

If your child is receiving the free entitlement and is also receiving child Disability Living Allowance (DLA), they are eligible for the Disability Access Fund (DAF). You will need to provide a copy of your child's Disability Living Allowance confirmation letter in order for the setting to claim this funding.

Is your child eligible for and in receipt of Disability Living Allowance (DLA)?

<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Disability (please tick one of the boxes below)			
Education, Health and Care plan (EHCP)		SEN Support	
No Special Educational Need		Early Years Action	
Early Years Action Plus		Statement of special educational need	

Your child's entitlement code

Please complete the following with assistance from your chosen provider(s) if required.

<input type="checkbox"/> Two Year Entitlement Application made to, and eligibility confirmed by Thurrock/Havering Council via email. <i>Your childcare provider is required to see the email confirming the 2YE offer:</i> EY Code..... Date eligibility starts 'Use by' date *..... *If placement has not started by this date then eligibility must be rechecked.	<input type="checkbox"/> 15 Hour Funding 3 & 4 Year Olds No code required as all children are eligible for 15 hours funding the first full school term after their third birthday.
<input type="checkbox"/> New entitlement 9 months – 3 years * Application made via the childcarechoices/gov.uk website. Code..... (11 digits) *Only available to children born between 31.8.21 and 31.3.2022 from April 2024 (summer term). Extended to younger children from September 2024. Failure to revalidate this code will result in funding being withdrawn.	<input type="checkbox"/> 30 Hour Funding 3 & 4 Year Olds Application made via the childcarechoices/gov.uk website. Code..... (11 digits) Failure to revalidate this code will result in funding being withdrawn.

Parents/carers who receive 30 hours entitlement funding, and split this funding with another childcare provider, are required to nominate which setting will receive the 'universal hours' part of the entitlement. Only this setting will be able to apply for additional funding e.g. DAF and Early Years Pupil Premium. Universal hours cannot be split between settings.

Do you split your child's 30 hour funding with another childcare provider? If yes, please write the name of the childcare provider who will receive the 'universal hours' in the box below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

TWO OTHER EMERGENCY CONTACTS (in the event that parents / carers cannot be contacted)

1.Full Name Relationship to Child :..... Tel No Mobile No 2.Full Name Relationship to Child :..... Tel No Mobile No
--

What is your child's home language?	Religion(if applicable):
--	---------------------------------

Password:-

Your Child's Ethnic Group (Please tick one)

