

Saplings Registration & Funding Claim Form



Child's Details			
	First Name	Middle Name(s)	Last Name
Legal Name:			
Likes to be called:			
Gender:	Male / Female	Date of Birth:	___ / ___ / _____
Date of Birth Evidence:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Child Benefit Book	
	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (please specify) _____	
<i>Office Use only:</i>	<i>Dob Evidence seen:</i>	<i>Date:</i>	<i>Initials:</i>

Parent/Carer Details		
Please note the details provided for Parent/Carer 1 will be used as the billing address		
	Parent/Carer 1	Parent/Carer 2
Surname:		
Forename:		
Date of Birth:		
Relationship to child:		
Occupation:		
Parental Responsibility:	Yes / No	Yes / No
Daytime Phone Number:		
Mobile Number:		
E-mail Address:		
Address:		
	Postcode:	Postcode:
Child's Home address?	Yes/No	Yes/No
Please specify a password to be used if you authorise someone who is not known to us to collect your child.		Collection Password

Other Person(s) with Legal Contact:

To be completed where those persons with parental responsibility are separated and an S8 Order is in place).

Full Name:		Relationship to child:	
Address:			Postcode:

Other Emergency Contact Details:

*Please provide details for any other person(s) you authorise to collect your child (must be aged 16 or over).
If we cannot reach you in an emergency, we will contact people you name here.*

	Emergency Contact 1	Emergency Contact 2
Surname		
Forename		
Relationship to child		
Daytime Phone Number		
Mobile Number		
Usual Daytime Location (must be local)		

About your Child

Please tick if your child has had the following immunisations:						MMR 3-in-1	
Diphtheria		Tetanus		Whooping Cough		Or: Measles	
HIB		Diphtheria		PCV		Mumps	
Polio		Meningitis C				Rubella	
Does your child suffer from any known medical conditions or allergies , or have any special dietary needs or preferences?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any special needs or disabilities (SEN) ?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of the following in place for your child?						Statement of SEN	
						Early Years SEN Support Funding	
*If yes to any of the above, please provide details of your child's condition and what special support your child may need at Saplings:							
How would you describe your child's ethnicity or cultural background ?							
What is the main religion in your family (if applicable)?							
Are there any cultural festivals or special occasions celebrated in your family that you would like to see acknowledged while he/she is at Saplings?							
What language(s) is/are spoken at home?							
What is your child's first language ?							
<i>If English is not your child's first language, or is not the main language spoken at home, please discuss with us how we can best support your child when settling in.</i>							

Details of professionals involved with your child

Doctor		Address:	
Name:			
Telephone:			
Health visitor (if applicable)		Address:	
Name:			
Telephone:			
Social Care Worker (if applicable)		Address:	
Name:			
Telephone:			

Please discuss with us the reason for the involvement of the social care department with your family. This information will be treated as confidential within the guidelines outlined in our Information Sharing policy.

Any **other professional(s)** having regular contact with the child:

Name:		Name:	
Agency:		Agency:	
Role:		Role:	
Telephone:		Telephone:	

Permissions

Please complete the following for our records. This information will be kept for the duration of your child's attendance at Saplings. Any changes should be notified to us as soon as possible.

Off-site Activities - Please note:

We frequently visit the park, playing fields and allotments as part of our regular activities. We also visit Ipplepen Primary School for special events. Permission for such visits is implicit in your registration with us. When we plan any 'non-routine' visits, e.g. to local places of interest, you will always be given advance notice.

Item requiring permission:	Permission given?	
I authorise Saplings Staff to administer First Aid to my child as needed	YES	NO
In an emergency I authorise a doctor to be called or my child taken to a hospital	YES	NO
Messages regarding my child may be passed on to the person collecting	YES	NO
Tasting a variety of foods as part of an activity or for snacks	YES	NO
N.B. My child is unable to eat these foods: 		
Use of images:	Permission given?	
Photographs for inclusion in your child's personal folder (EYFS only)	YES	NO
Un-named photographs for display within the setting	YES	NO
Un-named photographs taken by students for educational purposes	YES	NO
Un-named photographs in local Newspapers	YES	NO
Un-named images on Saplings or Ipplepen Primary School Website	YES	NO
Un-named images in promotion or advertising for the setting	YES	NO

Childcare Funding

Please read our prospectus and visit www.childcarechoices.gov.uk for full details of the various funding available and the eligibility criteria that apply, then **complete the following details** to enable us to claim all the funding to which you are entitled:

a) Early Years Education Funding for two-year-olds

Are you eligible for 2 year old funding?	YES / NO
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If yes, please bring your Golden Ticket, or letter of eligibility in to the setting.

