**PATCHAM VILLAGE PRE-SCHOOL REGISTRATION FORM – FIRST PARENT/CARER**

Child’s full name...................................................Preferred Name if Different........................................

Child’s date of birth..................................................................................................................................

It is a legal requirement placed on us to record the number from your child’s birth certificate or passport. Please bring this with you on your child’s first day.

Do you have parental responsibility for your child?.................................................................................

**If anyone else has parental responsibility for your child please ask them to sign the attached form “Patcham Village Pre-School Registration Form – Second Parent/Carer”**

Does your child usually live with you?......................................................................................................

Your address Address where child usually lives (if different)

.......................................................... ……………………………………………………………………………….…....

………………………………………………………. .………………………………………………………………………………………

Telephone......................................... …………………………………………………………………………………..…..

**Are there any legal documents in place regarding access and/or guardianship for your child? i.e. Court orders etc...............................................................................................................................**

Has your child been immunised against Tetanus? ...................................................................................

Any medical details which it would be helpful for us to know? Allergies / illnesses etc.

..................................................................................................................................................................

**Please see the attached sheets relating to contact details for two other adults who are permitted to collect your child in an emergency.**

Does your child attend another Early Years setting? YES/NO

 If yes: please tell us where …...........................................................................................................

Is your child on the waiting list, or to go on the waiting list for another nursery?...................................

Days and hours required at Patcham Village Pre-School (minimum of six hours over one or two sessions):

..................................................................................................................................................................

Would you be willing to help with fund raising events? YES/NO

Where did you hear about Patcham Village Pre-school? ........................................................................

Our ‘adult supported planning’ and ‘Ideas for Supporting Learning at Home’ documents are displayed on our notice board; Would you also like these to be sent to you via email? YES/NO

Your Email address:……………………………………………………………………………………………………………….

ARE THERE ANY RECENT EVENTS THAT MAY HAVE AFFECTED YOUR CHILD e.g. MOVING HOUSE, NEW BABY, DEATH IN FAMILY ETC.? ANY INFORMATION YOU GIVE US WILL BE KEPT CONFIDENTIAL AND MAY HELP US TO HELP YOUR CHILD.

I GIVE PERMISSION FOR PATCHAM VILLAGE PRE-SCHOOL TO SHARE ANY MEDICAL DETAILS, INCLUDING MEDICINES GIVEN, OR CREAMS APPLIED TO MY CHILD, WITH MEDICAL PROFESSIONALS IN THE EVENT OF AN EMERGENCY. I GIVE PERMISSION FOR PATCHAM VILLAGE PRE-SCHOOL TO ADMINSTER CALPOL TO MY CHILD AND TAKE APPROPRIATE ACTION IF THEY ARE ILL.

First Parent Signature …………………………………………Date …………………………………………………………………….

I GIVE MY PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AT PRE-SCHOOL (Please see our photography policy, our Image Consent Form and our Data Collection policy)

First Parent/Carer Signature........................................Date.....................................................................

I GIVE MY PERMISSION FOR STAFF TO APPLY NAPPY CREAM/ VASELINE THAT I SUPPLY TO MY CHILD’S SKIN AS NEEDED

First Parent/Carer Signature.......................................Date......................................................................

I GIVE MY PERMISSION FOR STAFF TO APPLY SUNCREAM TO MY CHILD’S SKIN AS NEEDED. I WILL SUPPLY THIS AND AGREE FOR STAFF TO USE OTHER SUNCREAM SUPPLIES, IF NEEDED.

First Parent/Carer Signature........................................Date.....................................................................

I GIVE PERMISSION FOR PATCHAM VILLAGE PRE-SCHOOL TO RETAIN ALL THE INFORMATION ON THE REGISTRATION FORM PERTAINING TO MYSELF, MY CHILD, OR THE CHILD IN MY CARE, IN LINE WITH THE GENERAL DATA PROTECTION REGULATIONS 2018.

I AGREE TO ADHERE TO ALL OF PATCHAM VILLAGE PRE-SCHOOL’S POLICIES AND HAVE BEEN MADE AWARE OF AND READ THEIR DATA COLLECTION (GENERAL DATA PROTECTION REGULATIONS 2018) POLICY (Available to read on [www.patchamvillagepre-school.com](http://www.patchamvillagepre-school.com) ). I UNDERSTAND THAT DETAILS OF ALL PERSONAL INFORMATION RETAINED BY PVPS, INCLUDING JUSTIFICATION FOR RETENTION, RETENTION PERIODS, STORAGE METHODS OF PERSONAL DATA AND WHO THAT DATA MIGHT BE SHARED WITH, ARE CONTAINED IN THE DATA COLLECTION POLICY. I ALSO UNDERSTAND THAT I MAY VIEW THAT DATA, WITH EXCEPTIONS, BY SUBMITTING A SUBJECT ACCESS REQUEST. I CAN WITHDRAW MY PERMISSION FOR PVPS TO HOLD CERTAIN DATA, OTHER THAN THAT WHICH IS RETAINED BY THEM BY LEGAL REQUIREMENT FOR GIVEN PEIODS OF TIME.

