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



'Childcare on your doorstep

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: Male / Female:	Religion								
Parent Name:	Parental/lega	ıl responsibility: Yes No								
Parent Name:	Parental/lega	ıl responsibility: Yes No								
Home Address of child:										
		~								
Email address: (Please print clearly in	n the boxes below)									
GP Surgery:	<u>~</u>									
Address										
Record of Vaccinations and Immunisations										
Has your child any: Health Problem	hild any: Health Problems: Allergies:									
Diet restriction	ns									
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 <u>consent to share</u> 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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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

Cons	sent Statement									
	I confirm that the details on this form are accurate at the time of completion and will ensure I inform					Sign to a				
۵۱	staff of any changes should they occur.	tion or set out in	the fellowing m			Adult 1	Adult 2			
a)	I agree to the use and sharing of informa									
	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)	I understand that I do not have to give the	ive								
c)	I understand that there may be circumstances where St Michael's Family Centre will still share your information with other									
Cj	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									
d)	I understand that I can withdraw my agreement to the use and sharing of my information set out in section 2 above any									
,	time (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									
Adult 1: Name Adult 2: Name										
Signature: Sig			Signature:							
Date			Date							
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										
Setting of Choice:										
	Saddlebow Road ☐ Church Lane ☐ St Clements									
Ple	ease state by ticking your preference.									
		Monday	Tuesday	Wednesda	y Thursday	,	Friday			
Morning session 8.45 -11.45										
Afternoon session 12.30 – 3.30										
Full I	Day care 8am – 5.00pm									
Other times to meet work requirements										
Flexi	ble any spaces that are available									
We will do our best to accommodate your request, however we are not able to guarantee requested place.										
Of	Office use only:									
	ate form returned:Place Offered:									



