**CHEEKY MONKEYS DAY NURSERY**

*Company Number 4911321*

**Information Form and Contract**

**Start date………………………………………………..**

**Days Required - Mon [ ] Tue [ ] Wed [ ] Thur [ ] Fri [ ]**

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Full Name of Child.....................................................................................................

Preferred Name (if different from above)………………………………...........

Date of Birth of Child............................................... Nationality………………….……………

Child’s Gender at birth …………………………………………………………..………………..

Password in cases of emergency..........................................................................................

Home Telephone Number........................................Mobile...................................................

Home Address........................................................................................................................

..........................................................................Postcode...……….........................................

Religion of Child …………...............................Ethnic Origin……….......................................

Languages spoken at home………………………….……………………………………………

Parent Email Address ………………………………………………………………………………

Are there any festivals or celebrations which you take part in as a family or would like

us to celebrate?...........................................................................................................

***Parent/Guardian Details***

Parent’s/Guardian‘s Name.........................................................D.O.B...........................

National Insurance Number:………………………………………………..………………..

Any previous names used……………………………………………………………...……..

Work address.................................................................................................................

Work Number ..........................................Mobile....………............................................

Does this parent/guardian live with the child? Yes [ ] No [ ]

Does this parent/guardian have Parental Responsibility for the child? Yes [ ] No [ ]

***Second Parent/Guardian’s Details***

Parent’s/Guardian‘s Name...........................................................D.O.B........................

National Insurance Number: ……………………………………………………………….

Any previous names used………………………………………………………………….

Work address.................................................................................................................

Work Number .............................................Mobile.......……...........................................

Does this parent/guardian live with the child? Yes [ ] No [ ]

Does this parent have Parental Responsibility for the child? Yes [ ] No [ ]

*(According to the Children’s Act 1989 Parental Responsibility is given to both the child’s father and mother where they are married to each other at, or after, the child’s conception. In the case of unmarried parents, the mother has parental responsibility and the father will have Parental Responsibility if the father’s name is on the Birth Certificate)*

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**Names, ages and school of siblings:**

1. Name…………………………...…DOB.………....School............................................

2. Name……………………………...DOB................School............................................

3. Name……………………………...DOB................School............................................

**Who else lives with the child i.e aunty, uncle, cousins, friends**

Name……………………………………..Relationship to the child…………………..……

Name……………………………………..Relationship to the child…………………..……

Name……………………………………..Relationship to the child…………………..……

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| **Persons who can collect your child and whom we can call in an emergency.** Please note that we can only release your child to persons over the age of 16yrs). In the event of a letter from the parent/guardian we will permit a child of 14+ to collect your child in cases of emergency. In addition to parents or primary carers |
| Name | Name: |
| Address: | Address: |
|  |  |
| Tel: | Tel: |
| Relationship to child: | Relationship to child: |
| Password: | Password: |

Child’s Doctor’s Name........................................................Tel....................................

Doctor’s Address..........................................................................................................

Health Visitor’s Name………………………………............Tel………………………

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| **Immunisations** ***2 months -*** 1 injection Diphtheria, Tetanus, Whooping Cough, Polio & Hib, Pneumococcal - 1 injection Yes [ ] No [ ] Date given……………………***3 months - 2*** injections Diphtheria, Tetanus, Whooping Cough, Polio & HibMeningitis C - 1 injectionYes [ ] No [ ] Date given…………….……..***4 months*** - 3 in one injectionDiphtheria, Tetanus, Whooping Cough, Polio & Hib2nd Meningitis C 2nd Pneumococcal Yes [ ] No [ ] Date given…………………… ***12 months*** - 1 injectionHib Meningitis C booster Yes [ ] No [ ] Date given………………….***13 months -*** 2 injectionsMMR and 3rd Pneumococcal Yes [ ] No [ ] Date given…………………***3 - 4 years -*** 1 injectionPre-School booster (MMR) Yes [ ] No [ ] Date given…………………. |
| **PLEASE INFORM US WHEN YOUR CHILD RECEIVES THEIR IMMUNISATIONS SO THAT WE CAN UPDATE OUR RECORDS.** |

What infectious diseases has your child had?.....………………………………………..

Any dietary requirements..............................................................................................

Any allergies, health problems…………………............................................................

*If your child has an allergy we would put a care plan in place for them with the assistance of our Community Nurse.*

Any other information we need to know concerning your child, e.g. does your child have a comforter etc.

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How many weeks was your child born at?.....................................................................

Any complications at birth?............................................................................................

Does your child have any additional needs or disabilities?.............................................

If yes, please list any outside agencies involved in the care of your child……………….

…………………………………………………………………………………………………..

If yes, what support will your child require in our setting? ………………………………….

…………………………………………………………………………………………………..

Has your child ever had a play plan or behaviour plan? Yes [ ] No [ ]

Any other information we need to know concerning your child ………………………….

………………………………………………………………………………………………….

**MENINIGITIS CAN AFFECT ANYONE ENSURE YOU ARE AWARE OF THE SIGNS.**

**Meningitis helpline 08088010388(uk)**

**www.Meningitis Now.org**

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| Has your child ever been referred to the Children’s Advice and Support Service, (CASS)? Yes [ ] No [ ]If yes, for what reason…………………………………………………………………...Are any of your children on a Child Protection Plan? Yes [ ] No [ ]Name and telephone number of Social Worker allocated to your family:Name…………………………………………Telephone.……………………………...I have been made aware and understand that any carer who suspects a child in his or her care that may have been abused or neglected has a duty by law to inform Children’s Advice and Support Service, (CASS). I understand that I may not be informed prior to this.I understand that it is a requirement of the Birmingham Safeguarding Children Board that the setting record all verbal and written correspondence between the parent/carer and the setting. I understand that these forms will then be passed on to the new childcare setting when they leave. **WE ARE A NO SMACKING NURSERY AND PARENTS/CARERS MAY BE REFERRED TO Children’s Advice and Support Service, (CASS) IF THEY ARE SEEN SMACKING THEIR CHILD/REN.** |

What previous settings has your child attended?

1. Name of provision……………………………………………………………

How long did they attend?......................................................................

Reason for leaving …………………………………………………………..

1. Name of provision……………………………………………………………

How long did they attend?......................................................................

Reason for leaving …………………………………………………………..

**CONSENT**

**Please tick and sign below**

|  |  |  |
| --- | --- | --- |
| **Consent for:** | **Yes** | **No** |
| **HEALTH**  |  |  |
| For a senior member of staff to accompany your child to hospital in an emergency and treatment to be carried out if need be. We will attempt to contact you first. (Refer to medical policy) |  |  |
| The use of plasters on your child. |  |  |
| To administer Calpol/ Ibuprofen/anti histamine to your child if required. |  |  |
| To administer nursery sun cream. Parents and carers must give permission to apply nursery sun cream or provide their own named cream. Named sunhats must also be provided.  |  |  |
| Permission for your child to go on any spontaneous outings within walking distance only. |  |  |
| **OBSERVATIONS** |  |  |
| For staff at Cheeky Monkeys to take photographs, video’s and carry out observations to record in your child’s private online Tapestry journal |  |  |
| To allow appropriate photographs and videos of your child to be added to other children’s Tapestry journal. |  |  |
| For students to carry out observations on your child for their portfolio. All names will be deleted, and no photographs will be used. |  |  |
| For us to send across any transition related information to schools or other settings when your child progresses to other provisions. |  |  |
| **PHOTOGRAPHS** |  |  |
| To consent to photographs of your child to be displayed around the inside of the Nursery. |  |  |
| To consent to photographs of your child to be displayed around the front door of the setting and used in nursery literature or publications. |  |  |
| To consent to appropriate photographs of your child to be used on the Nursery’s website and nursery facebook page.  |  |  |

**Contract**

**Fees 0 - 5 years**

Full Week - 8.00am - 6.00pm **£285.00** (Includes Lunch and Tea)

Full Day - 8.00am - 6.00pm **£70.00** (Includes Lunch and Tea)

Start date: …………………………………………………………..…..

Stretched funding start date……………………………………………………..