Office Use:	Golden Ticket/Letter seen:		Reference number:
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b) Extended Funding for working parents

Are you eligible for extended funding?	YES / NO
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If yes, IT IS ESSENTIAL that you visit www.childcarechoices.gov.uk and obtain your eligibility code BEFORE the first term in which you wish to claim . We cannot verify the claim without this code and claims must be verified before the start of the term to which they relate. We will also need your National Insurance number.

Office Use:	Eligibility Code:	Verified on Portal:
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c) Early Years Pupil Premium

Please complete the separate form included in the pack. The details you provide will be entered onto Devon County Council's secure database and used only to determine eligibility for funding.

Office Use:	EYPP form completed?	YES/NO	Eligible for EYPP?	YES/NO
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d) Attendance at other Childcare Settings

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

Early Years Education Funding Conditions

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

- | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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 where appropriate as described above and I will provide a copy of this evidence for Devon County Council if requested. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | I understand that the total funded hours must not exceed 570 per academic year (1140 for extended claims). Any over-claim will be adjusted for in the summer term and may result in additional charged hours or reduced |
| <input type="checkbox"/> | I will ensure that my child attends regularly and I will inform my provider if my child is unable to attend. |
| <input type="checkbox"/> | I understand that if I have given false information on this form, I may be asked to reimburse the provider. |
| <input type="checkbox"/> | I understand that personal information on this form will be shared with Devon County Council where it will be held on a secure database 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. |

Key person – information for parents

During the settling in period, your child will be monitored and observed by our manager and deputy.

Once settled, your child will be allocated a key person based on their attendance pattern and attachments formed in the setting.

The key person is responsible for ensuring that your child receives the best possible care whilst they are at Saplings, and for keeping your child's records up to date. This key person will be your first point of contact for anything you wish to discuss about

Saplings Registration Pack Documents

Our registration pack contains the following documents alongside this form:

- **Session Request Form (Overleaf)** Please indicate your preferred sessions and start date. We will contact you to confirm availability.
- **Prospectus** Our prospectus contains full details about our setting, and what you and your child can expect during your time with us. It also contains important information regarding funding and a few of our key policies:
 - Safeguarding Children and Child Protection Policy Statement
 - Fees and Payments policy,
 - Information Sharing policy,
 - List of other Policies and Procedures (copies available on request).
- **Early Years Pupil Premium Application Form**
- **Child Background Information Form** To be completed at the time your child starts with us as a current 'snapshot'.

Signatures

Please sign below to confirm that:

- The information given on this form is accurate and correct and that you will notify us of any changes as they arise.
- You have received the documents listed above
- You understand that there may be circumstances in which information is shared with other professionals or agencies without your consent. (see Information Sharing Policy)
- You understand and agree with the conditions of the entitlement to free early education

Parent/Carer 1 - Signed:			
Print Name:		Date:	
Parent/Carer 2 - Signed:			
Print Name:		Date:	

Please complete the Session Request form overleaf.

Saplings Pre-School Session Request Form



Name of Child:

We are a busy setting, but we try to be as flexible as possible to accommodate your needs. Please complete this form with your preferences and we will contact you to discuss availability.

a) When are you hoping that your child will join us?

We accept children from the age of 2 yrs 6 mths and offer start dates at the beginning of each half term. Dates vary each school year, but half terms usually start in the following months: *Autumn - Sept and Nov, Spring - Jan and late Feb, Summer - Apr and June.*

Please indicate your preferred start date: Month: Year:

b) Please tick the sessions you would prefer, indicating which (if any) sessions are flexible if availability is limited.

	Breakfast Club 8.00 – 9.00	Pre-School		After School Club 3.00 – 6.00	Notes
		Morning 9.00 – 12.00	Afternoon 12.00 – 3.00		
		(12.00 – 1.00 only)			
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

c) Please tick to show you have read and understood the following:

- I have read and understood the Saplings Fees and Payments Policy (see Prospectus).
- I understand that Pre-School sessions are a regular commitment, booked by the term and that all absences must be notified to Saplings as soon as possible.
- I agree to pay fees for all sessions booked and understand that **refunds are not given for absences.**
- I understand that non-funded Pre-School sessions will be charged at the current hourly rate
- I understand that non-funded Breakfast Club and After School Clubs are charged at a sessional rate
- I understand that wherever possible, requests for changes to sessions will be accommodated from the next term or half term following a request. All changes are subject to session availability.
- I understand that I can book **ad hoc Breakfast and After School Club** sessions subject to availability. Ad hoc sessions are not eligible for funding. **Ad hoc Pre-School sessions are only available in emergencies.** Saplings will
- I understand that this booking form will form an official contract once the sessions have been confirmed.**

Parent/Carer - Signed:

Print Name:

Date: