**SOUTH MILFORD CHILDCARE DETAILS**

OWNER:

ADDRESS:

TEL:

PUBLIC LIABILITY INSURANCE PROVIDER:

POLICY NO.

ENHANCED DBS CHECK: EXPIRES ON:

SAFEGUARDING: EXPIRES ON:

**CHILD’S DETAILS**

Child’s Name:

Preferred Name:

Date of Birth:

Address:

**PARENTS/CARERS DETAILS**

Parent/Carer Name:

Home Address:

Work Address:

Contact Details:

Date of Birth:

Do you have parental responsibility? Yes No

PARENT/CARER Name:

Home Address:

Work Address:

Contact Details:

Date of Birth:

Do you have parental responsibility? Yes No

**COLLECTION OF YOUR CHILD/CHILDREN**

Please give details of anyone who may collect your child other than the above parent/carer(s)

Name:

Address:

Tel:

Relationship to child:

***Please note: parents/carers must give notice of any changes to these arrangements. Any person not listed above will be refused access to your child until contact has been made with a parent/carer or emergency contact and verbal permission given to release the child into their care.***

**EMERGENCY CONTACT**

In the event that you cannot be contacted an alternative name, address, and telephone number is required:

Name:

Address:

Tel:

Relationship to Child:

**MEDICAL RECORDS AND EMERGENCY PERMISSIONS**

Medical Records

Doctor’s Name: Tel:

Doctor’s Address:

Please state if you child has any known health problems and/or allergies:

**DIETARY REQUIREMENTS**

Are there any foods your child does not eat due to allergies?

Are there any foods your child should not eat for religious or parental preference?

**If your child is unwell please note:**

* You may be required to collect your child should they become unwell whilst in our care
* Your child should not attend the setting if they are infectious or have a high temperature
* If your child has had diarrhoea or been sick, they may not attend the setting until 48hrs has passed from the last incident
* In the case of conjunctivitis your child must have prescribed eye drops and have received two doses before attending the setting
* Prescribed or non-prescribed medicine can be administered, but parents/carers must sign the record each day at drop off to give permission

**EMERGENCY PROCEDURES**

Parents/carers agree that in the event that they cannot be contacted and emergency medical care must be sought, we may do this and can give permission to Emergency Services to administer any necessary treatment.

**POLICIES AND PROCEDURES**

**Child Protection**:

Promoting and protecting the welfare and safeguarding of children will always take priority. Any safety or welfare concerns will in the first instance be discussed with the parent/carer unless this places the child at risk.

**Accidents and Incidents:**

A written record will be kept of any accident or incident occurring whilst your child is in our care and upon collection you will be asked to read and sign this record.

You must inform us of any accidents/injuries that have occurred outside of our care if they may be of relevance.

**Smoking Policy**

At no time will smoking or vaping on the property be permitted.

**Pets**

There are no pets kept on site at any time

**Behaviour Management**

If your child’s behaviour causes concern this will be discussed with you in the first instance. If the behaviour becomes such that it continuously affects the care or could potentially impact the safety of other children, notice will be given and the child will be unable to return to the setting. In this unlikely event no refunds will be issued.

**PLAYING OUTSIDE**

As part of good practice your child will have access to outdoor play on site.

Risk assessments will be undertaken where necessary and the outdoor area will be secured i.e. gates closed at all times.

During colder or warmer weather, appropriate clothing must be supplied for outdoor play.

**OUTINGS AND TRIPS OFF SITE**

I agree to my child being taken to South Milford Park

Signature: Date:

**COMPLAINTS PROCEDURE**

In the event that you are unhappy with any aspect of your child’s care, please raise the issue immediately so we may resolve it either in person or in writing. We will deal with any such issues in a timely, sensitive, and professional manner.

**CHILDCARE ARRANGMENT**

Start date:

Days/Hours of Attendance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date: | Date: | Date: | Date: | Date: |
| TIMES REQ |  |  |  |  |  |
| BREAKFAST | Y/N | Y/N | Y/N | Y/N | Y/N |
| LUNCH | Y/N | Y/N | Y/N | Y/N | Y/N |
| LIGHT TEA | Y/N | Y/N | Y/N | Y/N | Y/N |

*Meal plans will be sent separately and must be returned 48hrs prior to attendance*

**CHARGES:** HOURLY RATE: £7p/h

Total No. of Hours: Total: £

**Additional Charges**

Breakfast: Lunch: Light Tea

**Total Cost:**

£

Bank Details:

Jenny Thompson ● Sort Code 608407 ● Account Number 33780258

**Payment Agreement**

**CHARGES FOR ABSENCE/CANCELLATION**

Bookings must be paid for in full within 48hrs of confirmation otherwise the place will be released on the system.

Cancellation by parent: if a cancellation is made giving 14 days or more notice, fees will refunded in full minus a £25 admin fee charge.

Within 14 days any refunds will be at the discretion of South Milford Childcare and will only be issued if a child on the waiting list is able to take up the place being cancelled. Please note, this includes any non attendance due to illness. We reserve the right to refuse admittance, and the right to suspend provision to any child if, in our opinion, the child is not fit to attend due to illness.

Cancellation by South Milford Childcare at any time: 100% Refund

**Late collection**: Life happens and occasional lateness will absolutely be tolerated. However, repeated and significant lateness will incur a £7 per 15 minutes charge.

**I/we have read this contract and accept the terms and conditions stated**

South Milford Childcare Date

Parents/Carers Date

Parents/Carers Date