

Kelsall Pre-School Contract

Kelsall Pre-School offers a supportive environment in which your child will learn and develop. However parents are the first and most important educators for their young children. The work of the group cannot be fully effective unless pre-school and parents work together in the children's interest. **Parents are asked to read and sign this contract as an expression of this shared commitment, and to indicate they have read and understood the information contained within this booklet a registration form, and show they are in agreement with the terms contained within.**

Policies We have read a brief outline of the Pre-School policies and procedure and understand that a full copy of these is available to be seen at all times in the pre-school porch.

Fees

I/We will pay the fees due within each half term.

I/We understand if the bill is not settled within 14 days if issue I will incur a financial penalty.

Punctuality

I/We will try not to be late in collecting my child at the end of the session

I/We will contact the pre-school directly if I am running late, and I understand I may incur a financial penalty if I am consistently late in picking up my child.

Outings

I Am/Am Not (please delete) willing for my child to go on brief local outings from pre-school. I understand that specific consent will be sort for larger excursions.

Photographs Your child's photograph will be taken for use within the setting for observational purposes. These photographs will be used for evidence of activities, kept in their files and passed onto you when they leave the setting.

On occasion photographs might be taken for external publicity and staff training courses (i.e. Cheshire West and Chester council training courses and press)

I Do/Do Not (please delete) agree for my child's photograph to be taken for these purposes

I Do/Do Not (please delete) agree for my child's name to be used to support such photographs.

I Do/Do Not (please delete) agree for my child's photograph to be used to support electronic based publicity (i.e. Pre-School or Klub websites or other reputable sources such as local radio)

I Do/Do Not (please delete) agree for my child's name to be used to support such publicity.

Information Sharing there may be occasions where we need to share confidential information about your child. In most cases your consent will be sought, and we respect your rights not to consent to share this information. However in the interest of the child we reserve the right to judge when it is reasonable to override this wish – e.g. when it is a matter of safeguarding a child or vulnerable adult. By signing this form you are giving us your consent to share information about any additional needs your child may have, and also to pass on your Childs 'learning journey' to their next provider/school.

Emergency treatment I Do/Do Not give permission for emergency medical treatment to be sought for my child in case of an emergency.

Student Placements This setting recognises that qualifications and training make an important contribution to the quality of the care and education provided by early year's settings. As part of our commitment to quality, we offer placements to students undertaking early year's qualifications and training. As part of the qualification it may be necessary to make observations on children in the he setting. These would be made in adherence to our confidentiality policies*.

We also offer places for school pupils on work experience.

Please indicate if you are happy for observations to be made on your child for these purposes... **Yes/No**

Parent Participation The pre-school would not be able to run without the behind the scenes work of the parent committee. Please indicate if you are able to help with any of the following:

Helping on the committee Helping with fundraising Taking part in outings Mending/Making equipment Other (please

specify).....

Signed by

parent(s).....

*Full copies of our policies including Student placement and confidentiality policies can be located in the porch

Kelsall Pre-School Registration Form

If you have any difficulty completing this form, the staff will be glad to help you.

Child's Surname:

Child's Forenames:

By which name is the child known:Sex:.....D.O.B:.....

We also now require sight of the Child's original birth certificate.

Name of Parent(s) with whom the child lives:

Does this parent have parental responsibility: **Yes/No**

Address:.....

Post Code:.....Tel:.....Mobile:.....

Email address for correspondence and invoices:.....

Name of the parent the child does not live with (if applicable):.....

Address:.....

Post Code.....Tel:.....Mobile:.....

Does the parent have legal access to the child?:.....

In case we should need to contact somebody during the daytime and there is no reply from the above numbers, please supply as second emergency contact name and number. (As local as possible):

.....Post Code:.....

Relationship to child:.....Tel:.....Mobile:.....

Name of Child's Doctor:.....

SurgeryAddress:.....

.....Phone No:.....

Has your child received all childhood vaccinations?: **Yes/No**

If no, please specify:.....

Has your child got any allergies?:.....

Does your Child have any medical condition we need to be aware of?.....

Special Requests/requirements about religious observance, food, clothing, health or other matters which we should observe in our pre-school?

.....

In the even of a minor accident do you give permission for the use of plasters/micro pore tape/antiseptic wipes on your child. (please indicate): **Yes/No**

Which sessions would you like your child to attend? Please tick.

Am Session: Mon Tue Wed Thur Fri

PM Session: Mon Tue Wed Thur

*Lunch Session: Mon Tue Wed Thur

*(please note additional charge applies if your Child has hot dinner)

If sessions are full, priority is given to children already in attendance at Pre-School.

