

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 (or a child in your care). Please return this completed form to the early learning and childcare centre you would like your child to attend. You will receive an offer of a place based on the information you provide.

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Full Name (please include middle names)	
Child's Name – Known As (if different from forena	me)
Child's Date of Birth	Child's Gender (please tick one) ☐ Male ☐ Female
Child's Address	
Postcode	Home Telephone Number
Birth Certificate Number	Where was birth certificate issued? (e.g. Wales)
Does your child have a long-term medical illness, me ☐ Yes ☐ No	edical condition, disability or allergies? (Please tick one)
If yes, please give details:	
Has there been a professional assessment confirming Yes No	g disability? (Please tick one)
Does your child have a Co-ordinated Support Plan (C ☐ Yes ☐ No	SP)? (Please tick one)
Name and Address of Doctors Surgery:	



Parent/Carers Full Name (please include middle names)		
Title	Parent/Carer Gender (please tick one)	
Parent/Carers Address (if different from child)		
Postcode	Home Telephone Number	
Daytime Telephone Number	Mobile Telephone Number	
Can you be contacted in an emergency? ☐ Yes ☐ No	Relationship to child (e.g. Mother/Father/Aunt)	
Email Address		
Parent/Carers Full Name (please include middle nam	nes)	
Title	Parent/Carer Gender (please tick one) ☐ Male ☐ Female	
Parent/Carers Address (if different from child)		
Postcode	Home Telephone Number	
Daytime Telephone Number	Mobile Telephone Number	
Can you be contacted in an emergency? ☐ Yes ☐ No	Relationship to child (e.g. Mother/Father/Aunt)	

Email Address



Please list the early learning and child (It is not always possible to give you yo	dcare centre you wish your child to attend: our first choice)
First Choice	
Second Choice	
Third Choice	
postcode is a phase 1 postcode (see Mo prefer to use your funded hours term-ti	ace is a maximum of 600 hours per year, or 1140 hours per year if your ray Council Website for more information). Please indicate if you would me only, or across the full year, and which days of the week would best tunity to discuss your needs in detail following registration.
Term Time	Year Round (please tick one only)
Please state within the boxes below the of 1140 hours per academic year) Mon Tues Wed	approximate hours per day you wish your child to attend (up to a maximum Thu Fri
Additional information regarding your	r choice of early learning and childcare centre:
Home Language:	Does the child need support with English Language (please tick one) Yes No
Please list all other languages spoke	n at home:
I declare the information entered on this purposes detailed below.	s form to be correct and consent to the information being used for the
Name of person completing form:	
Signature:	
Date:	



Child Ethnic Background (please tick one)

	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	
	Caribbean or Black – Caribbean/Britis	sh/Scottish
	Caribbean or Black – Other	
	Mixed or Multiple ethnic groups	
	Other – Arab	
	Other – Other	
	Not Disclosed	
	Not Known	
	Other	
Child N	lational Identity (please tick one)	
	British	
	9	
	Scottish	
	Welsh	
	Not Disclosed	
	Not Known	
	Other	
Child A	sylum Status (please tick one)	
<u>Cima 7 a</u>	syrum status (pieuse tiek one)	
	Asylum Seeker	
	, Refugee	
	-	
Child Re	eligion (please tick one)	
_		
	Buddhist	
	Christian	
	Hindu	
	Jewish	
	Muslim	
	Sikh	
	No religion	
	Not Disclosed	
	Other Religion	



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

Have you completed all sections within this form?
Have you got your child's birth certificate?
Have you signed and dated the form?
Have you completed the Equality section?

Please take this completed form to the early learning and childcare centre you would like your child to attend along with your child's birth certificate and a proof of address as per the list on page 6 of this form.

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. It is your responsibility to update the ELC centre or school of any changes.

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 Manager,

Education and Social Care, The Moray Council, Council Headquarters, Elgin, IV30 1BX.

A copy of the Data Protection Regulations can be found here https://www.gov.uk/data-protection

The table below confirms eligibility for the school session 2018/19:

A child whose date of birth is between:	Will be eligible for a funded place from:	Type of place:
15 August 2013 and 28 February 2014	14 August 2018	Deferred Entry
1 March 2014 and 28 February 2015	14 August 2018	Pre-school
1 March 2015 and 31 August 2015	14 August 2018	Ante pre-school
1 September 2015 and 31 December 2015	07 January 2019	Ante pre-school
1 January 2016 and 29 February 2016	15 April 2019	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).



EARLY LEARNING AND CHILDCARE CENTRE USE ONLY INCOMPLETE FORMS TO BE RETURNED TO PARENTS TO COMPLETE IN FULL ENSURE ALL INFORMATION IS UPLOADED ONTO NAMS

Birth Certificate seen? Yes No	Expected start date: (if child starting prior to funded place)			
Funding Start Date (please tick o	one)			
August 2018	January 2019	April 2019		
Proof of address (please check at least one form of ID): Bank Statement Child Tax Credit / Child Benefit Council Tax Bill Council Tenancy Letter Driving Licence Fuel Bill Medical Card MOD1132 eForm Phone Bill Other: Please contact Education and Social Care to discuss				
Recommended Category (category determined by the first "Tick" (please tick one) Child with existing attendance at centre – Category 1 Child resident in secondary catchment and sibling at centre – Category 2 Child resident in secondary catchment – Category 3 Child with CSP and/or assessment by Education Authority – Category 4 Child out with secondary catchment and sibling at centre – Category 5 Child out with secondary catchment – Category 6				
I confirm that the child's birth certificate has been seen and the information given above is correct:				
Name of person completing form:				
Signature:				
Name of organisation:				
Date:	/ /			