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**Enrolling your child for Early Learning and Childcare (ELC)**

Dear Parent/Carer

This form should be completed to register for ELC in Argyll and Bute or if you are moving ELC settings.

Your child’s original birth certificate must be submitted/presented with this form.

The form requests important information, necessary for the safety and wellbeing of your child at ELC. Argyll and Bute Council have a legal responsibility to ensure that this information is up-to-date. The information that you provide will ensure we continue to offer an education service that meets the needs of all children and young people and that your child’s legal rights in ELC are recognised. The child’s general legal rights are listed in the Children (Scotland) Act 1995, the Equality Act 2010 and in the European Convention on Human Rights.

Current data protection legislation requires us to publish Privacy Notices to tell you why and how we will process your information. This form is covered by the Education – General Privacy Notice https://www.argyll-bute.gov.uk/privacy/education-general. If you require the form or Privacy Notice in an alternative format, please contact Argyll House, 91 Alexandra Parade, Dunoon, Argyll, PA23 8AJ, argyllhousereception@argyll-bute.gov.uk 01369 704000.

**You must inform the ELC Setting if your child has previously attended ELC in Scotland to ensure continuity of records.**

|  |
| --- |
| **For setting/office use only:** |
| Admission Date: | Date record transferred to NAMS: |
| Birth certificate Number: | Passport number: |
| Category Assigned:  |  |
| ELC Setting Manager Name:  |  |
| ELC Setting Manager Signature: |  |

# Early Learning and Childcare (ELC) Application:

# Post Registration Week 2024-2025

Name of ELC Setting: ………………………………………………………………………………

 Previous ELC Setting (if applicable): ………………………………………………………..

Your child’s Birth Certificate & proof of your address must be shown at time of registration

## Section 1: Child’s Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname (as per birth certificate) |  |
| Known as |  | Date of Birth |  |
| Gender (M/F) |  | Home Tel No: |  |
| Home Address & Postcode |  |

## Section 2: Contact Information

1. Throughout this application, the word ‘parent’ should be interpreted as including the child’s carer or legal guardian.
2. The mobile for the main parent may be used to contact parents by SEEMiS Text Messaging Service.
3. When a child is ill or hurt, we will make contact as per chosen priority below in the first instance. Please provide details of an emergency contact that can collect your child from your ELC setting if you are unavailable.
4. All sections must be completed.

**Parent 1 (Primary Contact) Parent 2**

|  |  |  |
| --- | --- | --- |
| Relationship to child i.e. Mother/Father/guardian |  |  |
| Title (Mr, Mrs, Mx, Miss etc) |  |  |
| Forename  |  |  |
| Surname  |  |  |
| Address (tick if same as child)Postcode |  |  |
| Daytime Telephone  |  |  |
| Mobile Number  |  |  |
| Email address |  |  |
| Preferred contact e.g. email, letter, mobile SMS  |  |  |
| Can be contacted in an emergency | Yes/No | Yes/No |
| Can collect child | Yes/No | Yes/No |

**Emergency Contacts**

|  |  |  |
| --- | --- | --- |
|  | Emergency contact 1 | Emergency contact 2 |
| Title (Mr, Mrs, Mx etc) |  |  |
| Forename  |  |  |
| Surname  |  |  |
| Address (tick if same as child)Postcode |  |  |
| Daytime Telephone |  |  |
| Mobile Number  |  |  |
| Email address |  |  |
| Relationship to child i.e. Mother/Father/Grandparent  |  |  |

## Section 3: Health Information

It is your responsibility to:

* Inform the ELC setting if your child develops any contagious or infections disease(s).
* Discuss dispensing of any medication.
* Advise of all health issues (medical staff do not pass information to the ELC setting.

|  |  |  |
| --- | --- | --- |
|  | Yes (please provide detail) | No |
| Does your child have any long term illness/condition/disability? |  |  |
| If your child has a disability, can you provide copies of a professional assessment confirming this? |  |  |
| Does your child have additional support needs (ASN)?If yes, do they have a ‘Child’s Plan?’ |  |  |
| Does your child have any allergies e.g nuts?  |  |  |
| Are there any other health problems of which we should be aware? |  |  |
| GP Practice and name  |  | Telephone Number |  |
| Address |  |
| Name of Health Visitor |  |

**Looked After Children**

A child is looked after when:

-He or she is the subject of a supervision requirement at home, with relatives or friends in accommodation (i.e. foster/residential care or residential schools).

-He or she is accommodated by the Council under section 25 of the children (Scotland) Act 1995

-He or she is the subject of an order, authorisation or warrant in relation to a place of safety, child protection order or permanence order.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is your child ‘Looked After’? |  |  |

## Section 4: Early Learning and Childcare Provision

**You must provide your 3 choices of ELC Setting**

|  |  |
| --- | --- |
|  | ELC Setting |
| 1st choice |  |
| 2nd choice |  |
| 3rd choice |  |

**Blended Placement** *(requesting funded hours across more than one ELC setting)*

|  |  |  |
| --- | --- | --- |
|  | Yes, and I will complete this form with each ELC setting | No |
| Are you requesting a blended placement? |  |  |

**Funded Early Learning and Childcare Hours Requested**

Please note the times you wish your child to attend, in line with the settings pattern of provision.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
| FULL DAY |  |  |  |  |  |

*\*Whilst Early Years aims to be aware of parents’ needs and would wish to be supportive in meeting parents’ requirements, it will not always be possible to offer the first choice ELC setting or hours.*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have any other children who attend this Early Learning and Childcare setting or school?  |  |  |

## Section 5: Additional Information

**Asylum Status – please tick one category (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Asylum Seeker |  | Refugee |  |

**Main Home Language**

|  |  |
| --- | --- |
| Please tell us the main language spoken, if not English |  |

**Intended Primary School**

If known please state the name of the primary school you intend to send your child to

|  |  |
| --- | --- |
| Name of School |  |

## Section 6: Declaration

1. I declare that to the best of my knowledge the information given is correct.
2. I will notify the ELC setting of changes to the above information.

Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information requested in Section 7 is not required for us to provide your child with Education and therefore you have the choice not to provide responses. Argyll and Bute Council is committed to ensure we provide equality of opportunity and eliminate discrimination and your responses to the information below will help us meet our legislative requirements under the Equalities Act 2010.

## Section 7: Heritage Information

**Ethnic Background - Ethnic Origin (please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| White Scottish | African – African/Scottish/British | Caribbean or black – Other | Not Disclosed |
| White Other | Asian – Indian/British/Scottish | Caribbean or black – Caribbean/British/Scottish | Not Known |
| White Gypsy/Traveller | Asian – Pakistan/British/Scottish | Asian – Bangladeshi/British/Scottish |  |
| White – Other British | Asian – Chinese/British/Scottish | African -Other |  |
| White - Polish | Mixed or multiple ethnic groups | Other- Arab |  |

**Child’s Religion (please tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist | Christian  | Hindu | Jewish | Muslim |
| Sikh | Not Disclosed  | Other | Not Known  | None  |
| If not stated, please state religion here: |

**National Identity (please tick)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scottish | English | Northern Irish | Welsh | British | Not Disclosed | Not Known  | Other |
| If not stated above, please state national identity here  |

**Marketing Information**

To assist us in our marketing strategies please tick below to indicate how you were informed of the registration process

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Press | National Press | Local Primary School  | ELC Setting | Council Building e.g. libraries, community centres |
| Friends/relations  | Doctor surgeries | Family Information Service  | Other: Please explain  |

**Armed Forces Information**

Armed Forces information is not required for us to provide your child with Education and therefore you have the choice not to provide a response to this question. However, completing this section may allow the Council to apply for a grant from the MOD to help support schools who have children whose parent/carers are Armed Forces.

|  |
| --- |
| Parent is currently a serving member or has previously served in the Armed Forces (please complete below as appropriate) |
| Regular: | Reserve:                              | Veteran:              | Not applicable:  |
| Do not wish to disclose this information:                          |