

MANOR PRE-SCHOOL REGISTRATION FORM



Provider Name: MANOR PRE-SCHOOL

Child's Details (to be completed by the parent/carer)

	First Name	Middle Name(s)	Last Name
Legal Name:			
Chosen Name:			
Date of Birth:	___/___/___	Gender:	Male / Female
Date of Birth Evidence:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	<input type="checkbox"/> Child Benefit Book <input type="checkbox"/> Other (please specify) _____	
Ethnicity			
Home Language:		First Language:	
Address:			
Town:		Postcode:	

Name of Parent/Carer at this address:			
Does the child normally live with this parent/carer?			Yes / No
Home Tel:		Work or Mobile Tel:	
E-mail:			

Parent/Carer 2:

Name of Parent/Carer:			
Address:			
Town		Postcode:	
Does the child normally live with this parent/carer?			Yes / No
Home Tel:		Work or Mobile Tel:	
E-mail:			

Please provide details of further parent/carers on a separate sheet if needed.

Emergency Contact Details (to be completed by the parent/carer)

Name:	
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Relationship to child:	
Emergency Contact Tel:	

Medical Notes

Special Requirements

Dietary Needs

Any other information:

Provider Declaration and Data Protection (to be completed by the provider)

I have seen an original document that confirms the child's date of birth

Signature:		Print Name:	
Position:		Date:	

Early Years Education Funding for two-year-olds (to be completed by the provider)

- Eligibility letter seen
- Application Reference Number: _____

Early Years Education Place

PLEASE TICK SESSIONS REQUIRED

Time	AM – 8.45-11.45 (£12)	LUNCH (£4)	PM - 12.45-2.45 (£8)	ALL DAY (£24)			
Day							Total per day
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

TO BE COMPLETED BY PROVIDER

Is this Early Years Education Place to be accessed: (delete as appropriate)	All Year / Term Time
Total booked hours per week (B): (hours booked per week = funded hours + chargeable hours)	
Total funded hours per week (F): (max of 15 hrs for term time or less hours per week for all year/stretched)	
Total chargeable hours per week (C): (Booked hours less funded hours per week) (C = B – F)	

Funded hours will be claimed as follows (unless you make changes with your provider – see below):

	Start date	End date	Funded hours per week	Funded hours per term
Funding Period 1	___/___/_____	___/___/_____		
Funding Period 2	___/___/_____	___/___/_____		
Funding Period 3	___/___/_____	___/___/_____		
Total	* The total funded hours must not exceed 570 per academic year or the pro-rata allocation for a child becoming eligible from 1 September each year.			

Changes to hours attended or funded hours per week to be listed here:

Date of Change	Total booked hours (B)	Total funded hours (F)	Total hours charged for (C=B-F)	Parent signature
___/___/_____				
___/___/_____				
___/___/_____				

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

Early Years Pupil Premium

Early years providers can get extra money to enhance the education they provide to support children's development, learning and care. For more information on the Early Years Pupil Premium please see: devon.cc/the-early-years-pupil-premium or speak to your Early Years Provider. If you think you are eligible you will need to complete the Early Years Pupil Premium Registration Form.

Declaration (to be completed by the parent/carer)

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

- 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.
- 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 for my two-year-old as appropriate and I will provide a copy of this evidence for Devon County Council if requested.
- 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.
- 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.
- I will ensure that my child attends regularly and I will inform my provider if my child is unable to attend.
- I understand that if I have given false information on this form, I may be asked to reimburse the provider.
- I understand that personal information on this form is held on a secure database by Devon County Council 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.

Signed:			
Print Name:		Date:	