**APPLICATION FORM**

Please complete this form and return with a deposit of the first week’s fees.

This form must be completed by someone who has parental responsibility.

**1. Child Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Legal Family Forename:** |  | **Legal Surname:** | | |  | |
| **Name by which the child is known:**  (if different from above): | |  | | | | |
| **Date of Birth:** |  | **Male/Female** | |  | | |
| **Home Address:** |  | **Post Code:** | |  | | |
| **Documentary proof of DoB seen:** e.g. Birth Certificate/Passport |  | **Document recorded by:** (name of staff member) | |  | | |
| **Date document recorded:** |  | **Child ethnicity:** | |  | | |
| **Does your child receive Disability Living Allowance (DLA) as the provider will be able to claim the Disability Access Funding?** | | **YES** |  | **NO** | |  |

**2. Contact Details**

|  |  |
| --- | --- |
| **Telephone Home** |  |
| **Parent 1 mobile** |  |
| **Parent 2 mobile** |  |
| **Work** |  |
| **Email address** |  |
| **Password (for collection)** |  |

**3. Other People allowed to collect your child?  
*Must be over 16 years of age***

|  |  |
| --- | --- |
| **Names, addresses and relationship to child** |  |
|  |
|  |
|  |

**4. Daytime Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 1** | | | |
| **Name** |  | **Telephone** |  |
| **Parent 2** | | | |
| **Name** |  | **Telephone** |  |
| **1st alternative contact (required)** | | | |
| **Name and relationship to child** |  | **Telephone** |  |
| **2nd alternative contact (required)** | | | |
| **Name and relationship to child** |  | **Telephone** |  |

**5. Health Information**

|  |
| --- |
| **Doctor’s name, address and telephone no:** |
|  |
| **Health Visitors name and telephone no:** |
|  |
| **Does your child have any special health requirements?** |
|  |
| **Any known allergies? (e.g. food, animals, plasters, medication, etc.)** |
|  |
| **Does your child have any special dietary requirements, preferences or food allergies?** |
|  |
| **Are all childhood vaccinations up to date?** |
|  |

**5. Other Information**

|  |
| --- |
| **Other languages used at home:** |
| **Ethnic origins:** |
| **Festivals celebrated at home:** |
| **Details of any other agencies or professionals working with your child and their role:** |
| **Any other details or information it may be useful for us to know? *E.g. What your* *child likes, what their fears may be, any special words they use, what comforters they may need and when*** |

**6. Consent Information**

|  |  |
| --- | --- |
| **Please sign that you are willing to give your consent for:** | **Signatures:** |
| **Use of nappy cream** |  |
| **Holding personal information (paper and computer based)** |  |
| **Sharing personal information with other professionals, e.g. Health Visitor or Speech therapist** |  |
| **Photography to be used in-house only, e.g. photo observations for child’s folder. *Pictures of your child may appear in other children’s folders*** |  |
| **My child taking part in outings outside of the setting** |  |
| **In case of an accident or emergency, if I cannot be contacted, I give permission for the setting’s staff to act on my behalf.** |  |
| **Use of child’s own provided sun cream or a named brand supplied by the nursery** |  |
| **Use of plasters** |  |

**7. Childcare Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Required start date:** |  | | | | |
|  | **Please delete the days and sessions you DON’T require below** | | | | |
| **Early start (08:00 – 08:30)** | Mon | Tue | Wed | Thurs | Fri |
| **Morning session (08:30 - 11:30)** | Mon | Tue | Wed | Thurs | Fri |
| **Lunch (11:30 - 12:30)** | Mon | Tue | Wed | Thurs | Fri |
| **Afternoon session (12:30 - 3:30)** | Mon | Tue | Wed | Thurs | Fri |
| **Late session (3:30 - 4:30)** | Mon | Tue | Wed | Thurs | Fri |
| **Extra session (4:30 - 5:00)** | Mon | Tue | Wed | Thurs | Fri |
| **Extra late session (5:00 - 6:00)** | Mon | Tue | Wed | Thurs | Fri |
| **Home Cooked tea (only available during extra late session at a charge of £4)** | Mon | Tue | Wed | Thurs | Fri |

**8. Parent/Carer Details**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Carer 1:** | **Parent/Carer 2:** (optional) |
| **Legal Forename(s):** |  |  |
| **Legal Surname:** |  |  |
| **National Insurance Number or Asylum Support Reference Number (previously NASS):** |  |  |
| **Date of birth:** |  |  |
| **2YO golden ticket voucher code (issued by LCC – 6 digits)** |  |  |
| **Working parents’ eligibility code (**11 digit code issued by Childcare Choices) |  |  |

**9. Accessing EEF Entitlement Across Multiple Childcare Providers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your child take up any EEF hours at any other childcare provider?** | **YES** |  | **NO** |  |

**If yes**, please complete the following for all the other providers where your child is accessing their EEF entitlements.

**Note:** It is the **parent/carer's** decision which provider will claim the funded hours and which provider will claim the extended/expanded hours. This is **NOT** the decision of the provider.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Childcare Provider/School** | **No. of Funded Hours (2YO golden ticket and 34YO universal)** | | **No. of Extended/Expanded Hours  (working families' entitlements)** | |
| **Per Week** | **Per Year** | **Per Week** | **Per Year** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Note: the total number of EEF hours cannot exceed a maximum of 570 funded hours and 570 extended/expanded hours per year.** | | | | |

**If your child is in receipt of DLA and splitting the EEF entitlements across two or more settings, please nominate the main setting who will claim the DAF.**

|  |  |
| --- | --- |
| **Name of setting to claim DAF** |  |

**10. Notice Period**

* I am entitled to reduce the number of funded hours outlined in this agreement or move my child from the above named childcare provider to a new childcare provider, providing I give the childcare provider at least four weeks written notice.
* There will be no transfer of funding within the term unless written notice has been given by the deadlines specified in section 3 of Appendix 1 - Parental Agreement Terms and Conditions of Early Education Funded Places.

