**CONFIDENTIAL**

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| **SECTION 1 – CHILD DETAILS** |  |
| Forename | Surname |
| Known as | DOB: |
| Address | Gender  Male □ Female □ |
| Town | Birth Cert/Passport No |
| Postcode | Verified by Staff BC □ Pass □ Initials |
| Desired Start Date: | How did you hear about us? : |

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| **SECTION 2 – EMERGENCY CONTACT DETAILS** |  |
| **Parent /Guardian Details (Main Contact)** | **Second Contact Details** |
| Title | Title |
| Forename | Forename |
| Surname | Surname |
| Email Address | Email Address |
| Telephone | Telephone |
| Mobile | Mobile |
| Relationship to Child | Relationship to Child |
| Can pick up child Is bill payer | Can pick up child Is bill payer |
| Address Same as child’s address  Post code | Address Same as child’s address  Post code |

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| **Third Contact Details** |
| Title |
| Forename |
| Surname |
| Telephone Number |
| Mobile Number |
| Relationship to child |
| Can pick up child is bill payer |

Stramash operate a password system for the secure collection of children in our care and also for our invoicing system. Please select a password that is unique to you and only share with adults you wish to be able to collect your child. We will not release a child from our care without password or prior given consent by their main contact. The main contact can change their password at anytime by informing nursery team leaders or by contacting [info@stramash.org.uk](mailto:info@stramash.org.uk)

**Nursery pick-up and invoicing password:**

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| **SECTION 3 – PLACES REQUESTED**  Please state exactly which early learning and childcare sessions you are enrolling your child to attend.\* | | | | | |
| **NURSERY CAMPUS SELECTED: (*Please tick)* Elgin Fort William Oban Tornagrain** | | | | | |
| **LENGTH OF CONTRACT: Term Time Only Year round provision** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **8:30AM-1PM** |  |  |  |  |  |
| **8:30AM-3:30PM** |  |  |  |  |  |
| **8.30am-5:30PM** |  |  |  |  |  |
| **1PM-5:30PM** |  |  |  |  |  |

**FUNDED ENTITLEMENT:** Children of an eligible age are currently entitled to 600 hours of Early Learning and Childcare Funding per year. Stramash parents can choose to use this funding flexibly over a term time contract or full year provision. Over a term time contract this works out to 16 hours per week and for full year provision 12 hours per week. Additionally parents are able to split these hours between providers in any way they so choose.

**I would like to use \_\_\_\_ hours of my child’s funded entitlement per week at Stramash.**

*\* While the Nursery Team aim to be aware of parents needs and wish to be supportive in meeting their requirements, it will not always be possible to offer the sessions requested.*

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| Is your child on a split nursery placement? Yes □ No □ Other nursery provider: |
| What primary school do you intend to enrol your child to? |

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| **SECTION 4 – CHILD HEALTH INFORMATION**  Medical Information/Contacts – please provide details of any medical condition of which the Nursery Team should be aware (e.g. asthma, allergies, eyesight, hearing problems, speech therapy, epilepsy etc) | |
| Does the child have any medical condition, disability, additional support needs or receive regular medication?  Yes □ No □ | |
| If yes, please give details | |
| Doctor’s Surgery | Surgery Telephone Number |
| Surgery Address | |
| Professionals currently involved with the child (eg. Social Worker, Health Visitor etc):  Do you give Stramash consent to share information on your child to other agencies as required including SALT, Health Visitor, Social Worker? Yes □ No □  *Stramash have the right to share your child’s information to the appropriate professionals without consent if we are concerned about the welfare of the child.* | |

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| **SECTION 5 – SUN BLOCK/MIDGE AND ADDITIONAL CONSENTS (please tick yes/no)** | **Yes** | **No** |
| Do you give permission for early years staff to apply sun block/midge repellent to your child if it is deemed necessary? |  |  |
| Do you require to provide information relating to religion e.g. observance of religious festivals, prohibited foods? |  |  |
| Does your child have any non-medical dietary requirements e.g. vegetarian, no e-numbers? |  |  |
| If yes, please give details | | |

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| **SECTION 6 – ETHNIC BACKGROUND**  You are not required to answer the following questions; however the information is extremely valuable as it is used to check that equal opportunities are afforded to all children. | |
| Child’s first language |  |
| Other languages spoken |  |
| Child’s ethnic origin |  |

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| **SECTION 7 – ANY OTHER RELEVANT INFORMATION** |

**The information on this form is covered by the DATA PROTECTION ACT and will be entered into a computer system for the purpose of Early Years administration.**

**Stramash Outdoor Nursery cannot be held responsible for the consequences of non-disclosure of information.**

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| **SECTION 8 – CONSENT** | | | |
| I declare my child medically fit to participate in the Stramash Outdoor Nursery activities both on and off site. I undertake to notify Stramash Outdoor Nursery in the event of any change in health. I understand that there is an element of risk involved in taking part in outdoor activities and I accept that risk. In the case of an incident, I give Stramash Outdoor Nursery personnel the authority to administer any first aid treatment considered necessary to preserve my child’s life. I agree to emergency medical, surgical and dental treatment being administered to my child, as considered necessary, by professional medical authorities.  **By ticking this box I give consent for my child** **to partake in Stramash Outdoor Nursery Activities**  I accept that personal belongings are not covered by Stramash insurance and that Stramash Outdoor Nursery will not be held liable for damage to, or loss of, these items. **By ticking this box I acknowledge my awareness of this policy**  Photographs and videos are taken during Stramash Outdoor Nursery sessions. These will be used in the assessing, evaluation and monitoring processes. At times they may be used in Stramash publicity, publications and website, including social media. At times the press may ask to take photographs of the children involved in nursery activities. **By ticking this box I give consent for use of images for my child in marketing and social media**  I consent to my personal email being added to the Stramash mailing list. This list will be used to provide information/updates regarding nursery, provide induction materials, and marketing of upcoming Stramash nursery events. At no time will your email be given, sold, or passed on to a 3rd party without consent. **By ticking this box I give consent for my email to be added to the Stramash mailing list**  If at any time you wish to withdraw any of the above given consents or if you would like more information about how your child’s private information is stored please contact Stramash on [info@stramash.org.uk](mailto:info@stramash.org.uk) or by phone on 01631 566 080. | | | |
| Signature of Parent/Guardian | Name |  | Date |

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| **SECTION 9 – OFFICE USE ONLY** | | |
| Passport/BC | Date | Initials |
| Terms & Conditions returned and signed | Date | Initials |
| Entered into NAMS | Date | Initials |