

Lympsham Pre-School Registration Form



Please attach copy of your child's birth certificate

If your child is eligible for Early Years Pupil Premium please apply at www.somerset.gov.uk/eyp

Please complete all the information below, sign and return to the school office in a sealed envelope. Information is required to fulfil our legal and statutory obligations. Please refer to the school's Privacy Notice on our website for further explanation of the data collected in school, why it is collected and your rights under the Data Protection Act 2018.

Legal Surname: Preferred Surname:	Legal Forename: Preferred Forename: Middle Name:
<i>*Legal Surname/Forename are the names that appear on the pupil's birth certificate</i>	
Date of Birth:	Gender:
Address:	

Please give details of all persons who have Legal Parental Responsibility, (For a definition refer to the GOV.UK website and search for Parental Rights and Responsibilities). Please note, removing a contact with Parental Responsibility requires supporting documentation.

Contact Priority	Legal Parental Responsibility Yes/No	Contact Title, Full Name & Home Address	Contact Relationship to Pupil	Phone Numbers: * Please indicate which number should be recorded as the main contact number
				Home: Work: Mobile:
			Email Address:	
				Home: Work: Mobile:
			Email Address:	

Please also list any additional emergency contacts and the priority in which they should be contacted. (Including those above, it is advised that a minimum of 3 contacts are supplied). **PLEASE NOTE**, in supplying the emergency contacts data, the signatory is affirming that the emergency contacts have agreed to act in this way and are aware that the details supplied below will be retained by the school for this purpose. The information provided in the Privacy Notice on the school website explains the school's responsibilities and their rights.

Contact Priority	Contact Title, Full Name & Home Address	Contact Relationship to Pupil	Phone Numbers: * Please indicate which number should be recorded as the main contact number
			Home: Work: Mobile:
			Home: Work: Mobile:

Name(s) of persons authorised to collect your child from pre-school and phone number.

Please list the names of any siblings already attending the school

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Dietary Needs: Please list any food allergies/dietary needs

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Medical Practice:		Tel:	
Address:			

Medical Condition(s):

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Medical Note(s): Please include any medications

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Is your child currently receiving care/therapy from any of the following professionals?

Educational Psychologist Y/N	Hearing Support Services Y/N	Physiotherapist Y/N
Ophthalmologist Y/N	Speech & Language Therapist Y/N	Audiologist Y/N
Paediatrician Y/N	Occupational Therapist Y/N	Social Worker Y/N

If you have circled Yes to any of the above, please provide details:

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***Ethnic/Cultural:**

Ethnicity:		First Language: (ie language spoken at home during early years)	
Religion:			

***You have the right to decline to provide this information. If none of the options are completed then this will be recorded as "Refused"**

***Service Child:**

Is the parent(s) the child resides with currently serving in the (regular) Armed Services?	
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***You have the right to decline to provide this information**

General information

Please give below any other information which you feel might help the school to ensure the best interests of the pupil are met eg, if any Court Orders exist, if your child has any Special Educational Needs or if your child has any regular caring responsibilities (when did their caring role start?) etc.

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The school is classed as a Data Controller under the Data Protection Act 2018 and as such has a duty to process any personal information obtained and held by them according to the Data Protection Principles. The school also has a statutory duty to share some or all of this information with other professional bodies as set out in the school's Privacy Notice. Should you have any queries in relation to this please contact the school directly.

Signature:

Date:

Print Name:

OTHER HELPFUL INFORMATION

Does your child attend another Pre-School? - name of setting _____

Will your child continue to attend the setting YES/NO

Will you share Early Years Funding entitlement across both settings YES/NO

Playgroup or other Early Years group? _____

Please give brief details on your child's experience there e.g. A special friend, favourite activity.

Any background information on your child, which may help in the settling-in process or to help us to understand him/her, e.g. pet's names, special toys, any dislikes/fears.

Any recent family event, which may affect your child.

LYMPSHAM PRE-SCHOOL
PARENT DECLARATIONS

To assist with record keeping and planning suitable activities for your child, we sometimes use recording equipment e.g. cameras for photographic records.

I give permission for routine observations and assessments to be carried out by staff members and supervised students. I understand that I have full access to these if I require.