Early Years Census Code	Early Years Census Category	Tick Column		Early Years Census Code	Early Years Census Category	Tick Column
WBRI	White - British			AOPK	Other Pakistani	
WCOR	White - Cornish			ABAN	Bangladeshi	
WENG	White - English			AOTH	Any other Asian background	
WNIR	White – Northern Irish			AAFR	African Asian	
WSCO	White - Scottish			AKAO	Kashmiri other	
WWEL	White - Welsh			ANEP	Nepali	
WOWB	Other White British			ASNL	Sri Lankan Sinhalese	
WIRI	White - Irish			ASLT	Sri Lankan Tamil	
WIRT	Traveller of Irish heritage			ASRO	Sri Lankan other	
WOTH	Any other white background			AOTA	Other Asian	
WALB	Albanian			BCRB	Black Caribbean	
WBOS	Bosnian-Herzegovinian			BAFR	Black - African	
WCRO	Croatian			BANN	Black - Angolan	
WGRE	Greek/Greek Cypriot			BCON	Black - Congolese	
WGRK	Greek			BGHA	Black - Ghanaian	
WGRC	Greek Cypriot			BNGN	Black - Nigerian	
WITA	Italian			BSLN	Black - Sierra Leonean	
WKOS	Kosovan			BSOM	Black - Somali	
WPOR	Portuguese			BSUD	Black - Sudanese	
WSER	Serbian			BAOF	Other Black African	
WTUR	Turkish/Turkish Cypriot			BOTH	Any other black background	
WTUK	Turkish			BEUR	Black European	
WTUC	Turkish Cypriot			BNAM	Black North American	
WEUR	White European			BOTB	Other Black	
WEEU	White Eastern European			CHNE	Chinese	
WWEU	White Western European			CHKC	Hong Kong Chinese	
WOTW	White other			CMAL	Malaysian Chinese	
WROM	Gypsy/Roma			CSNG	Singaporean Chinese	
WROG	Gypsy			CTWN	Taiwanese	
WROR	Roma			COCH	Other Chinese	
WROO	Other Gypsy/Roma			OOTH	Any other ethnic group	
MWBC	White and Black Caribbean			OAFG	Afghan	
MWBA	White and Black African			OARA	Arab other	
MWAS	White and Asian			OEGY	Egyptian	
MWAP	White and Pakistani			OFIL	Filipino	
MWAI	White and Indian			OIRN	Iranian	
MWAO	White and any other Asian			OIRQ	Iraqi	
MOTH	Any other mixed background			OJPN	Japanese	
MAOE	Asian and any other ethnic group			OKOR	Korean	
MABL	Asian and Black			OKRD	Kurdish	
MACH	Asian and Chinese			OLAM	Latin/South/Central American	
MBOE	Black and any other ethnic group			OLEB	Lebanese	
MBCH	Black and Chinese			OLIB	Libyan	
MCOE	Chinese and any other ethnic			OMAL	Malay	
MWOE	White and any other ethnic group			OMRC	Moroccan	
MWCH	White and Chinese			OPOL	Polynesian	
MOTM	Other mixed background			OTHA	Thai	
AIND	Indian			OVIE	Vietnamese	
APKN	Pakistani			OYEM	Yemeni	
AMPK	Mirpuri Pakistani			OOEG	Other ethnic group	
AKPA	Kashmiri Pakistani			REFU	Refused	
				NOBT	Information not yet obtained	

Health and development

Has your child received the following immunizations? *Please confirm and provide date of immunizations given.*

Immunization	Yes (Dates given)				No
2 months old					
3 months old					
4 months old					
Between 12 and 13 months old					
Two to Three years and Four years					

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No

Is your child known to have any allergies or food intolerances? If so, please specify:

A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.

What are your child's dietary requirements? Please specify:

It is our usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child?

Yes No

Setting completing check _____

Date completed _____

As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] will ask you to be involved in completing the check and will discuss it with you.

Does your child need a bilingual support plan? _____

Yes No

If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:

General information

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)?

Yes No

Does your child have any food preferences?

Yes No

Does your child have a pacifier i.e. dummy or thumb?

Yes No

Does your child have a special toy or object they might bring with them?

Yes No

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for [us/me] to know about your child? For example, what they like, or what fears they may have, or any special words they use.

PROFESSIONALS KNOWN TO BE INVOLVED WITH THE FAMILY

Designation	Name	Address and Telephone No
Registered GP		
Health Visitor		
Speech Therapist		
Social Worker		
Portage Worker		
Paediatrician		
Others		

OTHER EARLY YEARS SETTINGS YOUR CHILD HAS HAD CONTACT WITH:

	Name of setting	Address
Parent/Toddler group		
Nursery / Playgroup / Preschool		

I agree to let Great Child Nursery & Pre- School know as soon as any information changes.

Signature of parent/carer:- _____

Date: _____ Date child will start at setting: _____

RECORD OF PARENT PERMISSION

Date.....

Child's name.....

Parent's name.....