**Funding is stretched from 1st day of the month of the start of funding and for 12 months thereafter**

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| **Agreed Hours (please circle) :** Monday Tuesday Wednesday Thursday Friday Working families funding code ………………………………………………………………Vulnerable families funding code ……………………………………………………………30 hour funding code ………………………………………………………………………..Option…. 1 2 3 4 5 6 (Circle option) For option 4 state funded days………………………………………………  |

**15 Hour stretched EEE funded place**

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| **Option 1** |
| **15 hours over 5 days per week** |
| 15 hours x 38 funded weeks (570 hours) entitlement is stretched over the 52 weeks which Cheeky Monkeys opens. |
| 50 hours of care per week x 52 weeks of the year = 2600 total hours15 hours of EEE funding x 38 weeks per year = 570 hours2600 – 570 = 2030 chargeable hours per annum |
| 2030 chargeable hours divided by 52 weeks of the year = 40 chargeable hours per week for a full-time place |
| **£223.90** if eligible for free school meals |
| £285.00 per week divided by 50 hours (8-6 Monday – Fri) = £5.70 per hour x 40 chargeable hours = **£228.00** for 52 weeks of the year |

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| **Option 2** |
| **15 hours over 4 days per week** |
| 15 hours x 38 funded weeks (570 hours) entitlement is stretched over the 52 weeks which Cheeky Monkeys opens |
| 40 hours of care per week x 52 weeks of the year = 2080 total hours15 hours of EEE funding x 38 weeks per year = 570 hours2080 – 570 = 1510 chargeable hours per annum |
| 1510 chargeable hours divided by 52 weeks of the year = 30 chargeable hours per week for a full-time place |
| **£205.90** if eligible for free school meals |
| £70 day x 4 days per week (£280.00) divided by 40 hours = £7.00 per hour x 30 chargeable hours = **£210.00** for 52 weeks of the year |

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| **Option 3** |
| **15 hours over 2 days for working families** |
| Hours 8am-6pm over 2 days per week |
| Fee of £45 per week for 38 weeks of the year (Parents are notified of Cheeky Monkeys set terms in advance via email, invoice and notes on door). Fee covers all meals, snacks, resources and extra 5 hours over 2 days |
| Full day rate of £70 per day during non-term time (14 weeks pa) |
| **Option 4** To coincide with Option 3 only - to pay for one additional day at £70 per day for 52 weeks of the year  |

**30 Hour stretched EEE funded place**

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| **Option 5** |
| **30 hours over 5 days per week** |
| 30 hours x 38 funded weeks (1140 hours) entitlement is stretched over the 52 weeks which Cheeky Monkeys opens. |
| 50 hours of care per week x 52 weeks of the year = 2600 total hours30 hours of EEE funding x 38 weeks per year = 1140 hours2600 – 1140 = 1460 chargeable hours per annum |
| 1460 chargeable hours divided by 52 weeks of the year = 29 chargeable hours per week for a full-time place |
| **£161.20** if eligible for free school meals |
| £285.00 per week divided by 50 hours (8-6 Monday – Fri) = £5.70 per hour x 29 chargeable hours = **£165.30** for 52 weeks of the year |

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| **Option 6** |
| **30 hours over 4 days per week** |
| 30 hours x 38 funded weeks (1140 hours) entitlement is stretched over the 52 weeks which Cheeky Monkeys opens. |
| 40 hours of care per week x 52 weeks of the year = 2080 total hours30 hours of EEE funding x 38 weeks per year = 1140 hours2080 – 1140 = 940 chargeable hours per annum |
| 940 chargeable hours divided by 52 weeks of the year = 19 chargeable hours per week for a full-time place |
| **£128.90** if eligible for free school meals |
| £70 day x 4 days per week (£280.00) divided by 40 hours = £7.00 per hour x 19 chargeable hours = **£133.00** for 52 weeks of the year |

**TERMS AND CONDITIONS**

* **Fees are fully payable in periods of absence such as sickness or holidays**

 ***Initial here***

* Fees are fully payable if nursery is closed during extreme circumstances such as snow, essential maintenance work or infectious disease outbreaks up to a maximum of 2 weeks at one time *(refer to emergency closure policy*). ***Initial here***

**The Nursery is closed on Bank Holidays. Full payment is required for Bank Holidays as funded hours are not delivered over closures. Funded hours have already been accounted for when working out the weekly amount.**

 ***Initial here***

Once EEE funding declaration forms are signed, you are not entitled to transfer your funding elsewhere. If you decide to leave before the Government headcount day, then we are unable to claim your funding for that term. This means that all hours given to you as funded hours will be payable immediately

 ***Initial here***

* Parents/Carers arriving to collect their children after the contracted hours will be charged £10.00 for every 10 minutes or part of, per child. Continual lateness is not permitted – this may result in you losing your child’s place with no reimbursement of fees paid.

