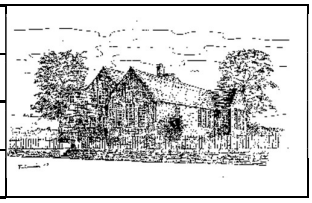
Combe St Nicholas C of E VA Primary School

Name of Policy	Pre-School Admissions with Appendices A-E	
Approved by GB - Date	April 2025	
Next Review Date	April 2027	
Committee Responsible	Full Governing Body	

This policy should be taken as part of the overall strategy of the school and operated within the context of our vision, aims and values as a Church of England School.

"That they may have life, life in all its fullness"
John: Chapter 10 Verse 10

Policy statement

It is our intention to make our school accessible to children and families from all sections of the local community. We aim to ensure that all sections of our community have access to the school through open, fair and clearly communicated procedures.

Procedures

- We ensure that the existence of our school is widely advertised in places accessible to all sections of the community.
- We ensure that information about our school is accessible, using simple plain English, in written and spoken form.
- We arrange our waiting list in birth order. In addition, our policy may take into account:
  - children closest to school starting age will be given preference;
  - the age of the child, with priority given to children who are eligible for the funded entitlement – including eligible two year old children;
  - the length of time on the waiting list;
  - the vicinity of the home to the school;
  - whether any siblings already attend the school; and
  - the capacity of the school to meet the individual needs of the child.
- We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
- Our setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers are all welcome.
- Our school and its practices operate in a way that encourages positive regard for and understanding of difference and ability - whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
- We support children and/or parents with disabilities to take full part in all activities within our sschool.
- We monitor the needs and background of children joining our school on the Registration Form, to ensure that no accidental or unintentional discrimination is taking place.
- We share and widely promote our Valuing Diversity and Promoting Equality Policy.

- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the school that provides stability for all the children.
- Failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn
- We consult with families about the opening times of our school to ensure that we accommodate a broad range of families' needs.

Appendix A **Registration Form**

[It is helpful for expected key persons or managers/childminders to complete this form with the parent(s) when the child starts at the setting.]

[Name of provider]'s Registration Form [Address]

[Telephone number and email address]

[Charity Number and/or Company Registration Number]

Child's details

Child's first name(s) Name known

Child's Surname

Child's full address

Gender _____ Date of birth _____ Birth certificate seen and copy made Yes □ No □

Family details

Name of parent(s)/carer(s) with whom the child lives: _____

_____

Contact details 1 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address

Work address

Does this parent have parental responsibility for the child? Yes □ No □

Contact details 2 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address

Work address

Does this parent have parental responsibility for the child? Yes □ No □

Contact details 3 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone _____ Mobile _____

Home telephone _____ Email _____

Home address

Work address

Does this parent have parental responsibility for the child? Yes □ No □

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name

Address

Contact telephone numbers

Relationship to child

What are the contact arrangements that [we/I] need to be aware of?

Emergency contact details if parents are not available *Emergency contacts must be local. Contact 1* - Name _____

Relationship to child

Address

Daytime/work telephone _____

Home telephone _____ Mobile _____

Contact 2 - Name

Relationship to child

Address

Daytime/work telephone _____

Home telephone _____ Mobile _____

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, [staff/I] will check before releasing the child.*

Person 1 – Name

Relationship to child

Address

Daytime/work telephone

Home telephone _____ Mobile _____

Person 2 - Name

Relationship to child

Address

Daytime/work telephone _____

Home telephone _____ Mobile _____

Person 3 - Name

Relationship to child

Address

Daytime/work telephone _____

Home telephone _____ Mobile _____

Password for the collection of child by authorised persons _____

About your child

The following information will tell [us/me] a little more about your child. As your child settles with [us/me], [we/I] will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Pneumococcal (PCV) vaccine.	Yes □	No □	Date:
	Rotavirus vaccine.	Yes □	No □	Date:
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □	No □	Date:
	Meningitis C vaccine.	Yes □	No □	Date:
	Rotavirus, second dose.	Yes □	No □	Date:

Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes □ No □	Date:	
	Pneumococcal (PCV) vaccine, second dose.	Yes □	No □	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes □	No □	Date:
	MMR vaccine – mumps, measles and rubella.	Yes □	No □	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes □	No □	Date:
Two to three years		Flu vaccine Yes □ No □ Date:		
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.	Yes □ No □	Date:	
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes □ No □	Date:	