Kindly tick as appropriate	Yes	No
<p>Emergency medical advice / treatment I understand that if my child has an accident or becomes ill and needs emergency medical attention. I will be contacted immediately, but if it is not possible to contact me I give permission for my child to receive emergency advice or treatment.</p>		
<p>Photographs/Video for Learning Journal and Software I understand that my child will sometimes be photographed or videoed which may be used in his/her profile or for displays in the setting or for training purposes. Tick as appropriate: Borough Display & Traini<input type="checkbox"/> Website / Promotional Marketing Special Occasions/Festivals e.g. Birthdays <input type="checkbox"/> Early Years Management App Social Media:</p>		
<p>Outings I understand that my child will go on regular short visits to the local environment. There will be risk assessments for each outing. I give my permission for my child to go on these short outings.</p>		
<p>Administration of Calpol or Anti-histamines I give permission for a member of staff from Great Child Day Nursery to administer Calpol to my child in the event of a high temperature. I will also be contacted before a member of staff administers the Calpol.</p>		
<p>Safeguarding & Welfare or children I understand that Great Child Day Nursery will take necessary steps to safeguard and promote the welfare of all the children within their settings. The nursery is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2006). This may mean that the nursery will need to report certain incidents to social services without the parent's knowledge</p>		
<p>GDPR I understand the circumstances in which information may be shared without my consent. This will only be when it is a matter of safeguarding a child or vulnerable adult.</p>		
<p>Covid-19 Secure Agreement and Procedures & Operational Plan Your responsibility: Please don't come in or bring your child if you or a member of your household have any symptoms that could be COVID-19 or if you are vulnerable or have underlying health issues. We will turn anyone away who may be showing COVID-19 symptoms or ask you to collect your child immediately. We have</p> <ul style="list-style-type: none"> • Increased Sanitisation and Cleaning routines. • Sanitisation Stations for children and adults. • More Personal Protective Equipment (PPE) to be used as necessary. • Changed our soft play areas in accordance with government guidance. We have removed all rugs and soft toys and replaced them with plastic and wooden resources that are easily wipeable and can always be kept clean. • Social Distancing of 1m plus or 2m in place when dropping off or picking up. <p>We do not accept responsibility for Covid -19 Local or National outbreak or closure and will act according to our policy along with government regulations.</p>		
<p>Policies and Procedures & Operational Plan I have read and understood the nursery policies and procedures (copies are available on our website) which they have in place, I am aware that there is always a copy at nursery which is available to be read at all times (as the policies and procedures will be updated regularly) I have also read and understood the nurseries operational plan.</p>		
<p>Special Occasions/Festivals e.g. birthdays I will / will not allow my child to participate in special occasions / festivals in Great Child.</p>		

Signature: _____ Date of Application: _____ Proposed Start Date: _____

Deposit Paid: _____

Parent Full name: _____ Signature: _____

Manager: _____ Signature: _____

PHOTOGRAPHS OF CHILD & THOSE AUTHORISED TO COLLECT THE CHILD MUST BE ATTACHED TO THIS FORM.

Fee Structure & Contract

1. All hours booked must be paid for in advance by the 1st of the month by d or by first day of the week if payment is made weekly in advance. If arrears do occur then 10% will be added to each weekly amount outstanding, until the account is settled.
2. All hours booked must be paid for, this includes absence due to sickness or holidays. If you child is admitted to hospital, then there will be no charge for this if evidence is shown to us.
3. You will still be charged when nursery is closed for Bank Holiday or Inset day
4. Refunds will not be made, this includes both fees and children's property (including toys & clothes)
5. **Four** weeks' notice in writing is required to withdraw your child from nursery or to change their days or hours of attendance.
6. **Four** weeks' notice for your child's holiday and you will get a discount of 50% for maximum 15 days per year.

Sessions available

Regular Session 8:00 – 13:00 (morning session) 13:00 – 18:00 (afternoon session)

8.30-15.30 (School day) 8:00 – 18:00 (full day)

Early Birds 7 am start / Late Closing 6-7pm extra charges apply

Emergency Dropoff = £7/ hour

Late Pickups

If you are going to be late collecting your child from setting please call ahead to let us know maximum five minutes. Late charges will be added on as soon as you run past your agreed collection time. This starts at £5.00 for every 5 minutes.

Ways to pay

We accept fees made by bank transfer & all fees must be paid by 25th of the month or by Monday morning if paying weekly.

