LOCKING PRESCHOOL  REGISTRATION FORM 2022/2023

I would like my child to start on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details**

|  |  |
| --- | --- |
| Child’s Name: | Date of Birth: |
| Known As (If this is different): | Gender: MALE/FEMALE |

|  |  |
| --- | --- |
| PARENT ONE- Name: | PARENT TWO- Name: |
| Address:  Postcode | Address:  Postcode |
| Does this parent have parental responsibility? YES/NO | Does this parent have parental responsibility? YES/NO |
| Mobile Number and Email address: | Mobile Number and Email address: |
| Does this parent have legal access to the child? YES/NO | Does this parent have legal access to the child? YES/NO |
| Please tell us if you (the parent/carer) have any relevant information, such as medical conditions which may affect you being able to care for your child? | Please tell us if you (the parent/carer) have any relevant information, such as medical conditions which may affect you being able to care for your child? |

**Emergency Contact Details:**

We will always endeavour to contact a parent in the first instance; however, should we be unable to contact a parent or guardian, **please provide details of individuals (not the Parent/Carer)** that we have authority to contact in an emergency.

|  |  |  |
| --- | --- | --- |
| Name: | Telephone Number: | Mobile Number: |
| Name: | Telephone Number: | Mobile Number: |
| Name: | Telephone Number: | Mobile Number: |

**Person’s Authorised to collect your child (16 years and above)**

|  |  |  |
| --- | --- | --- |
| Name: | Relationship to the child: | Telephone/Mobile: |
| Name: | Relationship to the child: | Telephone/Mobile: |

We operate a password scheme for emergency security purposes. This should be used by any of your emergency contacts collecting your child.

Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of your child**

|  |
| --- |
| Does your child have any dietary needs or allergies? YES/NO |
| What is the main religion in your family? |
| Are there any festivals or special occasions celebrated in your culture? Will your child be taking part in any that you would like to see acknowledged and celebrated whilst in the setting? |
| What is your main language at home? |
| Does your child have any special needs or disabilities? YES/NO |

**Are any of the following in place for your child?**

Early Years Action: YES/NO Early Years Action Plus: YES/NO Statement of special education Needs: YES/NO

**Name of professionals involved with your child**

|  |  |
| --- | --- |
| Name 1: | Role: |
| Agency: | Telephone: |
| Name 2: | Role: |
| Agency: | Telephone: |

|  |  |
| --- | --- |
| Does your child have a health visitor? YES/NO | Name: |
| Telephone: | Based At: |
| Does your child have a Social care worker? YES/NO | Name: |
| Telephone: | Based At: |
| What is the reason for the involvement of the social care department with your family? | Details: |
| Child’s Doctors Name: | Doctor’s Address & Telephone Number: |

Please Note: If your child has a protection plan, please make a note above but do not include details.

**Attendance Schedule**

Please indicate the sessions you would like, we will be able to confirm if these are available upon receiving your completed registration form.

If you would like to use any government funding please indicate in the box below when requesting sessions.

30 Hour eligibility Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| MORNING 9AM-12NOON |  |  |  |  |  |
| LUNCHCLUB 12NOON-12:30PM |  |  |  |  |  |
| AFTERNOON 12:30PM-3:30PM |  |  |  |  |  |

Does your child attend another setting? If so please give a name and contact number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policies & Procedures**

Please sign below to confirm that you have been provided with details of the setting policies & Procedures including the information sharing procedures and understand there may be circumstances where information is shared with other professional’s or agencies without your consent.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick YES or NO to the following.**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Give consent for trained staff to administer inhalers or epipens if applicable. |  |  |
| Staff to administer sun cream when required. |  |  |
| Do you give consent for us to apply sudocrem if required? |  |  |
| Give consent for your child to participate in general outings around the village. |  |  |
| Give consent for your child to touch any animals on specific planned activities. We will inform you of these days in advance. Please give details of any known animal related allergies. |  |  |
| Give consent for emergency treatment to be administered if required by a hospital/doctor/nurse. |  |  |
| Give consent for us to contact other professionals regarding your child. |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photographs

As part of ongoing recording of our curriculum and for children’s individual developmental records staff regularly take photos of the children during their play. We may also record events and activities on video. Please see our policies for further details.

Please tick YES or NO to the following.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Give consent for photographs to be taken for my child’s learning diary. |  |  |
| Give consent for photographs to be taken for inclusion in the setting display. |  |  |
| Give consent for photographs to be used on our website, publicity, marketing e.g. Newspapers. |  |  |
| Give consent for my child to be videoed by staff for preschools sole use. |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Visits**

Locking Preschool operate home visits as part of its settling in process. Please indicate which day and times of the week are most appropriate. We will telephone you prior to your child’s start date to book an appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Locking Preschool

**Term and Conditions**

1. Locking Preschool Commitment

1. We will:
   1. Inform you if you Preschool application has been successful. You must confirm within one week of receiving the acceptance that you wish to take the place at the Preschool. If you do not inform us in this time the place may be withdrawn.

Provide the agreed facilities for your child at the agreed times (subject to any days the Preschool is closed.)

