TRENTHAM PRE-SCHOOL

REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S INFORMATION** | | | | | | | | | | |
| **Child’s Name** | First: | | Middle: | | | | Last: | | | |
| Gender: ❑ Male ❑ Female | | | | | | | Religion: | | | |
| Birth date: / / | | Present Age: | | | | | Ethnicity: | | | |
| Language spoken: | | 1st | | | | | 2nd (if applicable) | | | |
| ***Do both parents have equal responsibilities for looking after their children from the same address?*** | | | | | | | | | ❑ Yes | ❑ No |
| Please confirm child’s full address. | | | | Address: | | | | | | |
|  | | | | | | |
| Postcode: | | | | | | |
| Home Tel: | | | | Email: | | |
| Mother: (name) | | | | | Father: (name) | | | | | |
| Address: | | | | | Address: | | | | | |
|  | | | | |  | | | | | |
| Postcode: | | | | | Postcode: | | | | | |
| Home Tel: | | | | | Home Tel: | | | | | |
| Mobile Tel: | | | | | Mobile Tel: | | | | | |
| Place of work and address- | | | | | Place of work and address- | | | | | |
| Work Tel: | | | | | Work Tel: | | | | | |
| Email: | | | | | Email: | | | | | |
| Which of these parents does the child normally live with? | | | | | | | | | | |
| Do both parents have legal access to the child? [If no please provide documents to support this] | | | | | | | | | ❑ Yes | ❑ No |
| **in case of Emergency** | | | | | | | | | | |
| ***Please provide two emergency contact telephone numbers of people who would collect your child if you were unavailable:***  ***Emergency Contacts must be different to contacts provided above & live within the locality to be able to collect in an emergency*.** | | | | | | | | | | |
| Name: | | | | | | Name: | | | | |
| Telephone Number: | | | | | | Telephone Number: | | | | |
| Relationship to child: | | | | | | Relationship to child: | | | | |
| **COLLECTION OF CHILDREN / PASSWORD INFORMATION** | | | | | | | | | | |
| At our Pre-school we require a password, this is to safeguard and ensure that in an emergency a friend or relative can collect your child. Please note that nobody can collect your child unless they have your password. We also require prior notice that someone else will be collecting your child. Please choose your family password and write it in the box below: | | | | | | | | | | |
| **Password:** | | | | | | | | | | |
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| **medical information** | | | | | | | | | |
| Doctor: (name) | | | | Health Visitor: (name) | Dentist : | | | | |
| Address: | | | | Address: | Address: | | | | |
| Telephone Number: | | | | Telephone Number: | Telephone number: | | | | |
| Is your child fully immunized to date? | | | | | | | | ❑ Yes | ❑ No |
| **Does your child have allergies?** | | | | | | | | ❑ Yes | ❑ No |
| **If yes** – please give details. | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Does your child have any specific dietary requirements and / or dietary preferences that we need to be aware of?** | | | | | | | | ❑ Yes | ❑ No |
| **If yes –** please give details | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Does your child require additional support, or will he / she be taking any long term medication whilst attending Pre-school? | | | | | | | | ❑ Yes | ❑ No |
|  | | | | | | | | | |
| Is your child known to social services, family support or other groups of outside agencies? ❑ Yes ❑ No | | | | | | | | | |
| When to immunize? | Vaccine Given | | Disease protected against | | | **Tick** this box if your child has received vaccine | Date given | | |
| Two months old | DTaP/IPV/Hib & PCV | | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib), pneumococcal infection | | |  |  | | |
| Three months old | DTaP/IPV/Hib & MenC | | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib), meningitis C | | |  |  | | |
| Four months old | DTaP/IPV/Hib, MenC & PCV | | Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib), meningitis C & pneumococcal infection | | |  |  | | |
| Around 12 months | Hib/MenC booster | | Haemophilus influenza type b (Hib), meningococcal C infections | | |  |  | | |
| Around 13 months | MMR & PCV booster | | Measles, mumps & rubella & pneumococcal infections | | |  |  | | |
| 3 years & 4 months old -  5 years old | DTaP/IPV & MMR | | Diphtheria, tetanus, pertussis (whooping cough), polio & Measles, mumps and rubella | | |  |  | | |
| Parent: (name) Signed: Date: | | | | | | | | | |