Signed _____

We sometimes take the children on short trips away from the Pre-School setting e.g. to the sports field, the Manor gardens or to the shop.

I give permission for my child to be taken out on short trips.

Signed _____

Separate permission will always be sought for longer trips away from the Pre-School setting, e.g. farm and beach visits and any trip involving car or bus journeys.

I give consent for the seeking of any necessary emergency medical advice or treatment if needed. YES/NO

I give my consent for plasters/sunscreen to be applied to my child if necessary.

YES/NO

Signed _____

I have read the Fees Policy (available on the website and in pre-school reception) I understand that a session not attended due to illness, holidays, appointments etc. cannot be exchanged for a session on another day or refunded.

4 weeks' notice in writing is required for reduction/cancellation of sessions and that sessions within the notice period will be charged for.

Any request for additional sessions must be put in writing and handed to the pre-school supervisor.

I understand that sessions are invoiced monthly in arrears and payment will be made within 14 days and that failure to comply may mean my child's place being withdrawn.

Signed _____ Date _____

LYMPSHAM PRE-SCHOOL DAYS OF ATTENDANCE

Preferred start date _____

We require a minimum of 2 attendances per week for Pre-school. We will try and allocate your preferred days, however this may not always be possible, and an alternative days may be advised.

(Please note that sessions for Holiday Club are bookable separately for each school holiday and need not be indicated below)

Pre-school sessions – Please tick preferred sessions

DAY	Morning Session 9AM-12PM	Morning Session with lunch 9AM-1PM	Afternoon Session 12PM-3PM	School lunch required £2.20 per day
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Breakfast and After School sessions – Please tick sessions

DAY	Breakfast Club 7.45- 9am	Breakfast Club 8am-9am	After School Club Please state finish time	Afternoon Snack @ £1.10
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Please keep us informed of any changes to your circumstances.

Thank you for your support and co-operation.

We look forward to welcoming your child to Lympsham Pre School

Signed _____ (Parent/Carer)

Date _____



Consent for children to appear in photographs, video or sound recordings (and how they will be used)

We occasionally take photographs, videos or sound recordings of the children at our school. These images may be used in the school and Trust prospectus, other printed publications, school and Trust website, school and Trust social media, display boards in school.

All staff are aware of their responsibilities and they will always take care with how the images and sound are collected and how they are stored.

It is important that we protect your child's interests, respect your wishes and comply with Data Protection law. Please read the Conditions of Use before answering the questions below and signing and dating this form. Please return the completed form (one for each child) to the school as soon as possible. We will not use a photo or video of your child without consent.

Please note that there are certain activities where we do not use consent as the basis for processing your child's data. These are described in our Privacy Notice (<https://wessexlearningtrust.co.uk/about/policies/>)

We may also take photos of your child for celebrating learning on the school site (e.g. on display boards) identification purposes and for evidencing their educational development – such data will not be shared outside the school unless the law requires us to do so, or if you have given your specific consent. If you have any concerns about these photos being used within the school, please contact us.

Children in the Early Years will have their photo taken during activities, in order to evidence the learning that has taken place. No names will be included, but your child may appear in a group photo in another child's learning record. Where possible we will ensure that other children are not identifiable e.g. include the backs of heads. If you have concerns about this, please contact your child's teacher.

Where your child is over 13 years of age, we recommend that you complete this form with them, as children may be able to decide how their data may be used in certain circumstances.

Please note that **you can withdraw your consent at any time**. If you have any queries or wish to withdraw or review your consent, please contact the school.