***Initial here***

**All fees must be paid in advance or on the first day of attendance in that week/month via bank transfer. If fees are paid late, there will be a late fee charge of 10% of the childcare fees.**

**Bank details are Cheeky Monkeys Nurseries Limited**

**Sort code 40-11-15 Account number 41751530 *Initial here***

* Four weeks’ notice is required to terminate your place or reduce the days that your child attends at nursery.

 ***Initial here***

 ***Initial here***

* **Children must not attend the nursery suffering from any infectious or contagious illnesses. If your child displays any signs or symptoms of any infectious diseases or viruses within the setting then we will call you and expect you to collect them immediately. Please refer to our 48 hour policy for sickness and diarrhea.**

 ***Initial here***

* A Non-refundable registration fee of £50.00 is required to secure your child’s place when confirmed*.* Does not apply to EEE funded only places. Bank details above

 ***Initial here***

* For parents and carers who send their children with a packed lunch, this must be vegetarian, healthy with no nuts.

 ***Initial here***

* Children must be sent in appropriate clothing for the weather, including sunhats when required.

 ***Initial here***

Parents/carers must send essential dependent medicines such as auto injectors, inhalers, anti histamines and such like to keep on the premises at all times. We are unable to accept your child into nursery without this medication.

***Initial here***

* There may be a time when your child needs to be collected from the nursery immediately. This may be from the location of the trip if out on an excursion. Parents or carers will need to arrange for collection straight away.

 ***Initial here***

**If parents/carers and their emergency contacts are unable to be contacted due to non-answering of phones or incorrect numbers then the Nursery will call Children’s Information and Advice Service, (CASS) after 1 hour of trying. This is also applicable at times of lateness or sickness.**

 ***Initial here***

* The Nursery is fitted with indoor and outdoor CCTV, should this need to be viewed for any reason, we are not permitted to ask parents’ permission beforehand.

 ***Initial here***

* Our policies and procedures can be seen on tapestry or can be requested at anytime

 ***Initial here***

* Refer to our GDPR policy regarding your rights on how we collect and store your data.

 ***Initial here***

We are an inclusive setting with British Values while still respecting all races, cultures and abilities. We value and respect all origins, religions, cultures and languages in a multi-racial society, so each setting user feels valued as an individual, without racial or gender or other stereotyping.

* We value mutual respect and are unable to offer a nursery place or position to any setting user who breaches this in the way they speak, act or behave.
* All setting users must adhere to our nursery rules
1. Be kind and respectful to all setting users
2. Treat the recourses and environment with respect
3. Promote a healthy lifestyle ***Initial here***

By signing below you agree to the regulations contained in all of the settings policies and procedures. Failure to do so may result in the termination of your place with no refund of any payments and the 4 week notice period charged.

**I have been truthful in completing this form. I understand that there may be circumstances where the setting may share information with other professionals or outside agencies without my consent.**

**I understand that my child’s birth certificate will be copied and retained on my child’s file as proof of parentage/parental responsibility and that it will remain on my child’s file in line with our Data Protection Policy.**

**I understand that proof of address is required to secure a place**

**The settings policies and procedures are located on tapestry. You may request a policy at any time.**

Completed by (print name)……………………………………..…Parent/Guardian

Signed by the above................................................Date....................................

Signed …………………………………………..Print name ……………………………………….(on behalf of Cheeky Monkeys Day Nursery)

**Management only**

Copy of contract given to parents/carer [ ] Date and sign………………………

Birth certificate copied and placed in child’s folder [ ] Date and sign…………………….

Proof of address seen [ ] Date and sign……………………..

Document seen……………………………………. Date of document…………………….