Registration form continues...

Please help us to identify if your child falls into any of the below listed categories:

1. Child with special educational needs:- Known to a professional a who has additional needs for education reasons, if yes , please complete sections A and B.....**Yes/No**

2. Child with special needs :- Whom a health visitor or other health professional knows and who has needs for health reasons, if yes please complete sections A and B.....**Yes/No**

3. Child in need (family reasons):- Child who is known to social services and falls within the 1989 Children Act, if yes, please complete sections C**Yes/No**

4. Family in receipt of benefits (financial reasons)

a) Income Support.....**Yes/No.** b) Job Seekers Allowance.....**Yes/No**

c) Invalid Care Allowance.....**Yes/No.** d) Disability Living Allowance..... **Yes/No**

Please keep us updated of changes to this information as necessary

A. Does your child have any health or learning support requirements you would like to discuss with staff?:.....**Yes/No**

Details:.....

Are any of the following in place for the child?

- Early Years Action?
- Early Years Action Plus?
- Statement of Special Educational Needs?

What support will he/she require in our setting?

.....

B. Names of professionals involved with your child?:

1. Name:..... Role:.....

Agency:..... Telephone:.....

2. Name:..... Role:.....

Agency:..... Telephone:.....

C. Does your family have a Social Care Worker for any reason?:.....**Yes/No**

Name.....Based at:.....

Telephone.....

What is the reason for the involvement of the Social Care Department with your family?:

.....

NB. If the child has a Child Protection Plan, make a note here, but do not include details. Ensure these

are obtained from the Social Care worker named above and kept securely in the child's file:

.....

.....

Does your child currently attend another pre-school or nursery or is cared for by a registered

childminder? **Yes/No** if yes please provide the name and address below so we may share information

regarding your children in line with government regulations:

Pre/School/Nursery/Childminder Name:.....

Address:.....

.....Post Code:.....

Name(s) of persons authorised to collect from Pre-School: (must be over 16 years of age)

1.....Signature.....Telephone.....

2.....Signature.....Telephone.....

3.....Signature.....Telephone.....

4.....Signature.....Telephone.....

Which school is your child expected to attend? (if known).....

What other information is it important for us to know about your child? E.g what they like, any fears they have, special words, brothers/sisters pets, etc:

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Ethnicity			
WBRI	White, British	APKN	Asian or British Asian, Pakistani
WIRI	White, Irish	ABAN	Asian or British Asian, Bangladeshi
WIRT	Traveller of Irish Heritage	AOTH	Asian or British Asian, or other
WROM	Gypsy/Roma	BCRB	Black or Black British, Caribbean
MWBC	Mixed, White and Black Caribbean	BOTH	Black or Black British, or other
MWBA	Mixed, White and Black African	CHNE	Chinese
MWAS	Mixed, White and Black Asian	OOTH	Any other ethnic background
MOTH	Mixed, any other mixed background	REFU	Do not wish to have this recorded
AIND	Asian or British Asian, Indian	NOBT	Not obtained
Religion			
ANG	Anglican	BPT	Baptist
CHR	Other Christian	HIN	Hindu
JEW	Jewish	MTH	Methodist
OTH	Other	NON	No Religion
SIK	Sikh	ROC	Roman Catholic
URC	United Reformed Church	UNC	Unclassified
MUS	Muslim		

What language(s) is/are spoken at home?.....

Is English your child's first language?.....

Kelsall Pre-School like to invite parents to help and watch their children develop would you like to be

included in the parents rota..... **Yes/No**

Data Protection Act 1984

All information you have given may be held on a computer for pre-school purposes only. This information will not be passed on to a third party unless it is in the interest of the child and is strictly confidential.

Medical Emergency

In the unlikely even of being unable to contact any of the child's parents or relatives and the child requires medical attention then a doctor or ambulance may be called. In an emergency situation an ambulance should always be called to take a child to hospital. Family doctor or hospital prescribed medication must be clearly labelled indicating contents, dosage and child's name in full and will only be accepted from a responsible adult and administered on completion of a request to give medication form.

Marketing

Please indicate where you heard about pre-school:

Older children previously attending the setting Toddlers group

Kid's magazine Posters

Other.....

For Pre-School Use Only:

Term eligible to start:.....

Settling in session required? **Yes/No** Date Booked:.....

Name of Key Worker:.....

Start Date:..... Birth Cert Verified