



Funded Early Learning and Childcare Registration Form 2016/17

Class / Group

(early learning &
childcare use only)

REGISTRATION IS NOT THE SAME AS ENROLMENT

This registration form should be completed if you wish to apply for a funded early learning and childcare place for your child. Please return this completed form to the early learning and childcare centre you would like your child to attend.

Information on children and parents/carers is stored securely on a computer system. The information gathered is subject to the terms of the Data Protection Act 1998.

The information may be used for teaching, registration, assessment and other administrative duties. The information is shared with Moray Council for administrative and statistical purposes. Extracts of the information are shared with a range of partners such as the NHS (for the dental and child health immunisation programmes).

Information is also shared with The Scottish Government for statistical and research purposes, although individual children are not identified.

The Data Protection Act ensures that information is collected fairly and lawfully, is accurate, adequate, up to date, not held for longer than necessary, and may only be disclosed in accordance with the Codes of Practice.

For more information contact the Administrative Officer,
Education and Social Care, The Moray Council, Council Headquarters, Elgin, IV30 1BX.

I declare the information entered on this form to be correct and consent to the information being used for the purposes detailed above

Name of person completing this form

Signature

Date

PLEASE COMPLETE IN BLOCK CAPITALS

CHILD DETAILS

Forenames			
Known As (if different from forename)		Surname	
Date of Birth		Gender	
Child Address			
Postcode		Home telephone number	
		Mobile telephone number	

Birth certificate number:

**Where was birth
certificate issues?
(i.e. Wales)**



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The table below confirms eligibility for the school session 2016/17:

A child whose date of birth is between:	Will be eligible for a funded place from:	Type of place:
18 August 2011 and 29 February 2012	16 August 2016	Deferred Entry
1 March 2012 and 28 February 2013	16 August 2016	Pre-school
1 March 2013 and 31 August 2013	16 August 2016	Ante pre-school
1 September 2013 and 31 December 2013	9 January 2017	Ante pre-school
1 January 2014 and 28 February 2014	17 April 2017	Ante pre-school

When offering funded early learning and childcare places, centres use the following criteria:

1. Existing attendance at the centre
2. Those resident in the secondary catchment area, and with a sibling at the centre
3. Those resident in the secondary catchment area
4. Children with a Co-ordinated Support Plan (CSP), and/or subject to assessment by the Education Authority
5. Those residing out with the secondary catchment area, and with a sibling at the centre
6. Those residing out with the secondary catchment area

Priority within any of the 6 categories above, where it is necessary to be determined, will be given to older children first and then to those resident closest to the requested provision (distance being calculated by the straight line method).

CHOICE OF EARLY LEARNING AND CHILDCARE CENTRE

Please list the early learning and childcare centre you wish your child to attend:

(It is not always possible to allocate your first choice)

First Choice	
Second Choice	
Third Choice	

A funded early learning and childcare place is a maximum of 5 sessions per week.

Please indicate which sessions you would like your child to attend (*tick up to 5 boxes*):

(The quantity of sessions available may vary between providers)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Additional information regarding your choice of early learning and childcare centre:



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CONTACT INFORMATION: PARENTS / CARERS

Forename		Surname	
Title		Gender	
Address (if different from child)			
Postcode		Daytime telephone number	
		Home telephone number	
		Mobile telephone number	
Email address			
Relationship	(e.g. mother, father)		
Notes	(e.g. can not be contacted at work)		
Can this parent / carer be contacted in the event of an emergency? (yes or no)			

Forename		Surname	
Title		Gender	
Address (if different from child)			
Postcode		Daytime telephone number	
		Home telephone number	
		Mobile telephone number	
Email address			
Relationship	(e.g. mother, father)		
Notes	(e.g. can not be contacted at work)		
Can this parent / carer be contacted in the event of an emergency? (yes or no)			

HEALTH INFORMATION

Does the child have a long-term illness, medical condition, or disability?	YES / NO
If yes, please provide details:	
Has there been a professional assessment confirming disability?	YES / NO
Does the child have a Co-ordinated Support Plan?	YES / NO

Name & Address of Doctors Surgery	
Name of Health Visitor	



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EQUALITY

Child Ethnic Background (please tick one category)

White – Scottish	
White – Irish	
White – Other British	
White – Polish	
White – Other	
White – Gypsy/Traveller	
African – African/British/Scottish	
African – Other	
Asian – Bangladeshi/British/Scottish	
Asian – Chinese/British/Scottish	
Asian – Indian/British/Scottish	
Asian – Pakistani/British/Scottish	
Asian – Other	
Caribbean or Black – Caribbean/British/Scottish	
Caribbean or Black – Other	
Mixed or multiple ethnic groups	
Other – Arab	
Other – Other	
Not Disclosed	
Not Known	
Other:	

Child National Identity (please tick one)

British	
English	
Northern Irish	
Scottish	
Welsh	
Not Disclosed	
Not Known	
Other:	

Child Asylum Status

(please tick where appropriate)

Asylum Seeker	
Refugee	

Child Religion (please tick one category)

Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other Religion	
No Religion	
Not Disclosed	

LANGUAGE INFORMATION

Home language:

Please list all other languages spoken at home:

Does the child need support with English language: YES / NO



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ADDITIONAL INFORMATION

Please list any siblings that the pupil has:

Name of sibling	Relationship (for example, brother / sister)	School / early learning and childcare centre attended

Last early learning and childcare / nursery attended (please enter school name, address and telephone number)

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Has the pupil ever attended early learning and childcare in Scotland? (please enter school name and address)

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Which primary school do you intend to enrol your child?

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Any other information about the child you would like the centre to know?

--

Please return this completed form to the early learning and childcare centre you would like your child to attend



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EARLY LEARNING AND CHILDCARE CENTRE USE ONLY

Birth Certificate seen?	YES / NO	Expected start date: <small>(if child is starting prior to funded place)</small>	
Funding start date <small>(please tick one)</small>	AUGUST 2016	JANUARY 2017	APRIL 2017

Proof of address <small>(please check at least one form of ID)</small>	
Fuel Bill	
Bank Statement	
Council Tax Bill	
Phone Bill	
Child Tax Credit / Child Benefit	
Driving Licence	
Medical Card	
MOD1132 eForm	

Recommended category: <small>Category determined by the first 'yes'</small>		
Child with existing attendance at centre?	YES / NO	Category 1
Child resident in secondary catchment and sibling at centre?	YES / NO	Category 2
Child resident in secondary catchment?	YES / NO	Category 3
Child with CSP and/or assessment by Education Authority?	YES / NO	Category 4
Child outwith secondary catchment and sibling at centre?	YES / NO	Category 5
Child outwith secondary catchment?	YES / NO	Category 6

I confirm that the child's birth certificate has been seen and the information given above is correct			
Signature:		Date:	

PLEASE SEND COMPLETED FORM TO YOUR FIRST CHOICE OF EARLY LEARNING AND CHILDCARE CENTRE