

# **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	Passport		
Number:	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 app	olicable):		
Your	child's Birth (	Certificate & pro	of of your a	address <u>must</u> be sh	own at time of registration
Section	on 1: Child's P	ersonal Details			
Forer	name			Surname (as per birth certificate)	
Know	ın aç			Date of Birth	
	ler (M/F)			Home Tel No:	
	e Address &			Home ferivo.	1
Posto					
1 0310	ouc				
<u>Section</u>	n 2: Contact	<u>Information</u>			
1.	Throughout th	nis application, the	word 'parent'	should be interpreted	as including the child's carer or
	legal guardian				
2.		•	•	•	EMiS Text Messaging Service.
3.					below in the first instance.
			gency contac	t that can collect your	child from your ELC setting if yo
	are unavailabl	e.			
4.	All sections m	ust be completed.			
			Parent 1 (	Primary Contact)	Parent 2
Relat	ionship to child	d i.e.			
Moth	ner/Father/gua	rdian			
Title	(Mr, Mrs, Mx,	Miss etc)			
Forer	name				
Surna	ame				
Addr	ess (tick if sam	e as child)			
Posto	code				
	me Telephone				
-	le Number				
	l address				
		.g. email, letter,			
	le SMS		10.0		, , , , , , , , , , , , , , , , , , ,
Can b	oe contacted in	an emergency	Yes/No		Yes/No

Yes/No

Yes/No

Can collect child

# **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 accommodation (i.e. foster/residential ca	requirement at home, with relatives or friends in are or residential schools).
-He or she is accommodated by the Coun	icil under section 25 of the children (Scotland) Act 1995

- -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
1 <sup>st</sup> choice	
2 <sup>nd</sup> choice	
3 <sup>rd</sup> 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					

<sup>\*</sup>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	
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#### 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	
Number 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.

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

# 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 state	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	Family Information	Other: Please explain	
	surgeries	Service		

#### **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:					