



Funded Early Learning and Childcare Registration Form 2019/20

**Phase 1 & 2
ELC Settings**

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.

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: | | (e.g. 208 2015 001) |
| Where was birth certificate issued? (i.e. Wales) | | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">↑ District Number</div> <div style="text-align: center;">↑ Year</div> <div style="text-align: center;">↑ Entry Number</div> </div> |



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The table below confirms eligibility for the school session 2019/20:

| A child whose date of birth is between: | Will be eligible for a funded place from: | Type of place: |
|---|---|-----------------|
| 20 August 2014 and 28 February 2015 | 20 August 2019 | Deferred Entry |
| 1 March 2015 and 28 February 2016 | 20 August 2019 | Pre-school |
| 1 March 2016 and 31 August 2016 | 20 August 2019 | Ante pre-school |
| 1 September 2016 and 31 December 2016 | 6 January 2020 | Ante pre-school |
| 1 January 2017 and 28 February 2017 | 13 April 2020 | 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 | |

Are you interested in using some or all of your funded hours with a registered childminder in future? Yes/No

Please click http://www.moray.gov.uk/moray_standard/page_116586.html to check the days and times your funded provider is offering prior to completing this section



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Please indicate which sessions you would like your child to attend (please tick)

| | | |
|---|--|---|
| Term Time | | School Term opening; not offered during Christmas, Easter, Summer or October Holidays |
| 46 weeks | | Provision will not be available for 2 weeks over Christmas and parents will be able to choose to a further 4 weeks off during the Easter, summer and October. |
| Year round (50 weeks) | | Closed during the Christmas and New Year holiday period |
| Other (Please advise weeks per year) | | Please detail any other options your first choice provider is offering |

Annual entitlement (please check your eligibility with your preferred funded provider) (please tick)

| | | |
|-------------------|--|---|
| 600 hours | | Time selections can add up to 16 hours a week only |
| 1140 hours | | Time selections can add up to:- If using term time: 30 hours a week If using 46 weeks: 25 hours a week If using year round: 23.75 hours a week |

Please enter your preferred days and times

| Day | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|-----------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|
| | Time from | Time to | Time from | Time to | Time from | Time to | Time from | Time to | Time from | Time to |
| Example | 9.00 | 12.10 | 9.00 | 12.10 | 9.00 | 12.10 | 13.00 | 16.10 | 13.00 | 16.10 |
| Morning | | | | | | | | | | |
| Afternoon | | | | | | | | | | |
| Full Day | | | | | | | | | | |
| Other | | | | | | | | | | |

| | |
|---|--|
| Total requested hours per week (please ensure the hours selected about match your entitlement) | |
|---|--|



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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, disability or allergies? | 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 | |
|--|--|



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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)

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

Which primary school do you intend to enrol your child?

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

- 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.

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
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 is starting prior to funded place) | | |
| Funding start date (please tick one) | AUGUST 2019 | | JANUARY 2020 | APRIL 2020 |

| | |
|---|--|
| Proof of address (please check at least one form of ID) | |
| Fuel Bill | |
| Council Tax Bill | |
| Phone Bill | |
| Child Tax Credit / Child Benefit | |
| Driving Licence | |
| Medical Card | |
| MOD1132 eForm | |
| Council Tenancy Letter | |

| | | |
|--|----------|------------|
| Recommended category: Category determined by the first 'yes' | | |
| 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 TAKE COMPLETED FORM TO YOUR FIRST CHOICE OF EARLY LEARNING AND CHILDCARE CENTRE



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Privacy Notice - Early Learning and Childcare Registration Forms

Your information is being collected to allow access to a place at an early learning and childcare provider for their funded place.

The legal basis for collecting this information is to ensure the Council carries out its duties as a local authority as outlined in Article 6(1)(e) of the General Data Protection Regulation (GDPR). In this case, this ensures that the Council is compliant with such legislation as the Children and Young People (Scotland) Act 2014 and similar laws relating to childcare and early learning.

Personal data that counts as 'special category data' such as health, ethnicity and religion, must satisfy extra conditions when processed. In this case, the legal basis/bases for collecting the information is that it is necessary for carrying out obligations under social security law as outlined in Article 9(2)(b) of the GDPR.

This personal information will not be shared with any third parties unless it is necessary for us to do so in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

Your data will be held by Moray Council for a pre-determined length of time. You can find all the information about how long we retain data for on our website:

http://www.moray.gov.uk/moray_standard/page_92820.html (found on the Moray Council website under Section 5 of our Records Management Plan)

For any queries or concerns about how your personal data is being processed you can contact the Data Protection Officer at info@moray.gov.uk or 01343 562633. You can also consult the information available at the Information Commissioner's websites, www.ico.org.uk

Please note that you have the following rights:

- to request access to your personal data
- to request rectification or erasure of your personal data, as so far as the legislation permits
- to request restriction of processing of your personal data (that is, to request that we halt any activity performed on your personal data), as so far as the legislation permits
- to object to any direct marketing
- to object to any processing undertaken for the purposes of scientific/historical research and statistics, as so far as the legislation permits
- to object to the processing activity

You also have the right to make a complaint to the Information Commissioner's Office. They are the body responsible for making sure organisations like the Council handle personal data lawfully.

Information Commissioner's Office

Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Telephone: 0303 123 1113

Email: casework@ico.gov.uk

Website: www.ico.org.uk