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| **Permissions** | | |
| We regularly take photographs of the children in our setting as evidence of the curriculum provided and of each individual child’s progress. We sometimes use these photographs to promote our setting such as for the local newspaper or our website & face book. Please indicate whether you give permission for us to take photograph and / or video images of your child whilst attending Trentham Pre-school. | | |
| I give permission for the above-named child’s **photograph / video** image being taken for Pre-school use:  Individual / group profiles  **Facebook**  Wall displays  Videos | ❑ Yes  ❑ Yes  ❑ Yes  ❑ Yes | ❑ No  ❑ No  ❑ No  ❑ No |
| I give permission for the above-named child’s **photograph** being used outside the Pre-school (e.g. **newsletter**, **local press and website)**. | ❑ Yes | ❑ No |
| **DOJO:**  We understand that the Pre-school use an online system called dojo where they share information during the day and can also share pictures with us about our child’s learning. WE agree to our child being on this system | ❑ Yes | ❑ No |
| We regularly share photographs on dojo to show our weekly/daily learning. I give permission for the above-named child’s photograph/ video image to be shared on Dojo stories to our parents/careers. | ❑ Yes | ❑ No |
| I agree for the above named child to go on routine **outings** whilst attending Trentham Pre-school. I understand that the minimum adult: child ratio will always be adhered to, outings include shops, park, local café, markets. | ❑ Yes | ❑ No |
| I agree for the above named child to receive emergency **medical assistance / treatment** if required. | ❑ Yes | ❑ No |
| I agree for the above named child to take part in daily tooth brushing activities. | ❑ Yes | ❑ No |
| As far as I am aware the above-mentioned child is NOT allergic to plasters and I give permission to the Pre-school staff to apply **plasters** to any minor cuts or injuries whilst at Trentham Pre-school. | ❑ Yes | ❑ No |
| The Pre-school strongly recommends the use of **sun protection** for all children. Please sign to agree for sun protection cream to be applied to the above mentioned child by the Pre-school staff and to provide sun protection cream for your child. | ❑ Yes | ❑ No |
| I give permission for Pre-School spare sun cream to be applied when needed, if there is none already provided for the named child. | ❑ Yes | ❑ No |
| The Pre-school does not *usually* administer **medicines** which have not been prescribed by a doctor, dentist, pharmacist or nurse. We will allow parents/guardians to bring the following medication into Pre-school for administration with prior consent (there must be a health reason to do so):   * All prescribed medicines (with original box/container, with prescription label displayed) * Teething gel   Each child has a ***medicine form*** which you are required to sign before and after administration which records all relevant information. | ❑ Yes | ❑ No |
| **Administration of emergency medication:**  The Pre-school will also keep an emergency supply of liquid paracetamol on the premises as we feel this could aid a child’s pain and fever relief. The Managers will only allow administration of the above medication in the appropriate dose if in their opinion there is a health reason to do so (e.g. extreme high fever which may cause a febrile convulsion in infants).   * I can confirm my child has previously been given paracetamol and / or Ibuprofen medication and has had NO allergic reaction to it. * I give permission for the above-named child to be administered liquid paracetamol and / or Ibuprofen in the appropriate dose if the Manager feels there is a health reason to do so. If this is necessary, every effort will be made to notify parents by phone to gain verbal consent before administration. | ❑ Yes  ❑ Yes | ❑ No  ❑ No |
| **Child’s observations:**  I/ We understand that the Pre-school use an online system called Evidence Me where they record observations of the above-named child. I / we understand that ongoing observations will be undertaken, to follow and asses their development whilst attending Pre-school.  I/ We agree for my child’s details to be stored on this system. | ❑ Yes | ❑ No |
| **Sharing of relevant information:**  Where children receive education and care in more than one setting the Early Years Foundation Stage requires practitioners to share relevant information with each other. In line with this we will actively seek opportunities to share information about your child with any other practitioners (Childminders, schools, etc.) who care for your child. This may involve verbal communication or the sharing of developmental records.  I understand that the Pre-school will share relevant information with any other settings involved in the education and care of my child. | ❑ Yes | ❑ No |
| Parent / Guardian’s name (block capitals)& Signature: | Date: | |

