# Little Stars Pre-school

# Application Form 2-5 Years

# <u>Little Stars Pre-school</u> **Application Form**

Scoutlands, 20 Evelegh Road, Farlington, Portsmouth. PO6 1DL

Website: www.littlestarsfarlington.co.uk

E-mail jos-littlestars@hotmail.co.uk

| Full Name Of Child                          | Mobile 07       | 956162575                               |   |            |
|---|-----------------|---|---|------------|
| Child's preferred name                      | to be used in   | pre-schoo                               | I                                       |            |
| Date Of Birth                               | Age             | Male/Fe                                 | emale                                   | Religion   |
|   |                 |   | Yes                                     | Date       |
| Copy of birth certifica                     | ite attached    |   |   |            |
| Copy of utility bill atto                   | ached           |   |   |            |
| Start Date :                                |                 |   |   |            |
|   |                 |   | cc                                      | DDE        |
| Copy of 2 Year Funding                      |                 |   |   |            |
| attached or code provi                      |                 |   |   |            |
| 30 Hour Funding Code                        | (If Applicable) |   |   |            |
| ETHNICITY OF CHILD                          | - PLEASE TIC    | :K                                      |   |            |
| Asian or Asian British                      |                 | <br>Chinese                             |   |            |
| □Indian                                     |                 | □ Chinese                               |   |            |
| □ Pakistani                                 |                 | Ethnic                                  |   |            |
| □ Bangladeshi                               |                 | □ Any oth                               | ier Ethnic                              | group      |
| □ Any other Asian backgr                    | round           | Mixed/Du                                | al Backgr                               | round      |
| Black or Black British                      |                 | □ White a                               | nd Black                                | Caribbean  |
| □ Black Caribbean □ White and Black African |                 |   | African                                 |            |
| □Black African                              |                 | □ White a                               |   |            |
| □ Any other Black Backgr                    | round           | □ Any oth                               | er Mixed                                | Background |
| White                                       |                 |   |   |            |
| White-British Whi                           |                 |   |   | 1 Heritage |
| □ Any other White Backs                     | ground          | <i>G</i> ypsy/R                         | ioma                                    |            |
| Refused  Refused                            |                 |   |   |            |
| □ VE I NOEN                                 |                 |   |   |            |
| Child's first spoken lang                   | puage           | • | • |            |
| Any second language spe                     | oken            |   | • | •••••      |
| Is your child known to                      | Childcare Servi | ices? (Ple                              | ease circl                              | e) Yes No  |

### Sessions Required -Please tick box

|           | 8-9 | 9-12 | 12-1 | 12-3 | 3-3.30 |
|-----------|-----|------|------|------|--------|
| Monday    |     |      |      |      |        |
| Tuesday   |     |      |      |      |        |
| Wednesday |     |      |      |      |        |
| Thursday  |     |      |      |      |        |
| Friday    |     |      |      |      |        |

If parents live separately, please complete both sections.

| It parents live separately, please con | ipiete doth sections. |
|--|-----------------------|
| Address 1                              | Address 2             |
| Post Code                              | Post Code             |
| Home Telephone Number                  | Home Telephone Number |
| Mobile Number                          | Mobile Number         |
| E-mail address                         | E-mail address        |

### Mother/Carer 1 Contact Details

| Title | Forename | Surname |
|-------|----------|---------|
|       |          |         |
|       |          |         |
|       |          |         |

### Work Details

| Company                  |  |
|--------------------------|--|
| Address                  |  |
| Work Telephone<br>Number |  |
| Mobile Number            |  |
| Hours worked             |  |

| F | athen         | /Caren | 2 | Contact | Detail      | le |
|---|---------------|--------|---|---------|-------------|----|
| г | . (1 1 LIEL.) | Carer  | _ | Contact | 1 16 1 (11) |    |

| Title | Forename | Surname |
|-------|----------|---------|
|       |          |         |
|       |          |         |

#### Work Details

| Company                  |  |
|--------------------------|--|
| Address                  |  |
| Work Telephone<br>Number |  |
| Mobile Number            |  |
| Hours worked             |  |

Emergency Contacts: Please give three names and telephone numbers to be contacted in the event of an emergency where parents cannot be reached.

| Name of Person | Contact Number | Relationship to Child |
|----------------|----------------|-----------------------|
|                |                |                       |
|                |                |                       |
|                |                |                       |
|                |                |                       |
|                |                |                       |
|                |                |                       |

| Doctor            | Health Visitor    | Dentist           |
|-------------------|-------------------|-------------------|
| Name              | Name              | Name              |
| Address           | Address           | Address           |
| Telephone number: | Telephone number: | Telephone number: |

#### Immunisation/Illness Record

| Immunisation             | Date | Has your child had any of the following? | Complete<br>Yes/No |
|--------------------------|------|--|--------------------|
| MMR                      |      | Chicken Pox                              |                    |
| Whooping Cough           |      | Scarlet Fever                            |                    |
| Tetanus                  |      | German Measles                           |                    |
| Meningitis B             |      | Measles                                  |                    |
| Hib                      |      | Whooping Cough                           |                    |
| Diphtheria               |      | Polio                                    |                    |
| Poliomyelitis            |      | Diphtheria                               |                    |
| Pre-school Jab           |      | Covid 19                                 |                    |
| Flu Vaccine              |      | Croup                                    |                    |
| Other-please specify     |      | Other-please specify                     |                    |
| Are all immunisations up | Yes  |  |                    |
| to date?                 | No   |  |                    |

### **Dietary Requirements**

# Please tick any relevant boxes and give details below

| reaso from any reservant better and give derane below |                   |  |  |  |
|---|-------------------|--|--|--|
| No Additives  | No Sugar          |  |  |  |
| Wheat Intolerant                                      | Gluten Intolerant |  |  |  |
| Suspected Allergy                                     | Other             |  |  |  |
|   |                   |  |  |  |
|   |                   |  |  |  |
|   |                   |  |  |  |
|   |                   |  |  |  |
|   | Wheat Intolerant  |  |  |  |

# Medical/Special Needs Requirements

### Please tick relevant boxes and give details

| Asthma              | Eczema               | Diabetes            |
|---------------------|----------------------|---------------------|
| Vision              | Constipation         | Allergy to products |
| Speech difficulties | Hearing difficulties | Other               |

#### Details

# Permission

# Please circle your answer

| I give permission for my child to be photographed within  | Yes | No |
|---|-----|----|
| the setting for observational use.                        |     |    |
| I give permission for my child to be taken out of the     | Yes | No |
| pre-school to take part in local visits around the area.  |     |    |
| I give permission for observations to be written about    | Yes | No |
| my child for progress records.                            |     |    |
| I give permission for adhesive dressings to be applied to | Yes | No |
| my child.   |     |    |
| I give permission for my child's temperature to be taken  | Yes | No |
| on arrival and throughout the session.                    |     |    |
| I give permission for my child to be changed if their     | Yes | No |
| clothes become wet or dirty.                              |     |    |
| I give permission for an ambulance to be called, if       | Yes | No |
| necessary, and anaesthetic to be administered if I        |     |    |
| am not present.   |     |    |
| There is no known allergy to anaesthetic                  |     |    |
|   |     |    |
| Signed Parent/Guardian                                    |     |    |
|   |     |    |

| Please supply any other information that may be beneficial to the school concerning your child:  | pre-     |
|--|----------|
| Please tell us a little about your child including their likes and disl<br>their favourite toys, songs, foods and names of any brothers/sist | -        |
| Please provide names of relatives/friends that live in your house ar relationship to your child  | nd their |
|  |          |

# **Little Stars Pre-school**

# **CONSENT FORM**

| Child's Name  |
|---|
| Please delete as appropriate.  I agree for Little Stars Pre-school to use photographs of my child on the Little Stars Pre-school Facebook Page. |
| YES NO  |
| I agree for Little Stars Pre-school to use photographs of my child in other children's Special Books.   |
| YES NO  |
| I agree for Little Stars Pre-school to use photographs of my child on the Little Stars Pre-school Website.                                      |
| YES NO  |
| I agree for Little Stars Pre-school to apply sun cream to my child when necessary.  |
| YES NO  |
| I agree to provide a named bottle of suncream for my child if I do not wish for them to use the pre-schools.                                    |
| YES NO  |
| Parent/Carer Name   |
| Signature   |
| Date  |

Please notify the pre-school of any changes to this information if and when you need to.