Conditions of Use:

- This form is valid for your child's time at the school. Your consent will automatically expire after this time
- We will not usually retain other photographs of your child after they cease to be a pupil at this school. However, photographs on our website; in our school prospectus and other publications; or those that are part of our archive of learning activities, could continue exist for a period of time after the child has left the school
- The school will not re-use any photographs or recordings of your child that are incompatible with the original purposes explained to you
- We will retain a small sample of photographs such as annual class photos that represent an historical record for the school

- If we use/publish photographs of individual pupils (with consent), we will not use the full names of the child in any accompanying text or caption without consent, nor will we include any of their personal data
- We may use group or class photographs or footage with very general labels e.g. 'a science lesson'
- We will only use photographs and videos of pupils who are suitably dressed
- Parents should note that when images are published online, they can be viewed around the world and not just the United Kingdom (where UK law applies) and when copied from an online source, images and information can no longer be controlled by the school

Description of the use of Photographs, Video or Sound	Please tick	
Printed copies <i>(Please note: printed publications are available to anyone)</i>		
The school can use your child's image in the hard-copy prospectus and other printed publications or posters we produce for promotional purposes	Yes	No
School Photographer <i>(Please note: our photographer will take an individual photo of your child so we have a clear photo for their school record. If you do not wish your child's photo to be taken, please contact the school)</i>		
Your child can be included in the official class photo taken by our photographer <i>(Please note: a proof copy of this may be sent home to all class parents)</i>	Yes	No
Website and online use <i>(Please note: websites can be viewed around the world, not just the United Kingdom where UK law applies, and if copied from the website, images and information can no longer be controlled by the school)</i>		
The school can use your child's image for publicity in newspapers <i>(Please note: children will always be photographed in groups. Newspapers may publish the image on their own <u>websites</u>)</i>	Yes	No
The school can use your child's image and on the school website, including online publications and online promotional material	Yes	No
The school can use your child's image and first name in our newsletter, which will also be published on our website and school social media	Yes	No
The school can use your child's image on our school/ the Wessex Learning Trust social media <i>(Please note: where possible children will be photographed in groups. We will never name children on social media. We will not share posts/images to other groups or pages, but we cannot control other people sharing posts/images)</i>	Yes	No

Child's Name: _____

Class: _____

Print your name: _____

Signed: _____

Relationship to child: _____

Date: ____ / ____ / ____

Tapestry Consent

Dear Parents and Carers

As part of your child's early years education at pre-school, we complete observations to show the progress that your child has made and their next steps. To do this we are using an online package called Tapestry which enables us to share with you, on a regular basis your child's learning and development. Initially this will only be accessible on request or during parent consultations at Pre-School. However, we hope long term that parents will be able to access their child's learning and development records from home.

Tapestry is used to record observations, comments and photos and to show progress across the Early Years Foundation Stage. This will compliment other forms of observing and assessing already in place.

The pre-school staff will have access to all learning journals via the pre-school computers or iPads.

Before we can begin to use Tapestry, we need your permission to upload photographs of your child and to put them on to Tapestry. Please read through the attached policy which will explain how it is used at pre-school and how it should be used at home.

When you look at your child's learning journal you will notice that there may be some group observations and photos. We add these as we feel that they fully show how the children play and interact with each other. If you have concerns about your child appearing in other children's learning journals then please come and see us.

We look forward to using this system and taking this positive step in sharing information between home and school. If you have photos at home that show how your child is learning and developing, or of them doing a new activity, then please speak to a member of staff about adding it to their learning profile. Also if you have a comment that you'd like added again please speak to a staff member.

Please complete the next page consent form to allow us to upload photos of your child to their Tapestry journal.

If you have any questions or queries, then please do not hesitate to ask.

Many thanks

Tapestry Online User Agreement

Childs name: _____

- I agree to Lympsham Pre-School uploading photos of my child to their individual Tapestry learning journal.
 - I agree to my child appearing in group photographs that may be included in other children's learning journals.
-

If you do not agree with any of the statements above please put a line through that statement. Should you have any other questions or queries, then please come and see us.

Parents Name:

Signature:

Date:

Email:

Child Registration Form



This form enables you to register children who wish to claim the Early Years Entitlement with Somerset Council. A copy of the birth certificate, or alternative legal documentation must accompany this form as a requirement of the Early Years Entitlement. One form is required per child.

Early Years Setting Name.....Town.....

Child's Legal Name.....

Home Address.....Postcode.....

Phone No..... Date Started at Early Years Setting:.....

Has the family moved into Somerset to work on the EDF Project? Yes/No

Ethnic Origin, please circle below:

White	British Irish Traveller of Irish Heritage Any other White background	Mixed	White and Black Caribbean White and Black African White and Asian Any other mixed background
Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background	Black or Black British	Caribbean African Any other Black background
Chinese or Chinese British	Chinese	Other	Any other background Refused/Prefer not to say

I confirm the above information is correct and that I have read the privacy notice below.