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| **Session information** | | | | | | |
| On what date would you like your child to start Pre-school? | | | Start date: / / | | | |
| Which sessions and days do you want your child to attend? *(please tick which sessions you require)* | | | | | | |
|  | Monday | Tuesday | | Wednesday | Thursday | Friday |
| Wrap around  8.15am – 9am |  |  | |  |  |  |
| AM  9am – 12.45pm |  |  | |  |  |  |
| Full day  9am – 4.30pm |  |  | |  |  |  |
| School day  9am - 3pm |  |  | |  |  |  |
| Pm  1pm – 4.30pm |  |  | |  |  |  |
| Funded only  9am - 12pm |  |  | |  |  |  |
| Funded only  1pm – 4pm |  |  | |  |  |  |
| **Please note that there is a minimum requirement of 2 days** | | | | | | |
| **Other important information** | | | | | | |
| I will inform the Manager of any changes or incidents which may be relevant to the care of my child.  I agree that I will give four weeks written notice to terminate my child’s place.  I am aware that to retain my child’s Pre-school place there are no discounts when my child is absent for reasons such as holiday or sickness.  I confirm that I accept Trentham Pre-school Policies & Procedures  I confirm that I have read and accept Trentham Pre-school Terms and Conditions.  I confirm that the above information is correct and true to the best of my knowledge.  Trentham Pre-school invites parents/carers into the setting on different occasions i.e. Stay & Play days, Graduation, Sports day, grandparent’s day. Photographic/video images are permitted to be taken at these events. If you prefer your child not to participate on such occasions you must inform the management team prior to the event.  Stoke on Trent Council has requested birth certificates are verified at the time of enrolment to assist with the early years funding process. Please bring with your completed application form.  Birth certificate number- | | | | | | |
| *Signature: Date:*  *Print:*  *Relationship to child:* | | | | | | |

TRENTHAM PRESCHOOL

Pre-School Contract with Parent/Main Carer

* Fees are payable termly. A monthly payment option is available but payment dates are strict.
* Fees must be paid irrespective of whether your child attends or not.
* Where possible fee increases will be made on an annual basis with notice from the Pre-school Committee, however these are subject to change during any term- you will be provided with at least one terms notice of any fee change.
* Should your child have to give up their place at the Pre-school, four weeks notice in writing must be given and four weeks payment of fees must be made from the date of notification.
* Should the Preschool need to terminate your child’s place you will be given 4 weeks’ notice unless they are doing this because of unpaid fees.
* Should fees for your child’s place be in arrears, a fine of £5 per working day will apply up to 14 days when the matter will be referred to the parent Committee where the child’s place may be terminated and fees sought through a debt collection agency.
* If the case of your child being ill you should call the Preschool to let them know, in the case of not calling, the Preschool will attempt to make contact with all numbers on the Registration Form for a Safe and Well call. If we are unable to make any contact with the prior numbers advice may be sought from the local authority Access and Advice Line.
* Pre-school opens Monday to Friday 8.15am until 4.30pm. Children must be collected by the end of their session time, The Pre-school should be notified if parents/carers are expected to be late collecting their child. Other than in an emergency, a charge of £5.00 per 15 minutes will be made and repeated incidents will be reported to the Management Committee.
* Pre-school will be closed during local school holidays, Bank Holidays and staff training days. A list of dates will be displayed in the porch and sent home when your child starts.
* It is the Parents responsibility to inform the Pre School of any change of address or contact numbers.
* Parents of children who are not potty trained must provide disposable nappies, wipes and any nappy creams. The staff team will give every support to toilet train the child.
* Parents are responsible for their child’s behaviour whilst attending preschool and must consent to working with the preschool should a problem arise, using various strategies set out in the behaviour policy.
* Fresh water is available at all times throughout the session and snacks are provided during the session.

* It is the responsibility of the parent/carer to inform the Pre School of any allergies that the child may suffer.
* Any child sent home from the Pre-school because of ill health, will not be re-admitted for at least 24 hours. Parents/carers are asked to refer to the illness exclusion policy supplied for your information, on minimum periods of exclusion from Pre-school.
  + Should a child be on prescribed medication, it is preferred that if possible the parent/carer administers the medication themselves. If this is not possible, it is the responsibility of the parent/carer to notify the supervisor or key worker, to sign the necessary form consenting to the administering of such medication and to provide clear instructions for the dosage and administration. All children must remain at home for the first 24 hours of the course of antibiotics. Pre-school cannot administer any non-prescribed medication.

To be prepared to administer life saving medication/treatment, for known conditions, the Pre-school must have written permission from the parent/carer, proof of need from either the child’s GP or Specialist and specialist training in administering the medication/treatment, from a qualified nurse experienced in using the medication/treatment.

* + During the settling-in period, parents/carers may stay until both they and their child feel comfortable and secure in the Pre-school.
* Confidentiality must be adhered to at all times in relation to the Pre-school, its staff and the children who attend.
* By signing our terms and conditions you are agreeing to adhere to our policies- these are available upon request.

I have read and understood the conditions set out above and agree to abide by them.

Child’s name ………………………………………….

Parent/Carer name …………………………………..

Relationship to child ………………………………….

Signed ………………………………………………… Dated ………………………………

Parent Privacy Notice

The purpose of this policy is to outline how we collect, store and use information that we require to ensure the correct care for your child/ren can be provided. The company is a data controller, and this means that the company is responsible for deciding how we hold and use the information that we require from you as a parent/guardian of the child that we are caring for.