First Parent/Carer Signature........................................Date....................................................................

**SHOULD I TAKE MY CHILD OUT OF PATCHAM VILLAGE PRE-SCHOOL I AGREE TO GIVE 4 WEEKS TERM TIME PAID NOTICE**

**First Parent/Carer Signature**..................................................**DATE**........................................................

**First Parent/Carer’s Full Name** (printed please)…………………………………………………………………………………................................................................

**PATCHAM VILLAGE PRE-SCHOOL REGISTRATION FORM – SECOND PARENT/CARER**

Child’s full name...................................................Preferred Name if Different.......................................

Do you have parental responsibility for your child?........................................................................

Does your child usually live with you?...............................................................................................

Your address Address where child usually lives (if different)

.......................................................... …………………………………………………………………………….

………………………………………………………. ……………………………………………………………………………

Telephone.........................................

I GIVE PERMISSION FOR PATCHAM VILLAGE PRE-SCHOOL TO RETAIN ALL THE INFORMATION ON THE REGISTRATION FORM PERTAINING TO MYSELF, MY CHILD, OR THE CHILD IN MY CARE, IN LINE WITH THE GENERAL DATA PROTECTION REGULATIONS 2018.

I AGREE TO ADHERE TO ALL OF PATCHAM VILLAGE PRE-SCHOOL’S POLICIES AND HAVE BEEN MADE AWARE OF, AND READ THEIR DATA COLLECTION (GENERAL DATA PROTECTION REGULATIONS 2018) POLICY (Available to read on [www.patchamvillagepre-school.com](http://www.patchamvillagepre-school.com) ). I UNDERSTAND THAT DETAILS OF ALL PERSONAL INFORMATION RETAINED BY PVPS, INCLUDING JUSTIFICATION FOR RETENTION, RETENTION PERIODS, STORAGE METHODS OF PERSONAL DATA AND WHO THAT DATA MIGHT BE SHARED WITH, ARE CONTAINED IN THE DATA COLLECTION POLICY. I ALSO UNDERSTAND THAT I MAY VIEW THAT DATA, WITH EXCEPTIONS, BY SUBMITTING A WRITTEN REQUEST.

 I CAN WITHDRAW MY PERMISSION FOR PVPS TO HOLD CERTAIN DATA, OTHER THAN THAT WHICH ID RETAINED BY THEM BY LEGAL REQUIREMENT FOR GIVEN PEIODS OF TIME.

**Second Parent/Carer Signature**...............................................................................................................

**Date**.............................................

**Second Parent/Carer’s Full Name** (printed please)

.................................................................................................................................................................

**GENERAL DATA PROTECTION REGULATIONS AND EMERGENCY CONTACT INFORMATION**

Dear Parents / Carers,

As a legal Ofsted requirement, we need to ask you for two emergency contacts for …………………... ………………………….. (please enter your child’s name).

Under the new General Data Protection Regulations 2018 (GDPR), we are required to obtain permission from your contacts to hold and retain their personal information within the Pre-school. We need to retain this data until our next Ofsted inspection, which we expect to be in the next four years, or until your child leaves Patcham Village Pre-school, whichever is later; after that, the information will be destroyed.

Can you please provide the names and contact numbers of your emergency contacts below, and ask them to provide their signatures, thereby giving us permission to hold and retain their data for the required period; emergency contacts other than parents of child.

Thank you.

Janet Hornsby

Patcham Village Pre-School

**EMERGENCY CONTACT INFORMATION – 1**

**Emergency contacts must be two people who we can contact if we are unable to contact the child’s parents and must therefore be in addition to parents.**

“Under General Data Protection Regulations 2018, I give permission to Patcham Village Pre-School to hold my name, telephone number(s), location (e.g. Patcham, Eastbourne, etc), and relationship to ………………………………… (child’s name), as detailed in their Data Collection Policy which I have read at www.patchamvillagepre-school.com. I understand that this information will be retained until their next Ofsted Inspection, or until ……………………………….. (child’s name) leaves Patcham Village Pre-School, whichever is later. After this time, my personal details will be destroyed.

I also understand that I can withdraw my consent to these details being held by Patcham Village Pre-School, by submitting written notification”

 Name…………………………………………………………………………………..

 Location ……………………………………………………………………………..

 Telephone number(s) ………………………………………………………….

 …………………………………………………………

Relationship to child …………………………………………………………..

Signature …………………………………………………………………………….

**EMERGENCY CONTACT INFROMATION – 2**

**Emergency contacts must be two people who we can contact if we are unable to contact the child’s parents and must therefore be in addition to parents.**

 “Under General Data Protection Regulations 2018, I give permission to Patcham Village Pre-School to hold my name, telephone number(s), location (e.g. Patcham, Eastbourne, etc.), and relationship to ………………………………… (child’s name), as detailed in their Data Collection Policy which I have read at www.patchamvillagepre-school.com. I understand that this information will be retained until their next Ofsted Inspection, or until ………………………… (child’s name) leaves Patcham Village Pre-School, whichever is later. After this time, my personal details will be destroyed.