Signed.....Date.....

Please return this form with the legal documentation, saved as a PDF document, by email to:
eyfunding@somerset.gov.uk

Privacy notice:

Notification regarding the processing of personal data supplied on this form

Data Controller – Somerset Council (SC)

Data Protection Officer contact – informationgovernance@somerset.gov.uk

Purpose for processing – The information requested will be used for registering your child with this early years setting to enable the Early Years Entitlement to be paid and where appropriate, to secure additional funding from EDF Energy.

Legal basis for processing – We are processing your personal data because we are required to do so by law.
By Law – Childcare Act 2006 & Schedule 5 of the Deed of Development Consent Obligations relating to Hinkley Point C, Somerset.

Legitimate Interests – SC will also use your data for the purposes of monitoring quality, audit and for dealing with any enquiries or complaints.

Data Sharing – the personal data provided will only be disclosed to staff in the Local Authority who have a right of access and where appropriate, any early years setting that your child(ren) attends as well as Somerset Councils software supplier, the Department for Education and Ofsted. If Yes is selected on the EDF question, statistics will be shared with EDF Energy but no personal data will be shared.

Transfers abroad – this data is held within the EU and is accessible by the approved application provider.

Data Retention – the personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity.

Your Rights – You have the right to ask Somerset Council for a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However, these rights are only applicable if the Council has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

Consequences: If you do not supply this information to us, we will not be able to register your child with this setting to enable the Early Years Entitlement to be paid.

For more information see www.somerset.gov.uk/privacy

Working Family Code Check – Consent Form

Thank you for your enquiry about accessing your working family entitlement place with Lympsham Pre-School

Before confirming the place, the eligibility code needs to be verified with Somerset Council. Please complete and sign this form to confirm that you agree to the checks being made:

Child's Legal Name:		Known as (if different from legal name):	
Child's Date of Birth:		Parent/Carer 1 Name:	
Parent/Carer 1 National insurance Number:		Parent/Carer 1 Contact Number and/or e-mail address:	
Parent/Carer 2 Name:		Parent/Carer 2 National insurance Number:	
Parent/Carer 2 Contact Number and/or e-mail address:		Working Family code (this is an 11 digit code):	
If you are looking at claiming the working family entitlement with any other childcare providers, please list them here:			

- I confirm that the above information is correct.
- I confirm that I have read the information on this form.
- I consent to the Provider named above and Somerset Council using this information to verify my eligibility for the working family entitlement and that the Provider will be notified of the result of the check.
- I understand that the information will be held electronically.
- I understand that if I am eligible, the Local Authority will continue to check my eligibility and if they are notified that I am no longer eligible, they will inform my provider.
- I understand that if I am no longer eligible, I will have to pay for hours used. I understand that there is a Grace Period which I may be able to use if working family entitlement has been claimed for my child at this setting in the previous funding period.
- I confirm I have read the privacy notice overleaf.

Signature _____

Date _____

Privacy notice:

Notification regarding the processing of personal data supplied on this form

Data Controller – Lympsham C of E Academy, part of Wessex Learning Trust

Data Protection Officer contact – Mrs K Whiting

Purpose for processing – The information requested will be used to check your child's working family entitlement eligibility.

Legal basis for processing – We are processing your personal data because we are required to do so by law.

By Law – Childcare Act 2016

Legitimate Interests – Solely for the purposes of claiming the relevant funding with Somerset Council

Data Sharing – the personal data provided will only be disclosed to staff at this provider, staff in the Local Authority who have a right of access and where appropriate, any other early years setting that your child(ren) attends as well as Somerset Councils software supplier, the Department for Education and Ofsted.

Transfers abroad – this data is held within the EU and is accessible by the approved software provider.

Data Retention – the personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity.

Your Rights – You have the right to ask Lympsham Pre-School for a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However, these rights are only applicable if the provider has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

Consequences: – If you do not supply this information to us, we will not be able to do process your application for the extended entitlement. For more information see our privacy statement which is available on request or at lympshamcofeacademy.co.uk.