#### Declaration

I would like my child to be given a place at Little Stars Pre-school. I have completed the application form and understand that I MUST inform the pre-school of any changes to it immediately. I agree to pay any fees that apply in accordance with the pre-school policy including if my child is absent for any reason including sickness and holidays taken in term time and by the end of the term being invoiced, in full. I also agree to give **one month's paid notice** if I decide that I no longer require my child to attend Little Stars Pre-school.

Signed (Legal Guardian).....

| Print Name  |
|---|
| Date  |
|   |
| <u>Parental Consent</u>   |
| It is our duty as professionals to offer the best opportunities for your child/children when they attend Little Stars Pre-school. Occasionally we may seek the advice and/or support of other professionals and need your permission  |
| to do so.   |
| I give permission for information to be shared with relevant professionals including, General Practitioner, Health Visitor, School, School Nurse, Educational Psychologists, Early Years Team (including Children's Information Service for the purpose of NEG funding), Nursery, Pre-school, Portage Service and (EMAS) Ethnic Minority Achievement Service. |
| Name:   |
| Date:   |
| Signed:   |
| Relationship to Child:  |
| I am aware that the settings policies and procedures are available to read at the setting and on the website and agree to read them at my convenience.  Signed  |
| Print name  |
| Allocated Key Person is Group colour  |
| Start Date (To be completed by key person)  |

### Further information required - please delete as necessary.

Does your child attend any other pre-school or Nursery now? If yes, have you given them 1 months' notice?

| YES<br>If yes, name of              |             |                | NO                                       |
|-------------------------------------|-------------|----------------|--|
| Notice given                        | YES         | NO             |  |
| If yes, will your<br>?              | child be at | tending this s | etting as well as Little Stars Pre-schoo |
| УE                                  | 5           |                | NO                                       |
|                                     |             |                |  |
|                                     |             |                |  |
| Did you visit an<br>school when loo | •           |                | schools other than Little Stars Pre-     |
| УЕ                                  | 5           |                | NO                                       |
| Can you tell us v<br>school?        | what made y | ou decide to   | enrol your child at Little Stars Pre-    |
|                                     |             |                |  |
|                                     |             |                |  |
|                                     |             |                |  |
|                                     | •••••       |                |  |
|                                     |             |                |  |
|                                     | •••••       |                |  |
|                                     | •••••       |                |  |

Thank you

# <u>Little Stars Pre-school</u> <u>Parents in Partnership Agreement</u>

#### Dear Parent/carer

Everyone at Little Stars Pre-school welcomes you and your child. We hope, together, we can make ....... time here happy, safe and secure. We aim to meet children's educational needs through a carefully planned curriculum. We undertake every effort to abide by this agreement and ask you do so as well.

| Pre-school Staff Undertake<br>to   | Parents Agree to   |
|--|--|
| Confidentially hold all details on waiting list. Contact parent as soon as a place becomes available.                                | Provide Pre-school with child's details and inform Pre-school if you no longer require a place.  |
| Settling-in time. Meet each child's individual needs Keyperson to liaise closely with parent. Length of time varies with each child. | Attend first session with child, allow for settling in time with child. If child needs longer to settle, parent/carer to stay in session with child and liaise closely with Keyperson. |
| Actively encourage parent/carers to be involved within Pre-school.  Parents are welcome at all times.                                | Join parent rota and help with activities and Pre-school trips if available.   |
| Maintain a daily attendance register and record reasons for absence.   | Inform Pre-school of any reasons of absence.   |
| Not allow anyone except you or a person authorised by you to take your child home.   | Inform us if you cannot collect your child and tell us who will do so on your behalf.  |
| Plan a programme of activities to meet your child's individual needs, based on recorded observations.                                | Share their child's interests by talking with them about what they have been doing in Pre-school.  |
| Keep a contact register in case you are unavailable.   | Give us names and contact details of people we may contact in case of sickness or emergency. Inform us of any changes.   |
| Administer medicines prescribed by a doctor e.g. inhalers Record any medicines given.  | To complete Pre-school medication form stating full details of dosage, and authorisation for staff to administer.  |