For internal use: Has the child's health record book been seen to confirm immunisation dates? Yes □ No □

Does your child have any on-going medical conditions? If so, please specify:
If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:
Does your child require a health care plan? Yes □ No □
Is your child known to have any allergies or food intolerances? If so, please specify:
A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.
What are your child's dietary requirements? Please specify:

It is [our/my] usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager/me] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.
If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	□	No	□
Listening and attending	Yes	□	No	□
Understanding simple instructions	Yes	□	No	□
Eating and drinking	Yes	□	No	□
Sitting and sharing a book	Yes	□	No	□
Walking and climbing	Yes	□	No	□
Rolling a ball	Yes	□	No	□
Holding a crayon	Yes	□	No	□
Socialising with adults and other children	Yes	□	No	□
Using the toilet	Yes	□	No	□
Putting on their shoes and socks	Yes	□	No	□

Any other concerns:
Does your child have any special needs or disabilities? If so, please specify:
Are any of the following in place for the child?

SEND action plan				
Education, Health and Care Plan				

What special support will he/she require in [our/my] setting?
Two year old progress check – children aged 24 – 36 months
If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes □ No □

Setting completing check		Date completed	

As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] will ask you to be involved in completing the check and will discuss it with you.

Cultural background

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)?	

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in [our/my] setting?

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

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?	Yes	□	No	□
Does your child need a bilingual support plan?	Yes	□	No	□

If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:

General information

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)?	Yes	□	No	□
Does your child have any food preferences?	Yes	□	No	□
Does your child have a pacifier i.e. dummy or thumb?	Yes	□	No	□
Does your child have a special toy or object they might bring with them?	Yes	□	No	□

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for [us/me] to know about your child? For example, what they like, or what fears they may have, or any special words they use.

Details of professionals involved with your child

GP

Name

Telephone

Address

Health Visitor (if applicable)

Name

Telephone

Address

Social Care Worker (if applicable)

Name

Telephone

Address

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. [We/I] will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

Dentist (if applicable)

Name

Telephone

Address

Any other professional who has regular contact with the child

Agency _____ Role _____

Address

_____ _____

Key persons - Information for parents

[Each child joining the setting will have a key person appointed to them/I am your child's key person.] It will be [the key person's/my] responsibility to ensure that your child receives the best possible attention whilst in [our/my] care and to ensure that their records are kept up-to date. [Your child's key person may change as your child progresses through the setting. You will be notified of these changes.] [Your child's key person is/I am] your first point of contact for anything you wish to discuss about your child.

Your child's key person will be _____

[Your child's 'back up' person will be] _____

To be completed by the [key person/manager/childminder]:

Date starting at _____ *(name of provider)*

Days and times of attendance _____

_____

Are any fees payable? If so, note here _____

Has the settling-in process been agreed? Yes □ No □ If so,

please specify:

Policies and procedures

I have been provided with details of [name of provider's] early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed _____ Date _____

Printed name _____

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name _____

Signed _____ Date _____

[For group provision:]

Name of key person

Signed _____ Date _____

Name of manager _____

Signed _____ Date _____

Date of first review _____

[For childminding provision:]

Name of provider

_____ _____

Signed Date

Date of first review _____

Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	□	Pakistani	□
White Irish	□	Indian	□
White other	□	Asian other	□
Black British	□	Chinese	□
Black African	□	Chinese other	□
Black Caribbean	□	White and Black Caribbean	□
Black Other	□	White and Black African	□
Bangladeshi	□	White and Black Asian	□

Other please state _____

A child's learning difficulties and disabilities status should be recorded according to the following categories: No special educational need □

SEND action plan □

Education, Health and Care Plan □

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.

Appendix B

Childcare terms and conditions

[Name of provider] Terms and Conditions

The document and the terms and conditions within it govern the basis on which [name of provider] (referred to here as ['we' / 'our' / 'us'] ['I' / 'my' / 'me']) agree to provide childcare services to parent(s)/guardian(s) (referred to as 'you').

Only a parent/guardian with parental responsibility for a child can register that child for a childcare place with [us/me]. [We/I] will ask to see your child's birth certificate, or other relevant documentation, to confirm that you have parental responsibility for the child as part of [our/my] registration process.

Commencement date of agreement: _____ **Expiry date of agreement**: _____

Review date: _____

[Our/My] details:

[Name of registered childcare provider]

[Insert charity registration number and/or company registration number (where applicable)] [Registered address]

Telephone:

Email:

Ofsted URN:

Insured by:

Insurance policy number:

Your details:

Full name of parent/guardian (1) Address

_____

Telephone _____ Email _____

Full name of parent/guardian (2) Address

_____

Telephone _____ Email _____

Full name of child _____ Date of birth _____

[Our/My] offer for a childcare place for your child:

Expected start date of child's place

Settling in period

Agreed hours:

	Monday	Tuesday	Wednesday	Thursday	Friday
Agreed times of attendance					
Total daily hours					

Offered over [number of weeks] weeks per year. OR

[We/I] will offer your child a place consisting of between [min hours] and [max hours] hours per week. The hours of childcare provided may vary from week to the next, You will need to provide [us/me] with your weekly schedule at least [insert number of days] days in advance.

[Term/holiday] dates: _____

[We are/I am] [open and providing childcare/closed] on bank holidays.

Deposit received Yes □ No □ First payment due [insert date]

Will the child receive nursery education funding Yes □ No □

Details of any other funding provided by other third parties (e.g. employers childcare vouchers)

_____

_____

_____

Terms and conditions

1.0 [Our/My] obligation to you

1.1 [We/I] will inform you as soon as possible whether your application for a place has been successful. You must confirm within one week of receiving notification that you still wish to take up a place. If you do not then the offer of a place may be withdrawn. Once you have confirmed the place, a deposit payment will be required to hold the place for your child. The monetary value of the deposit will be published as part of [our/my] schedule of fees which can be obtained on request. [The deposit will be returned upon payment of the final invoice at the end of your child's attendance at [our/my] provision/The deposit will be taken off the amount of the final invoice at the end of your child's attendance].

1.2 [We/I] will provide the agreed childcare facilities for your child at the agreed times (subject to any days when [we are/I am] closed). If [we/I] change the opening hours, [we/I] will give you as much notice of [our/my] decision as possible and, if necessary, will work with you to agree a change to your child's hours of attendance.

1.3 [We/I] will adhere to the principles of the General Data Protection Regulations (2018) when collecting and processing information about you and your child. We explain how your data is processed, collected, kept up-to-date in our Privacy Notice which is given to you at the point of registration.

1.4 [We/I] will try to accommodate any requests you may make for additional sessions and/or extended hours of childcare.

1.5 [We/I] will notify you as soon as possible of any days [we/I] will be closed.

1.6 [We/I] will treat your child with the utmost respect and dignity. [We/I] will never use or threaten any type of punishment that could adversely affect a child's wellbeing.

1.7 [We/I] will provide you with regular verbal updates as to your child's progress and [we/I] will agree times to discuss with you the progress of your child or any other aspects of [our/my] childcare services as and when required.

1.8 [We/I] will comply with the requirements of the Early Years Foundation Stage and [our/my] Ofsted registration in regards to the childcare services [we/I] provide for your child.

1.9 [We/I] will provide you with details of our policies and procedures, which outline how [we/I] satisfy the requirements of the EYFS in [our/my] everyday practice; and [we/I] will notify you as and when any changes are made to [our/my] policies and procedures. [We/I] will be available to discuss or explain [our/my] policies and procedures, and/or any relevant changes, at a mutually agreed time.

1.10 [We/I] will maintain appropriate insurance to cover our childcare activities.

1.11 [We/I] will try to make a place available to any of your other children. However, [we/I] cannot guarantee that a place will be available.

2.0 Your obligation to [us/me]

2.1 You will need to complete and return [our/my] *Application to Join* and *Registration Form* to [us/me] before your child can start with [us/my].

2.2 You must notify [us/me] immediately of any changes to the information you have provided to [us/me] and keep [us/me] informed of any other necessary information that may affect the childcare that [we/I] provide for your child.

2.3 The *Registration Form* includes medicine consent and emergency treatment authorisations which you will need to complete prior to your child attending.