EV6: PARENT/CARER CONSENT FORM REGULAR EXTERNAL ACTIVITIES

This form should be read with the accompanying information/letter about the visit - all sections **MUST** be completed. This is a two-page form.

School: Lympsham Church of England Academy

Date: September 25

Participant's Name: _____ Group/Class: _____

I hereby agree to my child participating in the following activities off the school site: local area including St Christopher's Church, Comple Copse, local walks and all other educational visits by coach. You will have a separate notification of any coach visits.

I understand that:

Such activities will normally take place within the school/working day, but that if, occasionally, they are likely to extend beyond this adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.

My specific permission will be sought for any external activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or adventure activities.

All reasonable care will be taken of my child in respect of the activities/visits.

My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school/organisation discipline procedures during the visit/activity.

I must inform the school of any medical condition or physical disabilities now and as and when they arise.

All young people are covered by the Wessex Learning Trust's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Council or one of their employees. These arrangements do not provide personal accident cover.

MEDICAL INFORMATION

1. My child has a condition requiring regular medical treatment or medication. Yes No

If yes, give brief details: _____

2. My child needs to retain control of his/her medication. Yes No

3. The type of pain/flu relief medication your child should not be given: _____

4. Any recent illness, accident or injury suffered by your child recently which staff should be aware of: _____

5. My child suffers from the following allergies: _____

6. My child has the following lifelong condition or disability. _____

7. I enclose a letter giving more details from the above answer(s) Yes No

8. Date of last anti-tetanus injection: _____

9. My child suffers from travel sickness. Yes No

10. Family doctor: _____ Telephone: _____

Address: _____

PLEASE TURN OVER AND COMPLETE PAGE 2

11. Continue on a separate sheet for any medical information which cannot fit in the spaces above and attach if necessary

EMERGENCY CONTACT

Name of parent/guardian: _____

Address: _____

Emergency telephone: daytime: _____ evening: _____ mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ telephone: _____ mobile: _____

DECLARATION

I agree to my Child taking part.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I understand the extent and limitations of the insurance cover provided.

Please tick to agree

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter.

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials and press releases)

Full name of parent or carer (print please): _____

Signed: _____ Date: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visits.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Wessex Learning Trust will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visits/activities.
6. If you wish to discuss any of the contents of this form please contact the child's Headteacher/Senior Manager.
7. Data Protection. The data collected by establishments from The Wessex Learning Trust, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by The Wessex Learning Trust. Data collected is used for registration and monitoring purposes, and emergency contact information.



Getting to Know My Family and Me-- Name.....

**My age on starting at Lympsham C of E Academy and Pre School
is..... years old**

**I like to be
called.....**

**My first language at home
is.....**

**Other languages in my family
are.....**

**Who lives in my
house?.....**

**My experience of being away from my
family.....**

.....
.....

**My experience of playing with other
children.....**

.....
.....

**Special people in my
life.....**

**My family and I
celebrate.....**

**Important events in my
life.....**

Interests & Preferences

**Things that excite me and make me
happy.....**

.....
.....

My favourite books, rhymes, activities, toys and places to go.....

.....
.....

Things I like doing outside.....

My weekly routines.....

.....
.....

Things I can sometimes get angry or upset about.....

.....
.....

Things that comfort me.....

.....
.....

Food & Drink

I usually eat.....

My favourite foods.....

My favourite drinks.....

I do not like.....

Health & Development

Medical info

Does (name)..... have any allergies?.....

Does (name).....have regular contact with health professionals or agencies?.....

..

**What is (name)..... good
at?.....**

**What does (name)..... need help
with?.....**

**How does (name).....
communicate?.....**

**How does (name)..... respond to new people or situations?
.....
.....**

**Do you have any concerns about your child's development?
.....
.....**

**How would (name) handle
disappointment?.....**

**When does (name)
.....sleep?.....**

Sleeping and Toileting Routines

**Nappy changing / toileting
info.....**

Goals

**What would the family of (name) like them to achieve?
.....
.....
.....**

**What would (name) like to achieve?
.....
.....
.....**