| Pre-school Staff Undertake To   | Parents Agree To  |
|---|---|
| To inform you as soon as necessary when your child becomes ill. To do our best to give your child comfort, until your arrival.  | Keep a sick child at home and collect<br>one who becomes ill as soon as<br>possible.  |
| Advise you of any outbreaks of infections, diseases e.g. chicken pox or cases of head lice.   | Inform us if your child has contracted an infectious illness or has had head lice.  |
| We will hold regular progress meeting/days where we provide you with an update on your child's progress - based on our records which are always available for you to see. | Attend progress meetings and tell us about your own observations and provide comments which will be added to your child's special book. |
| Keep all Pre-school policies & procedures on display and review annually. Give copies to parent/carers if they wish.  | Read all policies & procedures and sign to say you have read them.  |
| Send you regular newsletters about events and topics your child will be involved in.  Display information on Pre-school notice board,                                     | Read newsletters and allow your child<br>to bring in items for show and tell to<br>go with our topics and colour of the<br>week.        |
| Welcome feedback - both positive and negative so we can monitor the service we provide.   | Discuss or write comments on the Pre-school whenever you feel the need or if you are asked to do so.                                    |
| We will encourage your child to experiment with a variety of materials and be creative. We will provide aprons for these activities.                                      | Provide suitable clothing for your child while in Pre-school.   |
| Organise visits into the locality. We will always advise you when these events are planned.   | Give written permission for your child to go.   |
| We will invoice for fees promptly.  | Pay fees promptly this keeps costs down.  |
| We will provide a friendly, qualified team who will always be there to offer advice or listen to concerns.  |   |

| Signed | Parent/Carer Date         |
|--------|---------------------------|
| 3      |                           |
|        |                           |
| Sianed | Pre-school Keyperson Date |

#### Little Stars Pre-school

#### Payment Policy

Little Stars Pre-school does not ask parents/carers for administration fees or deposits when they join our pre-school as we rely on our parents/carers to honour our payment policy as written below.

- If your child is absent from pre-school for any reason, pre-school sessions and lunch sessions still have to be paid for in full.
- If at any time you decide to cancel your child's place at the pre-school for any reason, you must give **ONE MONTHS PAID** notice in term time. This applies to both funded and non-funded children.
- If you are late picking up, a charge of £2.50 per 10 minutes will be charged.
- There are three payment options, Cash, Direct Debit or Bank Transfer. Payments made by cash need to be in a sealed envelope with your child's name, amount enclosed and what the money is paying for written clearly on the front of it i.e. lunches or fees. Payments should be handed to Jo, Julia or Aimee. If you choose to pay your invoice by Direct Debit or Bank Transfer please ensure that you use your child's name as the reference to enable me to track your payment from the Bank Statements. Pre-school Bank details are:

**HSBC** 

LS Pre-school Limited (Trading as Little Stars Pre-school)
Sort code - 40-45-26
Account number - 61519913

- All invoices are to be paid promptly unless an arrangement has been made with Jo Mengham. If invoices cannot be paid in full at the beginning of each half term the pre-school asks that fees are paid weekly or monthly.
   All fees are to be paid in full by the end of each half term.
- If fees remain unpaid and monies owing to the pre-school accumulate, it is our policy to inform parents that their child will not be able to attend pre-school until their fees are paid in full.
- If paying fees by childcare vouchers, please ensure that full payment is made before the end of each half term.

