

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

Telephone: 01553 770439

E-mail [office@stmichaelsfamilycentre.co.uk](mailto:office@stmichaelsfamilycentre.co.uk)



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: Male / Female: \_\_\_\_\_ Religion: \_\_\_\_\_

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

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

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

Post code: 

Email address: (Please print clearly in the boxes below)

[illegible]

GP Surgery: 

Address

Record of Vaccinations and Immunisations

Has your child any:

Health Problems:	Allergies:
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Diet restrictions

Details of any special/additional need and/or professionals supporting your child \_\_\_\_\_

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

**2: 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*)**

Provider portal Norfolk County Council	Healthy Child Programme	Early Childhood and Family Service
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## Expression of interest form

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 a waiting list and notification of place/space
- Helping OFSTED / local authority assess the demand and availability of childcare places

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		
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>Signature:</b> <b>Date</b>		<b>Adult 2: Name</b> <b>Signature:</b> <b>Date</b>	

Booking information	
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	Yes / No
<b>Setting of Choice:</b>	
Saddlebow Road <input type="checkbox"/>	Church Lane <input type="checkbox"/>
St Clements <input type="checkbox"/>	

**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 – 5.00pm					
Other times to meet work requirements					
Flexible any spaces that are available					

We will do our best to accommodate your request, however we are not able to guarantee requested place.

Office use only:	
Date form returned: _____	Place Offered: _____