.00 am – 2.45 pm | £35.65 |

|  |  |
| --- | --- |
| **Additional Fees** | Rate |
| Administration fee for new children | £20.00 |
| Administration fee for booking ‘ad hoc’ sessions per session | £1.00 |
| Late collection per every 15 minutes | £15.00 |
| Extra time outside of the funded hours per every 15 minutes | £1.55 |

**Fees are payable half-termly in advance.**

**Sessions covered by the Early Years Free Entitlement are free of charge.**

**Free Entitlement**

All children qualify for 15 hours of Free Entitlement (FE) for 3 and 4 year olds after their third birthday as follows:

|  |  |
| --- | --- |
| Child’s third birthday between | Can claim 15 hours of FE from |
| 1 September - 31 December | Spring term |
| 1 January - 31 March | Summer term |
| 1 April – 31 August | Autumn term |