



Funded Early Learning and Childcare (ELC) Registration Form 2018/19

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 forename)

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, medical condition, disability or allergies? (Please tick one)

- Yes
 No

If yes, please give details:

Has there been a professional assessment confirming disability? (Please tick one)

- Yes
 No

Does your child have a Co-ordinated Support Plan (CSP)? (Please tick one)

- Yes
 No

Name and Address of Doctors Surgery:



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Parent/Carers Full Name (please include middle names)

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

Parent/Carers Full Name (please include middle names)

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



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Please list the early learning and childcare centre you wish your child to attend:
(It is not always possible to give you your first choice)

First Choice

Second Choice

Third Choice

A funded early learning and childcare place is a maximum of 5 sessions per week. Please indicate which sessions you would like your child to attend (*tick up to 5 boxes*):
(The quantity of sessions available may vary between providers)

	Mon	Tues	Wed	Thu	Fri
AM Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information regarding your 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 spoken at home:

I declare the information entered on this form to be correct and consent to the information being used for the purposes detailed below.

Name of person completing form: _____

Signature: _____

Date: ____ / ____ / ____



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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
 - 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 one)

- Asylum Seeker
- Refugee

Child Religion (please tick one)

- Buddhist
 - Christian
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - No religion
 - Not Disclosed
 - Other Religion
-



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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).



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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 starting prior to funded place)

Funding Start Date (please tick 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: ____ / ____ / ____