 **Little Leaves Pre-School**

 **The Youth & Community Centre**

 **New Ash Green, Kent DA3 8JY**

 **01474 873519 Ofsted URN 127211**

**littleleaves@outlook.com** **Charity No. 1029991**

**CHILD APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| Childs Name |  | Child’s Date of Birth |
| Childs Main Address |  | Religion | Sex Male / Female |
|  |  | Language spoken at home |
| Post code |  | Ethnic origin of child |
| 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 and celebrated while he/she is in our setting? |
| Who does the child live with? Including Adults and Siblings names and ages. |
| **Parents/Carers who have legal contact:** |
| Name  | Relationship | Contact Number |
| Name  | Relationship | Contact Number |
| Main Contact Email Address |
| Details of any persons who are **denied** legal contact: |
| **Emergency Contact Details in addition to the details above:** |
| Name  | Relationship | Contact Number |
| Name  | Relationship | Contact Number |
| **Password to Collect your child:** (For security, you are required to give a password so if anyone else collects your child we will be able to identify them. It should be a memorable word to you.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Medical Details:** |
| Immunisations, with dates |
| Allergies and/or intolerances (inc. animals) |
| Any Disabilities? |
| Any other conditions we should be aware of |
| We apply hypo-allergenic plasters if necessary. Are you happy for us to use them? Yes / No |

**Parents must inform Pre-school of any changes to the above medical information.**

|  |
| --- |
| Has your childs’ 2 Year check been completed? Include dates, any concerns?**(we will need to see your childs RED Book on their first day)** |

In the event of an emergency, sudden accident or illness during the pre-school session, we shall make every effort to contact parents so they can accompany their child to hospital. If we are unable to contact you, we require parental permission, to seek any necessary emergency medical advice or treatment in the future. For this reason, please sign below:

|  |
| --- |
| **Emergency Medical Advice or Treatment** |
| I agree to the person in charge of my child giving consent on my behalf to any medical advice or treatment should the need arise. |
| **Name** | **Signature** | **Date** |
|  |  |  |

Please provide us with your 30 hours Eligibility Code (if applicable) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ or FF2 code EY \_ \_ \_ \_ \_ \_ by doing so, you authorise us to register this with Kent County Council (KCC).

**OFFICE USE ONLY**

**Birth Certificate Validation Done on (date) >…………………….……… by whom …………………….…………………………….**

**Birth Certificate Number ………………………………………………… Childs DOB as per Certificate …………………..………..**

A child’s learning difficulties and disabilities status should be recorded according to the following categories: No special educational need / SEN action plan / Education, Health and Care Plan **(circle relevant)**

**CONFIDENTIALITY** is very important to protect children, their families and the staff. Please see our Confidentiality Policy and Mobile Phones, Cameras and Online Safety Policy. **Please be aware that;**

**No personal mobile phones, tablets, computers or cameras are to be used by parents or carers within the setting. No mention of the pre-school should be made online anywhere including social networking sites.**

**Application of Sun cream**

When necessary we will apply sun cream before children go in to the garden, we will encourage and help them to apply sun cream, usually factor 50. I agree for pre-school staff to apply sun cream to my child.

**Photographs**

We take photos of the children individually, in small groups or as a whole group, as a record of children’s achievements. Photos will never be posted on social media sites; photos are used as on-going development record and stored in the child’s learning journal via Tapestry, pre-school photo album, or displayed within the building during session time only. Photos will only be taken on the preschools digital camera or IPad which is Password Protected. I give permission for my child to have their photo taken.

**Short Trip - General Outings**

We take the children on short outings e.g. library, village shops and local primary school; these will be supervised by the appropriate ratio of staff to children. A risk assessment is undertaken for every type of trip or outing and you will be notified if an outing is to be arranged. I give permission for my child to go on short outings.

I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any planned outings, I understand I will be informed and my specific consent obtained.

**Tapestry – Online Learning Journey**

All children attending Little Leaves Pre-school have a personal online Learning Journey which records photos, observations and comments, in line with the Early Years Foundation Stage. We use Tapestry, a system, which is hosted in the UK on secure servers. You will have secure access (via email address and password) to your child’s Learning Journey and, in addition to viewing our contributions, we encourage you to add to it by uploading photos and comments, or commenting on observations made by us.

As a parent/carer you are legally required **not to publish any of your child’s observations, photographs or videos on any social media site and keep the login details within your trusted family and ensure they follow the same guidelines.**

**Policies and procedures**

I have been provided with details of Little Leaves Preschools early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

**I, Mr/Mrs/Ms/Miss ................................................................… agree to the terms and conditions above**

**Signed ...................................................................................… Date .........……........................................**

**Details of professionals involved with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childs Full Name**

*GP*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |

*Health Visitor (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |

*Social Care Worker (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |
| What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.* |
|  |

*Dentist (if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |

*Any other professional who has regular contact with the child*

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |
| Name 2 |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |