Birth Certificate seen by: 2 year funding eligible date:



 3/4 year funding eligible date:

 Signed:

 Start date:

 Date:

Parent names on birth certificate: *Octavia Road, Mansbridge, Southampton, SO18 2LX*

*02380 516525*

*manager@mcp-s.uk*

**PRIVATE AND CONFIDENTIAL
*Mansbridge Community Pre-School Admission Form***

Childs name(s): ...........................................................................................................................

Childs last name: ...........................................Childs Preferred name: .......................................

Place of birth: …………………………………………………………..

Date of birth: ........................................... Birth Certificate Number:……………………………….

***The Pre-school will need to see the child’s original birth certificate to receive funding.***

Address: .............................................................................................................................................

.....................................................................................................................................................................................................................................................Post code: .................................................

**Name of person(s) with parental responsibility:**

1. Name: ............................................................. Relationship to Child: .......................................

Telephone: ....................................................Email: .....................................................................

2. Name: ........................................................... Relationship to Child: .......................................

Telephone: ...................................................Email: .....................................................................

***Please tell the Pre-School if someone else will be collecting your child each day.***

**Additional Emergency Contacts: (persons authorised to collect your child must 16 or over)**

**The persons named below are authorised to collect my child at any time and I will notify you if this changes and I will update these on famly.**

3. Name: ............................................................. Relationship to Child: .......................................

Telephone: ................................................... Mobile: .....................................................................

4. Name: ............................................................ Relationship to Child: .......................................

Telephone: ................................................... Mobile: .....................................................................

5. Name: ............................................................. Relationship to Child: .......................................

Telephone: .................................................... Mobile: .....................................................................

**Emergency Password: If you cannot collect your child in an emergency, we will need whoever is collecting your child to verify who they are using a security password.**

Password: ......................................................... Please choose a password and keep it confidential.

**Medical information:**

Doctors name: ................................................ Telephone number: ...................................................

Doctors address: ................................................................................................................................

Does your child have a social care worker for any reason? Yes / No (delete)

If yes, Social workers name and contact details: ..............................................................................

Does your child have any medical conditions / Special educational needs or disabilities such as speech and language, Autism, ADHD, behaviour, physical disability etc. Yes / No (delete)

If yes, please tell us more? .................................................................................................................

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

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Is there any medical history you think we should know about?...........................................................

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

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

Does your child have any allergies? (please specify) ........................................................................

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

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

Does your child have any specific dietary requirements for religion or other? ............................................................................................................................................................

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

Is your child up to date with their immunisations?

Yes / No (please delete as appropriate)

**EMERGENCY MEDICAL TREATMENT**

I am the parent of .......................................................... and I give my permission for the staff at Mansbridge Community Pre-School to give consent on my behalf for treatment in the event of a medical emergency.

Signed Parent / Carer: ................................................ Print name: ...................................................

I consent to my child ............................................... receiving the following in a medical emergency (please tick)

Blood Transfusion Yes ...... No ...... Saline Products Yes ..... No ......

Any required life-saving medication Yes ..... No ...... (This is in the event we cannot contact you)

Signed Parent / Carer: ................................................Print name: ....................................................

If you choose not to sign please give your reasons why? ..................................................................

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

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

The Pre-School has qualified First Aiders present at all times. Children at some stage during their time with us, might need minor first aid treatment. Please be aware that we do use plasters in our first aid kit. If your child is allergic to plasters, please speak to a member of staff. If you would like to provide your own plasters, you may do so.

**Consent forms for: ............................................................................ (child’s name)**

**Local visits**

I give my permission to the staff at Mansbridge Community Pre-School to take my child out on local visits as part of our daily activities such as posting letters and park visits. The venue will be logged in the outings book.

Signed: ............................................. Print: ........................................... Date: ..................................

**Key person – Information sharing for Parents / other settings**

Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up to date. Your child’s key person is your first point of contact for anything you wish to discuss about your child.

I give my consent for my child’s key person to take paperwork such as their learning journal out of the Pre-School when they need to update them at home or take to any meetings that are about your child. There is often not enough time to complete paper work in the Pre-School.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for my child’s progress and learning journey to be shared with other settings that they attend. E.g. another nursery or childminder that they also attend.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for my child’s information to be shared confidentially with other professionals/agencies such as; Health visitor, Southampton City council children’s data team, admissions, speech therapist, Children’s services, Southampton Early years advisory teachers for the purpose of funding or extra support for your child.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for all my child’s records to be passed onto their new school or Early year’s setting when they leave Mansbridge Community Pre-School.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for my child’s ECaT (Every Child a Talker) language development audit to be shared with Southampton City Council’s Children’s data team to monitor development within the city. Only initials will be given.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for Mansbridge Community Pre-School and Mansbridge Primary School to share Emergency contact details for your child if they also have a sibling in Mansbridge Primary School. This is when we cannot get hold of you on the contact details you have provided.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for the DSL’s (Designated safeguarding lead) at Mansbridge Community Pre-School and Mansbridge Primary School to share information regarding my child’s safeguarding and welfare, if your child has a sibling at Mansbridge Primary School.

Signed: ............................................. Print: ........................................... Date: ..................................

**Consent forms for: ............................................................................ (child’s name)**

**Photographs**

As part of the on-going records of our curriculum and for children’s individual development records staff regularly take photographs of the children during their play. I give my consent for my child’s photo to be taken and I understand they may appear in group photos in other children’s journeys as part of group activities.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for my child’s photo to be displayed within the Pre-School building, for example on the register board or water bottle.

Signed: ............................................. Print: ........................................... Date: ..................................

I give my consent for my child’s photo to be used on the Pre-School website.

Signed: ............................................. Print: ........................................... Date: ..................................

**Sun Cream**

Please apply sun cream to your child before the start of their session, if they are only attending a 3-hour session this should be sufficient. However, if they stay all day or staff feel they need more they will re-apply it throughout the day. I give my consent for staff to apply the Pre-School sun cream, which I have been shown (in person or on tapestry). Please tell us if your child has any allergies. Sun cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Signed: ............................................. Print: ........................................... Date: ..................................

 **Animals**

We have 2 Cavalier King Charles Spaniels that regularly visit, they are fully insured, vaccinated and parasite treated (please see our dog policy). We also occasionally have other supervised animal visits in our setting. A risk assessment will be carried out for all the visiting animals beforehand.

Please state if your child has any known allergies or aversions to any animals:

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

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

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

I give my permission for my child to have contact with animals in the setting.

Signed: ............................................. Print: ........................................... Date: ..................................

**Famly online nursery management system**

At Mansbridge we use famly online management system. Famly is a digital platform that provides us with an all-in-one solution for communication, learning journals, and invoicing. Parents are able to use Famly anywhere across all devices, free of charge. The app runs on computer, tablets and smartphones. You will have your own log in details and you will able to see photos and observations of your children, you can also add your own photos for us to see too. You can access accident forms, permissions, personal details, invoices and more. Family is a secure cloud-based platform so no information is held on any particular device.

There are many helpful videos and articles on the Famly website: <https://help.famly.co/en/articles/4912437-parents-get-the-most-out-of-the-app>

**Consent forms for: ............................................................................ (child’s name)**

I give my permission for my details, and my child’s details to be entered onto the Pre-School’s Famly account this is stored on a cloud rather than device. **Yes / No (delete)**

Sometimes photos are taken of a group of children, I agree my child can be in group photos shared in other children’s online journals **Yes / No (delete)**

I agree I will not post pictures taken at the Pre-School from my child’s online journal on any social media sites **Yes / No (delete)**

I will keep my login details to myself and not share them with others **Yes / No (delete)**

I give permission for staff to access my child’s Famly account on a password protected device away from the Pre-School to update records. **Yes / No (delete)**

Signed: ............................................. Print: ........................................... Date: ..................................

**Festivals / Celebrations / Religion**

Are there any festivals or celebrations that your child will be taking part in, that you would like us to acknowledge and celebrate whilst they are in our setting (Please give details)?

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

Would you be prepared to come in and help us celebrate? Yes / No (delete)

At Mansbridge Community Pre-School we are diverse and provide equal opportunities for all children and their families, we like to share experiences such as; home life, celebrations and family history. To help us with this you may like to share the following with us:

Child’s home language: ......................................................................................................................

Child’s ethnicity: ………………………………………………………………………………………………

Child’s Family country of origin: ..........................................................................................................

Child’s religion: ...................................................................................................................................

**Mansbridge Community Pre-School Policies**

All Pre-School policies are available to read in the Pre-School, please ask a member of staff if you would like to view them, a copy can be made on request. Some of the policies have been uploaded to the Famly online management system for you to read. I am aware that I can obtain a copy of a policy on my request.

Signed: ............................................. Print: ........................................... Date: ..................................

I have received, read and understand the Pre-School’s privacy and data protection information notice (Please remove from the back of this form and retain).

Signed: ............................................. Print: ........................................... Date: ..................................

**Safeguarding children (INFORMATION SHARING POLICY) There may be circumstances where information is shared with other professionals or agencies without your consent.**

***Thank you please return your completed admission form to***

***Mansbridge Community Pre-School.***

 ** Privacy Notice - Data Protection**

**Information about Children in Early Years Providers**

We, Mansbridge Community Pre-School, are a data controller for the purposes of Data Protection. We collect information from you and may receive information about you from your previous Early Years Provider or education provider, local authorities and the Department for Education (DfE).

A great deal of the information we collect is included in the Parent Declaration Form, completed on your child’s admission to an Early Years Provider which, when signed, indicates that you understand how your family’s data will be processed. In addition, we collect information for 30 hours eligibility, 2-year-old funding eligibility, on learning and development, on safeguarding and welfare & special educational needs and disabilities.

We hold this personal data and use it to:

* Support teaching and learning. In order to facilitate this, we may share information with the software supplier (listed at the end of this document) to set up the systems needed for children and parent/carers to access. When your child applies for a school place, information may be forwarded to your child’s new school to aid transition into their next phase of education. If your child changes Early Years Provider or attends more than one provider, information may be shared between Early Years Providers.
* Monitor and report on learning and development.
* Provide appropriate pastoral care (Keeping Children Safe in Education 2021).
* Assess how well we, as an education provider, are doing.
* Co-operate with Southampton City Council and external partners to improve the well-being of children, under the duty of the Children Act 2004. [Working Together to Safeguard Children (2018)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
* Share information with Southampton City Council and external partners to support the duty to safeguard and promote the welfare of children, under the Children Act 1989, Section 17. [Working Together to Safeguard Children (2018)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
* Provide information via statutory census returns to the DfE and in turn this will be available for the use of Southampton City Council to carry out its official functions, or a task in the public interest.
* Send Child level information to Southampton City Council on a regular basis in accordance with our information sharing agreement to enable the local authority to meet its duty under Data Protection legislation to ensure that the data it holds is accurate and also to carry out its official functions, or a task, in the public interest.

**Your information will not be used for any other purpose or shared with any other organisation unless provided for by law or covered in this Privacy Notice.**

The Early Years Provider’s member of staff responsible for data protection, who should be contacted in writing if you would like to receive a copy of the information about you that we hold or share, is:

* **Shelley King – Data Protection Lead**

For information on how long the Early Years Provider will store the information collected please refer to the providers Retention of Records Policy.

Should you have any concerns with how your data is being processed, the following steps should be taken:

Step 1: Contact the Early Years Provider Data Protection Lead.

Step 2: If concerns remain unresolved, follow the Early Years Provider Complaints procedure.

Step 3: Contact the Information Commissioner's Office ([www.ico.org.uk](http://www.ico.org.uk/))

For further information on the circumstances under which you have the right to request access to, or rectification\erasure of, your personal data please visit the Information Commissioner’s website.

Southampton City Council has a duty under the Children Act 2004 to co-operate with their partners in health and youth justice to improve the wellbeing of children in their area and will agree information sharing agreements with partners to enable them to carry out official functions, or a task in the public interest.

The DfE may also share child level personal data that we supply to them, with third parties. This will only take place where legislation allows it to do so and it is in compliance with the data protection principles. Decisions on whether DfE releases this personal data to third parties are subject to a robust approval process and are based on a detailed assessment of who is requesting the data, the purpose for which it is required, the level and sensitivity of data requested and the arrangements in place to store and handle the data. To be granted access to child level data, requestors must comply with strict terms and conditions covering the confidentiality and handling of data, security arrangements and retention and use of the data.

For more information on how this sharing process works, please visit: <https://www.gov.uk/guidance/national-pupil-database-apply-for-a-data-extract>

For information on which third party organisations (and for which project) child level data has been provided to, please visit: <https://www.gov.uk/government/publications/national-pupil-database-requests-received>

If you require more information about how the Local Authority (LA) and/or DfE store and use your information, then please go to the following websites:

* [www.youngsouthampton.org/privacynotice.aspx](http://www.youngsouthampton.org/privacynotice.aspx) and
* <http://media.education.gov.uk/assets/files/doc/w/what%20the%20department%20does%20with%20data%20on%20pupils%20and%20children.doc>
* <http://www.education.gov.uk/researchandstatistics/datatdatam/b00212337/datause>

If you are unable to access these websites we can send you a copy of this information. Please contact the LA or DfE as follows:

* **Solicitor for Education:** Legal Services, Southampton City Council, Ground Floor, Civic Centre, SO14 7LY
* **Public Communications Unit**: Department for Education, Sanctuary Buildings, Great Smith Street, London, SW1P 3BT

Website: [www.education.gov.uk](http://www.education.gov.uk)

Email: [www.education.gov.uk/help/contactus](http://www.education.gov.uk/help/contactus)
Telephone: 0370 000 2288

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| Provider postal address | MCPS, Octavia Road, Southampton, SO18 2LX |
| Provider e-mail address | manager@mcp-s.uk |
| Provider telephone number | 02380 516525 |
| Software supplier | Capita, Open Objects, Ionos, Famly. |