* 1. Try and accommodate any requests you may make for any additional sessions and/or extended hours of childcare at the Preschool.
  2. Provide you with verbal updates as to your child’s progress on request.
  3. Notify you of any days on which your child’s Preschool will be closed.
  4. Try to make available a place for any sibling at the Preschool. (However we cannot guarantee that a place will be available.)

2. Your Commitment to Locking Preschool

1. You will:
   1. Complete a medicine consent form if Locking Preschool staff are required to administer medicines to your child (Prescribed or over the counter)
   2. Immediately inform us if your child is suffering from a contagious disease. This is for the benefit of the other children in the Preschool. You must not allow your child to attend the Preschool whilst suffering from a contagious disease, which could be easily passed on to another child during normal daily activities at the Preschool.
   3. Immediately inform us of any changes to your contact details
   4. Keep us informed of whom will be collecting your child, if the person collecting your child is not usually responsible for collecting them we will require id. If we are not satisfied that an individual is allowed to collect your child, we will not release your child into their care.
   5. Inform us if your child is subject of a court order and provide us with a copy of such order on request.
   6. Immediately inform us if you are unable to collect your child from the Preschool at the official collection time. A late payment charge may be applied.
   7. Inform us as far in advance of any dates on which your child will not be attending the Preschool.
   8. Provide us with at least 1 months’ notice of your intension to decrease the number of hours your child spends at the Preschool or to withdraw your child from our Preschool and end this agreement. If insufficient notice is given you will be responsible for the full fees for your child for 1 month from the date of any changes as if their hours had not decreased. If you are ending this Agreement, notice must be given in writing and posted to the Preschool Manager.

3. Payment

3.a Our Fees are based on a weekly fee that shall be notified to you in advance of your child starting at the Preschool. We may review these fees at any time but shall inform you of the revised amount at least 1 month before it takes effect. If you do not wish to pay the revised fee, you may end this agreement with 1 month’s notice in writing to the Preschool manager.

3. B Fees must be paid on a monthly basis, in advance.

3. C All payments under this Agreement must be paid via bank transfer as shown on your invoice. We may agree to payment by cash or cheque.

3. D If you request additional sessions you will need to pay for these sessions in advanced to the Preschool Manager.

3. E If you have been unable to collect your child by the official collection time and as a result we have provided additional childcare, you may be charged a late fee. (£5 for every 5 minutes you are late)

3. F If you fail to make payment in full by the due date we will enforce our late payment fee starting at an additional £10.00.

3. G No refund will be given for periods where your child’s Preschool place is unfilled due to illness or holidays. Locking Preschool is closed on bank holidays; no refund will be given for this closure as this has been taken into account when calculating your child’s fees.

4. Suspension

We may suspend the provision of childcare to your child and add 1 Months’ notice at any time.

5. Termination

5. A you may end this Agreement at any time, giving us at least 1 months’ notice, in writing to the Preschool manager.

5. B. We may immediately end this Agreement if:

5. B.a you have failed to pay your fees.

5.b.b You have breached any of your obligations under this Agreement and you have not or cannot put right that breach within a reasonable period of time of us asking you to.

5. B.c you behave unacceptably, as we will not tolerate any physical or verbal abuse towards staff.

5. B.d Your child's behaviour is unacceptable or endangers the safety and wellbeing of any of the other children at the Preschool.

5. B.e We take the decision to close your child's Preschool. We will give you as much notice as possible of such a decision.

5. C You may immediately end this Agreement if:

5.c.a We have breached any of our obligations under this Agreement and we have not or cannot put right that breach within a reasonable period after you have drawn it to our attention.

5. C.b We suffer any event of insolvency.

7. General

7. a We have an obligation to report any instances where we consider that a child may have been neglected or abused to the relevant authorities. We may do so without your consent and/or without informing you.

7. B If the Preschool setting has to close or we take the decision to close due to events or circumstances that are outside our control, we shall be under no obligation to provide alternative childcare facilities to you. If the closure exceeds 3 days in duration (excluding any days when the Preschool would otherwise be closed), we will credit you with an amount that represents the number of days the Preschool is closed in excess of 3 days.

7. C If you have any concerns regarding the services we provide, please discuss these with your child's keyworker. If these concerns have not been resolved to your satisfaction please contact the Preschool Manager. Customer satisfaction is of paramount importance to us and any concerns/complaints will be reported to the Preschool Manager for review.

7. D We carry a wide range of toys and equipment at our Preschool. Unless we specifically request otherwise your child should not bring any of their own toys to Preschool. If they do bring toys with them, we accept no responsibility for any loss or damage to those toys.

7. E From time to time we may have photographs taken of the children who attend the Preschool. These photographs may be used for promotional purposes. If you do not wish your child to be included in these photographs, you should inform u on your registration form.

7. F As the number of children with nut allergies is increasing, with the support of parents we aim to keep the facility NUT FREE. Parents are requested not to send food or empty food packaging into the facility containing nuts. Parents are also requested not to use creams, sun creams, oils etc. on their child that may contain nut oil, e.g. arachis, as this may have severe consequences to another child or member of staff.