

## Expression of interest form

St. Michael's Family Centre, (OfSTED No: RP 521712)

Registered as a charity

Saddlebow Road

King's Lynn

Norfolk. PE30 5BN

Telephone: 01553 770439

E-mail office@stmichaelsfamilycentre.co.uk



### 1: Information about you that we require to provide you and your child with our service

Please complete the boxes below to enable us to register and provide services to you. We can only register those who have provided information requested. Note this is required to allow us to conform to the EYFS and OfSTED guidance.

Child's Full Name: \_\_\_\_\_ Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Religion \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parental/legal responsibility: Yes / No

Parent Name: \_\_\_\_\_ Parental/legal responsibility: Yes / No

Home Address of child: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_ 

E-mail address: \_\_\_\_\_ (Please record clearly)

Family Doctor \_\_\_\_\_ 

Address \_\_\_\_\_

Record of Vaccinations and Immunisations \_\_\_\_\_

Has your child any: Health Problems: \_\_\_\_\_ Allergies: \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Details of any special need \_\_\_\_\_

Emergency contact person 1 \_\_\_\_\_ 

Emergency contact person 2 \_\_\_\_\_ 

### 2: Your Consent to collect, use and share your information

2: Information about you that we are seeking your consent to collect and use: to provide you with early education it is helpful but not necessary for you to provide us with all of the following information. We are therefore seeking your agreement to this. The information will only be shared between the Family Centre and those you have consented to. You do not have to provide all of this information or give your agreement and it will not affect the services you receive.

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**3: Information about you and your family that we are seeking your consent to share with other organisations and agencies to enable us to provide the service and assist you further**

**By signing this form, I/We also give permission for the St Michael's Family Centre to share information about me and my children with the following organisations. (*Our Privacy Notice can be found on our website*)**

Transfer Early Years Settings	Healthy Child Programme	Early Childhood and Family Service	Provider portal Norfolk County Council
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I understand that this information will be stored confidentially in a secure 'paper based file' and on a computer database for the purpose of:

- Keeping me informed about services and activities
- Maintaining the health and well-being of my child, including safeguarding responsibilities
- Planning and implementing education activities in keeping with the EYFS - Helping tailor the services to meet the needs of the children attending the Family Centre
- Helping OFSTED / local authority assess the performance of the Family Centre

and that if at any time I decide that I do not wish to receive information about services and activities, I can contact the Family Centre in writing and request that I am no longer contacted.

*Your information will be held in line with Norfolk County Council's Record retention schedule*

### Consent Statement

	I confirm that the details on this form are accurate at the time of completion and will ensure I inform the staff of any changes should they occur.	<b>Sign to agree</b>	
		<b>Adult 1</b>	<b>Adult 2</b>
a)	<b>I agree to the use and sharing of information as set out in the following paragraphs:</b>		
	Collect and use information about you as described in paragraph 1 above		
	Collect and use information about your children as described in paragraph 2 above		
	Collect and use information about your children as described in paragraph 3 above		
b)	<b>I understand that I do not have to give this agreement and it will not affect the other services that I receive</b>		
c)	<b>I understand that there may be circumstances where St Michael's Family Centre will still share your information with other agencies without my agreement. This will include where it is necessary to safeguard myself or another individual or it is necessary for the prevention or detection of crime</b>		
d)	<b>I understand that I can withdraw my agreement to the use and sharing of my information set out in section 2 above any time</b> (If you wish to do this please write to, email or contact the family. The contact details for the St Michael's Family Centre can be found on the web site)		
<b>Adult 1: Name</b>		<b>Adult 2: Name</b>	
<b>Date</b>		<b>Date</b>	

<b>Booking information</b>	
Do you require childcare to meet your work requirements	Yes / No
Preferred start date for your child	
Are you requiring a place before the Government Funded 15 or 30 hours per week (Available the term after your child has reached their 3 <sup>rd</sup> Birthday)	Yes / No
<b>Setting of Choice: Saddlebow Road</b>	<b>Church Lane</b>
	<b>St Clements</b>

Please state by ticking your preference.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning session 8.45 -11.45					
Afternoon session 12.30 – 3.30					
Full Day care 8am - 5.30pm					
Other times to meet work requirements					

We will do our best to accommodate your request but we are not able to guarantee spaces.