

# **Sue Scarbro's Childminding Application form**

*To ensure all fields can be completed, download on a computer rather than a smartphone or tablet.*

Child Application forms need to be completed and signed by the Parent/Carer(s) who have Parental Responsibility for the child.

## **GDPR Requirement for completing consent forms**

In order to comply with the GDPR (General Data Protection Regulation), I **must** make all reasonable efforts to verify that each person giving consent does, in fact, hold parental responsibility for the child. This means that I will need to check the relevant documentation that shows this.

Depending on the family structure, please provide one or more documents from the following list:

- ☐ Birth Certificate- biological parents/ civil partners
  - ☐ Residence Order (prior to 2014) – biological father/ step parent
  - ☐ Child's Arrangement Order (since 2014) – biological father/ step parent/foster parent
  - ☐ Parental Responsibility Agreement- -biological father/ same sex non civil partner
  - ☐ Parental Responsibility Order – biological parent
  - ☐ Adoption Certificate – adoptive parents (also known as an adoptive birth certificate)
  - ☐ Parental Order – surrogate parent
  - ☐ Special Guardianship Order – foster parents
- (Tick to state I have seen one or more of the above)

## **Child Information**

This form helps me to meet the following Safeguarding Welfare Requirements of the Statutory Framework for the Early Years Foundation Stage:

- Medicines p.27 (3.45)
- Food and Drink p.28 (3.47)
- Premises p.29 (3.62)
- Information and Records p.31 (3.68)
- Information about the Child p.32 (3.74)

Once the form has been completed I will familiarise myself with it, keep it in a confidential manner and review it regularly with the Parent/Carer(s).

## CHILD APPLICATION FORM

|                        |                      |                         |                      |
|------------------------|----------------------|-------------------------|----------------------|
| Child's full name:     | <input type="text"/> | Name child is known by: | <input type="text"/> |
| Address of child:      | <input type="text"/> | Post Code:              | <input type="text"/> |
|                        |                      | Gender:                 | <input type="text"/> |
| Child's date of birth: | <input type="text"/> | Religion:               | <input type="text"/> |
| Nationality:           | <input type="text"/> | Child's first language: | <input type="text"/> |

## DETAILS OF PARENT/CARER(S)

### Who has parental responsibility?

|                         |                      |                        |                      |
|-------------------------|----------------------|------------------------|----------------------|
| Name:                   | <input type="text"/> | Name:                  | <input type="text"/> |
| Relationships to Child: | <input type="text"/> | Relationship to child: | <input type="text"/> |
| Email:                  | <input type="text"/> | Email:                 | <input type="text"/> |
| Address:                | <input type="text"/> | Address:               | <input type="text"/> |
| Post Code:              | <input type="text"/> | Post Code:             | <input type="text"/> |
| Mobile:                 | <input type="text"/> | Mobile:                | <input type="text"/> |
| Place of work:          | <input type="text"/> | Place of work:         | <input type="text"/> |
| Contact number:         | <input type="text"/> | Contact number:        | <input type="text"/> |

### Legal Contact Information if applicable:

(Childcare provider to have a copy of any such orders)

**Alternative Contact Details if Parent/Carer(s) are unavailable**

**Consent for collection**

I/we understand that if I am/we are unavailable to collect my child I/we will notify the childcare provider of the person authorised to collect them. I/we understand that if any person attempting to collect my child is not listed below the childcare provider WILL NOT release my child without first seeking my permission.

|                        |                      |                       |
|------------------------|----------------------|-----------------------|
| Name:                  | <input type="text"/> | <div>Photo here</div> |
| Tel No:                | <input type="text"/> |                       |
| Address:               | <input type="text"/> |                       |
| Relationship to child: | <input type="text"/> |                       |

|                        |                      |                       |
|------------------------|----------------------|-----------------------|
| Name:                  | <input type="text"/> | <div>Photo here</div> |
| Tel No:                | <input type="text"/> |                       |
| Address:               | <input type="text"/> |                       |
| Relationship to child: | <input type="text"/> |                       |

|                        |                      |                       |
|------------------------|----------------------|-----------------------|
| Name:                  | <input type="text"/> | <div>Photo here</div> |
| Tel No:                | <input type="text"/> |                       |
| Address:               | <input type="text"/> |                       |
| Relationship to child: | <input type="text"/> |                       |