| Signed:     | Date: |  |  |  |  |
|-------------|-------|--|--|--|--|
|             |       |  |  |  |  |
| Print Name: |       |  |  |  |  |

## Little Stars Pre-school

# Initial Child Profile

Please complete this initial child profile as this will give your child's key person a beginning points in the Early Years Foundation Stage (EYFS) to work together with you to support your child's individual needs. Please be as accurate as possible with your answers to enable us to have a clear starting point to support your child's individual learning and development in the seven areas of learning.

| Name Date of Birth                         |        |           |         |  |
|--|--------|-----------|---------|--|
| Personal, Social & Emotional               | Rarely | Sometimes | Usually |  |
| Development                                |        |           |         |  |
| Interacts with other children              |        |           |         |  |
| Interacts with adults                      |        |           |         |  |
| Shows affection to familiar people         |        |           |         |  |
| Follows instructions from a familiar adult |        |           |         |  |
| Shares toys                                |        |           |         |  |
| Physical Development                       |        |           |         |  |
| Walks unaided                              |        |           |         |  |
| Run unaided                                |        |           |         |  |
| Climb unaided                              |        |           |         |  |
| Prefers to use left hand                   |        |           |         |  |
| Prefers to use right hand                  |        |           |         |  |
| Can drink from an open cup                 |        |           |         |  |
| Can dress if helped with fastenings        |        |           |         |  |
| Communication & Language                   |        |           |         |  |
| Speech is clear                            |        |           |         |  |
| Uses 2 - 3 word sentences                  |        |           |         |  |
| Uses 3 - 4 word sentences                  |        |           |         |  |
| Uses 4 - 6 word sentences                  |        |           |         |  |
| Responds to name when spoken to or called  |        |           |         |  |
| Talks freely with familiar children        |        |           |         |  |
| Talks freely with familiar adults          |        |           |         |  |

Joins in singing and rhyming

| Literacy  | Rarely | Sometimes | Usually |
|---|--------|-----------|---------|
| Sits and listens to stories   |        |           |         |
| Can recognise own name in print                                       |        |           |         |
| Takes part in pretend writing and mark                                |        |           |         |
| making  |        |           |         |
| Mathematics   |        |           |         |
| Can recite numbers (uses numbers in                                   |        |           |         |
| everyday language)  |        |           |         |
| Can count objects(i.e. 1 nose 2 eyes                                  |        |           |         |
| Recognises and names numbers  |        |           |         |
| Knows own age   |        |           |         |
| Recognises/names shapes   |        |           |         |
| Recognises colours  |        |           |         |
| Names colours   |        |           |         |
| Understanding the World   |        |           |         |
| Talks about family/special people to them                             |        |           |         |
| Notices & talks about the weather                                     |        |           |         |
| Enjoys playing with small world toys i.e. trains, farm & garage       |        |           |         |
| Shows interest in technological toys i.e. phones, cameras and torches |        |           |         |
| Expressive Arts & Design  |        |           |         |
| Joins in singing favourite songs                                      |        |           |         |
| Moves to music  |        |           |         |
| Likes messy play i.e. sand, water painting and gluing and play dough  |        |           |         |
| Participates in imaginative role play                                 |        |           |         |

#### Parental consent to share information

#### Little Stars Pre-school

This is issued in conjunction with the attached privacy notice which is available on request and to view on our parent's notice board.

| Name of child:              |                        |
|-----------------------------|------------------------|
| Also known as:              | Date of Birth:         |
| Name of Parent or Guardian: |                        |
| Relationship to Child:      |                        |
| Address:                    |                        |
| Home telephone number:      | Work telephone number: |
| Mobile telephone number:    |                        |
|                             |                        |

From time to time it may be necessary to share information regarding your child in order to offer the best support available from a range of agencies. My child's key worker will endeavour to speak with me prior to each conversation to ensure I am aware of the purpose of the discussion and desired outcome.