Trentham Pre-school take your privacy seriously, and in accordance with the General Data Protection Regulation, we will only collect and store data that is relevant to you and your child to enable us to deliver the best childcare service to you.

Where Trentham Pre-school require consent, we will provide a way for you to positively make a decision about the information that you make available and how this is shared.

This information will be collected by Trentham Pre-school staff as part of the child’s induction to the setting. We will be asking for this data both verbally and on paper at our initial meeting and recording it on paper forms and digitally thereafter. We will ask for this information at regular intervals to ensure that it is up to date. We will do this by asking you to complete and return data forms.

The information that Trentham Pre-school require will be:

* Child’s name
* Child’s date of birth
* Child’s age
* Child’s address
* Parents’ names, addresses, contact numbers
* Who has parental responsibility for the child
* Emergency contact names, addresses and contact number
* Child’s doctor’s name and contact number
* Health clinic/health visitor
* Any allergies/medical history/ requirements
* Information about immunisations
* Whether the child has any special educational needs or disabilities
* Ethnic group
* Religion
* Home language
* Parents’ National Insurance number

For further information please refer to the data protection policy

Trentham Pre-school are required to hold and use this personal data in order to comply with the statutory framework of England, Ofsted, the Department for Education and the local authority early years team. This data will be used to:

* support your child’s development
* monitor and report on your child’s progress
* share information about activities in our setting
* contact named people in an emergency
* share with other professionals in accordance with legislation
* ensure a contract of service is delivered and maintained
* ensure that the setting receives the statutory funding for which it is eligible.

For legal or safeguarding reasons we may share your details with the following:-

* Other professionals supporting your child, for example health visitor, pre-school, nursery, school, other health or education professional
* The local authority through the Free Childcare and Early Education Entitlement headcount and annual Early Years Census (England)
* The local safeguarding children’s board or Social Services Referral and Assessment Team if I ever have any concerns about the safety of your child.
* Ofsted

If you want to see a copy of the information Trentham Pre-school hold and share about you or your child/ren then please contact the setting Manager

Trentham Pre-school are required by law to keep some information about your child for a period of time after a child has left the setting. We will keep a record of this and dispose securely at the correct time.

|  |  |
| --- | --- |
| Parent Signature |  |
| Date |  |

**Healthy Eating / Packed Lunch Policy**

At **Trentham Pre-School**, We regard snack and mealtimes as an important part of the pre-school day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating and at snack and mealtimes.

Before a child starts at pre-school, we find out from parents about their children's dietary

Requirements and preferences, including any allergies, and any special health

Requirements.

***It is the responsibility of the parent/carer to inform the Pre School of any allergies that the child may suffer.***

* We record information about each child's dietary needs on their Registration Form and parents sign this to signify that it is correct.
* We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up to date. Parents sign the up-dated Registration Form to signify that it is correct. However, it is ultimately the parent’s responsibility to inform us if their child’s dietary needs have changed since they originally completed the Registration Form.
* We display current information about individual children's dietary needs on our “Dietary and Allergy Lists” so that all staff and volunteers are fully informed about them.
* We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parents' wishes.

**We are a permanent “nut-free zone”. No nuts, anything containing nuts or nut products are allowed or used within the setting.**

• Parents are made aware of the above so that no nuts, anything containing nuts or nut

Products are accidentally brought in, for example, for their child’s packed lunch.

**Packed Lunches**

Children who attend **Trentham Pre-School** are required to bring packed lunches.

We:

• inform parents of our policy on healthy eating

• inform parents that we are a permanent “nut-free zone

• inform parents of any other foods that we may not currently allow due to allergies

**We would like all Packed Lunches to include:**

* At least one portion of fruit (e.g. orange, dried fruit etc )
* At least one portion of vegetables (e.g. carrot sticks, cucumber, celery)
* Meat, fish or other source of non-dairy protein (e.g. chicken, turkey, ham, beef, pork, tuna, lentils, kidney beans, chickpeas, hummus and falafel etc)
* A starchy food such as any type of bread, pasta, rice, couscous, noodles, potatoes or other type of cereals every day (e.g. pitta bread, tortilla wraps, rice cakes, oat cakes)
* Dairy food such as milk, cheese, yoghurt, fromage frais or custard

**The Pre-School is not responsible for providing:**

* Fridge space, so we request that food from home is in insulated bags with freezer

Blocks.

* The Preschool is not allowed to re heat left over meals from home, all packed lunch

Food must be ready to eat without the need for heating.

**I have read and understood the healthy eating policy**

|  |  |
| --- | --- |
| Parent Signature |  |
| Date |  |