Password to be used by the authorised people:   
*(this will confirm identification if the person is not already known to the childcare provider).*

## ALLERGIES, MEDICAL CONDITIONS OR DIETARY REQUIREMENTS

**Please note: Food allergy and intolerance are medical conditions; they must have been diagnosed by a qualified medical professional or a dietitian in order to be indicated below.**

### State specifics rather than a simple Yes/No

Is your child allergic to anything?

Is your child intolerant of any foods?

Has your child had any major illnesses or operations?

Has your child been in hospital recently?

Has your child any on-going health problems?

Please list any other relevant information:

Please list any special requirements:

### Details of Family Doctor and Health Visitor

Doctor's name:

Doctor's address:  Tel No:

Health Visitor's name (if applicable):

Health Visitor's address:  Tel No:

### Immunisations

Please list all immunisations that your child has received and the dates they were given.

**Parent/Carer(s) should notify the childminder of any changes to the details on this form as soon as possible.**

| Immunisation         | Date given           |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

## **Fees**

My fees are £5 per hour, which will be invoiced, and needs to be paid a month in advance. I provide all food, snacks and drinks. I also provide all nappies and wipes to make it easier for you each morning. I charge half price for 3 weeks (15 days) of my personal holiday each year, I may choose to take 1 more week off unpaid. I will not charge you for the first week (5 days) of your holiday per year, any other holiday you require, I will charge you half price. I am closed at weekends and bank holidays. I can drop off and collect children from Playbox pre-school and Montpelier Primary School.

## **Required sessions:**

Please tick your cover requirements.

|           | Early morning<br>7.30-8.00        | Morning (State times)   | Afternoon (State times)   | Late afternoon<br>5.00-5.30      | Evening:<br>5.30-6.00            |
|-----------|-----------------------------------|---|---|----------------------------------|----------------------------------|
| Monday    | <input type="checkbox"/> Early AM | <input type="checkbox"/> AM - state times<br><input type="text"/> | <input type="checkbox"/> PM - state times<br><input type="text"/> | <input type="checkbox"/> Late PM | <input type="checkbox"/> Evening |
| Tuesday   | <input type="checkbox"/> Early AM | <input type="checkbox"/> AM - state times<br><input type="text"/> | <input type="checkbox"/> PM - state times<br><input type="text"/> | <input type="checkbox"/> Late PM | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Early AM | <input type="checkbox"/> AM - state times<br><input type="text"/> | <input type="checkbox"/> PM - state times<br><input type="text"/> | <input type="checkbox"/> Late PM | <input type="checkbox"/> Evening |
| Thursday  | <input type="checkbox"/> Early AM | <input type="checkbox"/> AM - state times<br><input type="text"/> | <input type="checkbox"/> PM - state times<br><input type="text"/> | <input type="checkbox"/> Late PM | <input type="checkbox"/> Evening |
| Friday    | <input type="checkbox"/> Early AM | <input type="checkbox"/> AM - state times<br><input type="text"/> | <input type="checkbox"/> PM - state times<br><input type="text"/> | <input type="checkbox"/> Late PM | <input type="checkbox"/> Evening |

## **Late fees and late child collection:**

Please understand that late payment of fees means I will not be able to provide childcare for your child.

If your child is not collected on time, I will need to charge double fees in half hour increments.

Parent/Carer's signature:  Date:

Parent/Carer's signature:  Date:

Please attach the completed form and email it to [suescarbrogmail.com](mailto:suescarbrogmail.com)