Unless there are immediate concerns for the welfare of my child, the childcare provider will speak with me prior to sharing information with the Multi-Agency Safeguarding Hub or, where relevant, with our allocated children's social worker.

I understand that the early years provider and each organisation will process my child's information in line with their published Privacy Notice which I can request from them. 'I consent that information/written reports may be shared with the following professionals'. Please tick those you give consent for:

| General Practitioner                       | PCC Early Years and Childcare Team       |
|--|--|
| Health Visitor                             | Early Education Funding Outreach Officer |
| School Nurse                               | Educational Psychologist                 |
| Speech and Language Therapy Service        | Portage Service                          |
| Ethnic Minority Achievement Service (EMAS) | My child's allocated school              |
| Early Year's Panel                         |  |

I understand I can review this and withdraw consent at any time.

| Signed:                | Print: |
|------------------------|--------|
| Relationship to Child: | Date   |

Portsmouth City Council will process personal information shared with us in accordance with the Data Protection Act 1998. The personal details provided by you will be held within a system/database, and where the law allows, may be shared with other departments within the council to update the details they hold about you and provide new and improved services.

To let you know how your information will be used please read the following links:

https://www.portsmouth.gov.uk/ext/the-council/freedom-of-information.aspx https://www.portsmouth.gov.uk/ext/the-council/data-protection.aspx https://www.portsmouth.gov.uk/ext/documents-external/sch-privacy-notice-localauthority.pdf Little Stars Pre-school General Data Protection Regulation Policy

Privacy Notice Statement - You keep this part and return signed page 20 with the application.

Jo Mengham - Owner - is the named Data Protection Officer

GDPR stands for General Data Protection Regulation and replaces the previous Data Protection Directives that were in place. It was approved by the EU Parliament in 2016 and came into effect on 25th May 2018. We record, process and keep personal information about you and your child in accordance with Article 6 of the GDPR 'the rights of the data subjects'.

GDPR states that personal data should be 'processed fairly & lawfully' and 'collected for specified, explicit and legitimate purposes' and that individuals' data is not processed without their knowledge and are only processed with their 'explicit' consent. GDPR covers personal data relating to individuals. Little Stars Pre-school is committed to protecting the rights and freedoms of individuals with respect to the processing of children's, parents, visitors and staff personal data.

The Data Protection Act gives individuals the right to know what information is given about them. It provides a framework to ensure that personal information is handled properly.

Little Stars Pre-school is registered with the ICO (Information Commissioners Office). It is a requirement of our registration to provide you with information about the details we keep about you and your children. This requirement applies to information we collect in relation to; - Online data processing - Paper data processing

We hold two types of records about you and your children; - Developmental records - Personal records

Please refer to our full policies and procedures.

GDPR includes 7 rights for individuals .......

1 The right to be informed Little Stars Pre-school is a registered Childcare provider with Ofsted and as so, is required to collect and manage certain data. We need to know parent's names, addresses, telephone numbers, email addresses, date of birth and National Insurance numbers. We need to know children's' full names, addresses, date of birth and Birth Certificate number. For parents claiming the free nursery entitlement we are requested to provide

this data to Portsmouth City Council; this information is sent to the Local Authority via a secure electronic file transfer system.

We are required to collect certain details of visitors to our Pre-school. We need to know visitor's names, telephone numbers, addresses and where appropriate Company Name. This is in respect of our Health and Safety and Safeguarding Policies.

As an employer Little Stars Pre-school is required to hold data on its employees; names, addresses, email addresses, telephone numbers, date of birth, National Insurance numbers, photographic ID such as passport and driver's license, bank details. This information is also required for Disclosure and Barring Service checks (DBS) and proof of eligibility to work in the UK. This information is sent via a secure file transfer system for processing of DBS.