I also understand that I may withdraw my consent to this information being held by Patcham Village Pre-School, by submitting written notification.”

 Name…………………………………………………………………………………..

 Location ……………………………………………………………………………..

Telephone number(s) ………………………………………………………….

 …………………………………………………………

Relationship to child …………………………………………………………..

Signature …………………………………………………………………………….

**Please return all completed forms to: Patcham Village Pre-school, 21, Old London Rd, Patcham, Brighton, BN1 8RX or to**

**Janet Hornsby, 181, Ladies Mile Road, Patcham, Brighton, BN1 8TF**

For Office use.

Start Date Offered.....................................................................................................

Days Offered..............................................................................................................

Registration Forms Fully Signed and Received? YES/NO

Birth Certificate/Passport Number recorded and returned to parent? YES /NO

Image Consent Form Received? YES / NO

Emergency Contact Details Signed and Received? YES / NO

Image Consent Form

We may take photographs for a number of reasons whilst your child is with us:

* to document what they enjoy doing;
* to record their learning and development progress;
* to include in newsletters, learning journals and displays;
* to record special events and achievements;
* to use in projector displays to support their learning;
* \*\* occasionally, we may invite the media to take photographs or film footage for publicity purposes and to record any special events;
* \*\* images may also be used in our publicity, in our prospectus or on the website.

\*\* Photographs in these categories would never show children’s faces without your specific consent being sought.

A learning journal will be used to reflect your child’s time at Patcham Village Pre-school. It will include photographs of your child at play with other children, for example in a group of children wearing costumes pretending to be *Goldilocks and the Three Bears* in the home corner.

To comply with the General Data Protection Regulations 2018, we need your permission before we can photograph or make any recordings of your child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to photographs of my child being taken by authorised personnel representing Patcham Village Pre-school, to those photographs being uploaded onto my child’s Tapestry journal, and to being used in visual displays within the pre-school to support children’s learning | Yes |  | No |  |
| (tick as appropriate) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to photographs containing my child’s image being included in other children’s learning journals | Yes |  | No |  |
| (tick as appropriate) |

(Please note that you have the option to view any photographs before they are included in any learning journal, should you request this in writing.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to treat photographs containing images of other children as **for my own personal use only** | Yes |  | No |  |
| (tick as appropriate) |

(This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs **cannot** be posted on a social networking site or displayed in a public place.)

**Under General Data Protection Regulations, I consent to any photographs taken and used for learning journals or display, to be held by Patcham Village Pre-School throughout the time my child attends. They will be made available for my retention at the end of my child’s time there, and any other copies will be destroyed at that time by PVPS.**

In order for us to activate your child’s online learning journal, we need to ask for your e-mail address. Under General Data Protection Regulations (GDPR), we must make you aware that this address will be retained by us both online and on this form, for the time specified within our Data Collection Policy.

Please be aware that by signing below, you are giving us permission to take and retain photographs pf your child as specified above, and to retain your e-mail address in line with our Data Collection Policy.

|  |
| --- |
| Signed by parent/carer:Your email address: |

|  |  |
| --- | --- |
| Name of child: | Date: |

**Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child’s time at Patcham Village Pre-school. It is your responsibility to let us know if you want to withdraw or change your consent at any time.**

Sometimes, our work with the children is constrained by time, which necessitates staff working at home for which they are paid. Home-working is primarily using Tapestry. All staff undertaking Tapestry at home observe our strict Confidentiality Policy, Data Collection Policy and Code of Conduct for Home-Working (available to read on our website, www.patchamvillagepreschool.com). Staff do not transport any personal information home which identifies any child. All work is accessed privately, and by using fictitious e-mail addresses and passwords known only to the staff member. Any breach of confidentiality would invoke disciplinary action against the staff member. Please confirm that you are content for us to complete Tapestry observations on your child at home by signing below. Thank you.

**I consent to authorised staff from Patcham Village Pre-school undertaking home-working to complete Tapestry observations on my child.**

Signed …………………………………….

Date ……………………………………

**Additional Users of Tapestry – Permission Form**

We are often asked if we can sign grandparents etc onto Tapestry so as they can see what the children are doing in Pre-school; these are what we term ‘Additional users of Tapestry’ “Under General Data Protection Regulations 2018 (GDPR), I give permission to Patcham Village Pre-School to hold, use and retain my name and e-mail address as detailed in their Data Collection Policy, which I have read at [www.patchamvillagepre-school.com](http://www.patchamvillagepre-school.com). I understand that this information will be destroyed after the period specified within the policy. I also understand that I can withdraw my permission for Patcham Village Pre-School to hold this information, by submitting written notification”

Signed ………………………………………………………………Additional User

Name ……………………………………………………………….Additional User

e-mail address of additional user……………………………………………………….………………………………………………

Child’s name ………………………………………………………………………………………………………………………………………

First Parent’s/Carer’s signature …………………………………………………………..……………………………………………

Second Parent’s/Carer’s signature ……………………………………………………………..…………………………………….

(if applicable)

Would you like to receive our adult supported focus planning and ideas for supporting learning at home via email?

If yes, please tell us the email address you would like it sent to:

Email.....................................................................................................................................