**11. Declaration**

* I confirm that the information I have provided in this agreement is accurate and true.
* I give consent for the information contained within this agreement to be shared with Lancashire County Council (LCC) and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this childcare provider to claim the agreed funded entitlements, as outlined above, on my behalf.
* I confirm the childcare provider named above has provided me with a copy of the terms and conditions of funding (Appendix 1) and that I understand these.

|  |  |
| --- | --- |
| **Parent/Carer with legal responsibility:** | |
| **Signed:** |  |
| **Print name:** |  |
| **Address:** |  |
| **Date:** |  |

**12. Data privacy**

All personal data is held in accordance with our General Data Protection Policy - a copy of which is available on our website or one can be requested from the nursery.

The information you provide on this form will be destroyed if you are not offered a place or if you do not accept the offer of a place. When a place is accepted, information provided on this form will be kept in line with the retention periods detailed in our General Data Protection Policy.

The General Data Protection Regulations puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The Regulations give rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:

* the right to know the types of data being held
* why it is being held
* and to whom it is being communicated

The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers.

The Act gives rights to those about whom data is held (known as data subjects), such as pupils, their parents and teachers. This includes:

• The right to know the types of data being held

• Why it is being held;

• To whom it may be disclosed

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact the nursery or Lancashire County Council.

**Mossgate Day Nursery Terms and Conditions**

|  |  |
| --- | --- |
| **Admission**  A completed application form and deposit are required to secure your child's place.  **Deposit**  A deposit of the first week’s fees is required at time of booking.  **Fees and Invoices**  Childcare accounts are payable weekly, in advance unless alternative arrangements have been agreed. Accounts are payable by standing order or card. We also accept childcare vouchers and payments from tax-free childcare accounts.    **Unless there is a prior arrangement, a charge of £10 will be made for fees outstanding after 2 weeks.** Any parent or carer whose fees remain unpaid after two weeks, without prior agreement of the Manager, risks their child’s place at the setting being withdrawn.  Unless we are in breach of these terms and conditions all booked sessions must be paid for regardless of child’s attendance. No refunds are given for sessions missed due to sickness or holidays. Bank holidays will not be charged for.  If you expect to be late collecting your child, please notify the setting as soon as possible. Late collection will be charged at a rate of £5 per quarter hour to cover emergency staffing and other arrangements.  The setting will give parents and carers two months’ notice of increase of fees which will normally be changed in September.  **Opening times**  The setting sessions run from 08:00 to 18:00. The setting is open during school term time only  **Termination, cancellation and change of sessions**  4 weeks notice is required by either party for the termination of the agreement. If parents choose to leave prior to the end of their notice, fees are non-refundable.  The setting reserves the right to terminate the agreement with immediate effect in case of non-payment of fees, or if a parent, carer or child displays abusive, threatening or otherwise inappropriate behaviour, or for any other reasonable cause. Intimidation or abuse of our staff will not be tolerated and may result in immediate termination. In all other cases the standard notice period of one month will apply.  **Personal property and belongings**  The setting cannot be held responsible for any loss or damage to any parent’s, carer’s or child’s property or belongings. Every reasonable effort will be made by the setting’s staff to ensure that property or belongings of any parent, carer or child is not damaged. Please ensure your child’s clothing is clearly labelled and we suggest that all toys, books and equipment are left at home. | **Liability**  The setting accepts no liability for any losses suffered by parents arising directly or indirectly, as a result of the setting being temporarily closed or the non-admittance of your child to the setting for any reason. We accept no responsibility for children whilst in their parent’s care on our premises. We will not be liable to parents and/or children for any economic loss of any kind, for damage to the child’s or parent’s property, for any loss resulting from a claim made by any third party or for any special, indirect or consequential loss or damage of any kind.  **Insurance**  The setting has extensive insurance cover for nursery based activities and outings. Details of the insurance may be requested from the setting manager.  **Accidents and illness**  The setting reserves the right to administer first aid and any emergency treatment as required. Parents will be informed of all accidents and will be asked to sign an accident record form. If emergency treatment at hospital is required the setting will make all reasonable attempts to contact the parents or carer, but if this is not possible we are authorised to act on behalf of the parents or carers and authorise any necessary emergency treatment.  We will administer prescribed medicines only if parents have completed a Medicine Consent form.  We may require parents to withdraw their child from the setting in the event that they require special medical care or attention which is not available or refused by the parent, or it is considered that the child is not well enough to attend. We may also ask parents to withdraw their child from the setting if we have reasonable cause to believe that the child is suffering from or has suffered from any communicable disease or infection and there remains a danger that other children may contract such a disease or infection. Please refer to our Illness Policy regarding exclusion and incubation periods by which we are bound. Parents must inform the nursery if the child is suffering from any illness, sickness or allergies before attending the setting. The setting is mindful of the needs of working parents and will endeavour to provide as much continuity of service as possible within the recommendations of the Health Protection Agency by which the setting is bound.  **Agreement**  These Terms and Conditions represent the entire agreement and understanding between the parents (including other carers) and the setting. Any other understandings, agreements, warranties, conditions, terms and representations, whether verbal or written, expressed or implied are excluded to the fullest extent permitted by law. We reserve the right to update / amend these Terms and Conditions at anytime. One months’ notice will be given of any changes made.  The setting is operated by Mossgate Day Nursery Ltd. |

|  |  |
| --- | --- |
| **I have read and understand these Terms and Conditions and agree to be bound by them.** | |
| Signed (parent) |  |
| Print name: |  |
| Date: |  |