- 2 The right of access at any point an individual can make a request relating to their data and Little Stars Pre-school will need to provide a response (within 28 days). Little Stars Pre-school can refuse a request if we have a lawful obligation to retain data i.e. from Ofsted in relation to the EYFS, but we will inform the individual of the reasons for the rejection. The individual will have the right to complain to the ICO if they are not happy with the decision.
- 3 The right to erasure You have the right to request the deletion of your data where there is no compelling reason for its continued use. However, we have a legal duty to keep children's and parents details for a reasonable time. We retain these records for 3 years after leaving pre-school, children's accident and injury records for 19 years (or until the child reaches 21 years), and 22 years (or until the child reaches 24 years) for Child Protection records. Staff records must be kept for 6 years after the member of leaves employment, before they can be erased. This data is archived securely and shredded after the legal retention period.
- 4 The right to restrict processing Parents, visitors and staff can object to our processing their data. This means that records can be stored but must not be used in any way, for example reports or for communications.
- 5 The right to data portability Little Stars Pre-school requires data to be transferred from one IT system to another, such as from Little Stars Pre-school to the Local Authority, to shared settings and to other professionals working with individual children once parental consent has been obtained). These recipients use secure file transfer systems and have their own policies and procedures in place in relation to GDPR.
- 6 The right to object Parents, visitors and staff can object to their data being used for certain activities like marketing or research.

7 The right not to be subject to automated decision-making including profiling Automated decisions and profiling are used for marketing-based organisations. We do not use personal data for such purposes.

#### Storage and use of personal information

All paper copies of children's and staff records are kept in a locked office in Little Stars Preschool in a locked filing cabinet. Members of staff can have access to these files, but information taken from the files about individual children is confidential and apart from archiving, these records remain on site always.

These records are shredded after the retention period. Information about individual children is used in certain documents, such as, a weekly register, medication forms, referrals to external agencies and disclosure forms. These documents include data such as children's names, date of birth and sometimes address. These records are shredded after the relevant retention period. We collect a large amount of personal data every year including; names and addresses of those on the waiting list. These records are shredded if the child does not attend or added to the child's file and stored appropriately. Information regarding families' involvement with other agencies is stored both electronically on an external hard drive and in paper format, this information is kept in a locked office. These records are shredded after the relevant retention period.

Upon a child leaving us and moving on to school or moving settings, data held on the child may be shared with the receiving school including outside agencies and professionals such as home start.

Little Stars Pre-school stores personal data held visually in photographs or video clips or as sound recordings, unless written consent has not been obtained at registration. No names are stored with images in photo albums, displays, on the website or on our social media sites. Access to all Office computers is password protected. When a member of staff leaves the company, these passwords are changed in line with this policy and our Safeguarding policy. Any portable data storage used to store personal data, e.g. USB memory stick, are password protected and/or stored in a locked filing cabinet in the office.

#### GDPR means that Little Stars Pre-school must:

- Manage and process personal data properly
- Protect the individual's rights to privacy
- Provide an individual with access to all personal information held on them

We are required to inform you about how you can make a complaint relating to a data breach or if you think we are not processing your data appropriately;

| Please see our complaints policy for more information.   |
|--|
| If you have any questions relating to the above, please do not hesitate to speak to us. $ \\$  |
| Childs name  |
| Please sign below to state that you have read, understood and agree with this Privacy notice on how Little Stars Pre-school handles yours, and your child's information with regard to GDPR. |
| Parent/Carer   |
| ofChild name   |
| Dated;   |
| Please let us know if you require any further, more detailed information.  |
| Kind regards   |
| Jo Mengham   |

### Little Stars Pre-school General Data Protection Regulation Policy

If you have any questions relating to the above, please do not hesitate to speak to us.

Please sign this copy and return it to Little Stars Pre-school with your completed Application. (The General Data Protection Regulation policy within the application is for you to keep)

| Childs name   |
|---|
| Please sign below to state that you have read, understood and agree with this Privacy notice on how Mulberry Court Pre-school handles yours, and your child's information regarding GDPR. |
| Parent/Carer  |
| ofChild name  |
| Dated;  |
| Please let us know if you require any further, more detailed information.   |
| Kind regards  |
| Jo Mengham  |