ROMFORD ACCOUNT DETAILS

Bank Name: Barclays Bank

Bank Name: Great Child Co.Ltd

Sort Code: 20-72-91

Account Name: 70521744

TILBURY ACCOUNT DETAILS:

Bank Name: Great Child Co. Ltd

Bank Name: Barclays Bank

Account Number 10 28 62 49 Sort Code:20 25 19

Please ensure that you put your child's name and the month as reference

Example:-**Titilayo Johnson03 2019**

Setting and attendance details

You need to agree and complete this declaration form with each setting your child attends for their free entitlement in order to ensure that funding is paid fairly to each of them.

Your child can attend a maximum of two sites in a single day and if your child attends more than one setting we will distribute the funding appropriately between the settings. My child is attending the following settings:

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
	Mon	Tue	Wed	Thur	Fri		
A							
B							
C							

Days attending the Nursery		Mon	Tue	Wed	Thur	Fri	Total hours required per week
Time attending the Nursery	From						
	To						

Declaration of Parent/Carer/Guardian with legal responsibility

- I confirm that the above setting may claim the Early Years funding for my child as agreed between myself and the setting. This will be claimed for each term my child attends the setting.
- If my child is using part of the Entitlement at another setting, I will ensure both are informed and I will advise both settings immediately of any changes.
- Should I wish to move my child to anew provider after the term has started, I undertake to make both my current and new setting fully aware of the situation BEFORE any move is made, including the agreed termination date with the current provider and the start date with the new provider. I undertake to abide by the conditions set out in the provider’s parental contract and also give my permission for both settings to discuss the allocation of funding between themselves.
- I confirm that my child will not exceed the maximum entitlement as published by the Government.
- I agree that the information I have provided may be used on a regular basis and can be shared with the local authority and Department for Education. The purpose of this will be to access information from other government departments in order to confirm my child’s eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child. I understand that I may withdraw my consent to this at any time by advising the setting.
- I confirm that the information I have given on this form is complete and accurate. I will inform my provider immediately if any of these details change.

Declaration and Submission:

I understand that if I have given any false information on this declaration, I may be asked to reimburse the Local Authority under the requirements of the early education entitlement funding by the Department for Education.

Declaration: I (name)

of (address)

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (Name of Provider/s)

.....

to claim free entitlement funding as agreed above on behalf of my child.

Parent/Carer/Guardian with legal responsibility	Childcare provider
Signed:	Signed:
Print name:	Print name:
Date:	Date:

Data privacy

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to thurrock.gov.uk/privacy. Get free internet access at libraries and community hubs. The Data Protection Act 2018 (the Act) puts in place certain safeguards

regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers. The Act gives rights to those about whom data is held (known as data subjects), such as pupils, their parents and teachers. This includes:

- The right to know the types of data being held
- Why it is being held; and
- To whom it may be disclosed

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Thurrock Council. Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately. Providers are asked to pay particular note to advice from the Information Commissioner’s Office on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/training-videos/handling-more-sensitive-information/>

This form is now complete for the parent/carer. The childcare provider must complete the following section

Document check (childcare provider to complete)

Evidence	Provider Confirmation Signature Relevant Sections
Proof of correct date of birth of child for all entitlement children (please tick evidence seen) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport Pro <input type="checkbox"/> of address dated within last 3 months e.g electric/ Council Tax/ Gas bill/ Water bill/ Bank Statement	
Has the child’s health record book been seen to confirm immunisation dates? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Two Year Entitlement Offer email checked and required information recorded (duplicates Child Entitlement Code section).	
New entitlement 9 months – 2 years* <ul style="list-style-type: none"> • 11-digit code checked and required information recorded (duplicates Child Entitlement Code section). • Eligibility confirmed on Provider Portal 	
30 Hour Funding 3- & 4-Year-Olds <ul style="list-style-type: none"> • 11-digit code checked and required information recorded (duplicates Child Entitlement Code section). • Eligibility confirmed on Provider Portal 	
*New Entitlement April 2024 15 hours - eligible 2 year olds only *New Entitlement September 2024 15 hours - from 9 months *Accessing from the first full school term after their birthday or when they are 9 month old.	