2.4 You will read and abide by [our/my] policies and procedures.

2.5 You will make yourself available as and when required to discuss the progress of your child or any factor relating to their childcare place with [us/me] at mutually agreed times.

2.6 You must immediately inform [us/me] if your child is suffering from any contagious disease, or if your child has been diagnosed by a medical practitioner with a notifiable disease. For the benefit of other children attending you must not allow your child to attend whilst they are contagious and pose a risk to other children during normal daily activities.

2.7 You must keep [us/me] informed of the identity of the persons who will be collecting your child. If the person who is due to collect your child is not usually responsible for collecting them [we/I] will require proof of identity. If [we are/I am] not reasonably satisfied that the person collecting your child is who [we were/I was] expecting, [we/I] will not release your child into their care until [we/I] have checked with you.

2.8 You must inform [us/me] immediately if you are not able to collect your child by the official collection time. You must make arrangements for another authorised person to collect your child as soon as possible. A late payment charge will be applied; please refer to the current fee schedule for details.

2.9 You will inform [us/me] as far in advance as possible of any dates on which your child will not be attending.

2.10 You will provide [us/me] with at least one month's notice of your intention to decrease the number of hours your child attends or to withdraw your child (and end this Agreement). If insufficient notice is given you will be responsible for the full fees for your child for one month from the date of notice. If you are ending this Agreement, notice must be given by completing our *Notification of Leaving Date* form which is available on request.

2.11 You must inform [us/me] if your child is the subject of a court order and provide [us/me] with a copy of such order on request.

3.0 Payment of fees

3.1 [Our/My] fees are based on a [weekly] fee that shall be notified to you in advance of your child starting ('[Weekly] Fee'). [We/I] may review these fees at any time but shall inform you of the revised amount at least [one month] before it takes effect. If you do not wish to pay the revised fee, you may end this Agreement by giving [us/me] [one month's] notice, by completing [our/my] *Notification of Leaving Date* form which can be obtained from [our setting manager/me].

3.2 Fees must be paid on a monthly basis, in advance. [We/I] calculate the amount payable by you each month by multiplying the [Weekly] Fee by the number of weeks [we are/I am] open during the year and dividing the total number by 12. This will give 12 equal monthly payments. Fees apply 12 months of the year. Fees may be paid weekly, in advance, by special arrangement.

All payments made under the Agreement should be by standing order (or direct debit where the facility is available) unless payment by cash, cheque or debit/credit card is agreed with [us/me] in advance. All payment, regardless of method, shall be made by you monthly, in advance on the first day of each month (the due date). If payment is made by cash or debit/credit card, it is your responsibility to obtain a receipt as proof of payment. Late payments incur a late payment fee of £[insert reasonable fee]. [In addition, daily interest will be charged on all outstanding amounts at the rate of [3%] above the Bank of England base rate.]

3.3 If the payment of fees referred to in 3.3 is outstanding for more than 14 days then [we/I] may terminate this Agreement by giving you 14 days' notice in writing. Upon termination of this contract the child shall cease forthwith to be admitted, and the notice to so terminate shall be regarded as a formal demand for outstanding monies.

3.4 If you have requested additional sessions or have been unable to collect your child by the official collection time and [we/I] have as a result provided you with additional childcare facilities, [we/I] will raise the applicable charges under a separate invoice for payment.

3.5 No refund will be given for periods where the place is unfulfilled due to illness or holidays on the part of either party. [We are/I am] closed on bank holidays and for [insert reasonable and agreed number] training days per year to support [our/my] continuing professional development for the benefit of children and families; no refund is given for this closure as this has already been taken into account when calculating your child's fees. [We/I] accept no liability for other costs which you incur if [we/I] are unable to provide childcare for any reason.

3.6 Where [we/I] offer a reduced fee rate after a child's birthday, that reduction will take effect from the first day of the following billing period.

3.7 In the event of late collection of your child, [we/I] reserve the right to charge for each additional 15 minutes, or part thereof, on a pro-rata basis.

4.0 Suspension of a child

4.1 [We/I] may suspend the provision of childcare to your child at any time if you have failed to pay any fees due.

4.2 If the period of suspension for non-payment of fees exceeds one month, either of us may terminate this Agreement by giving written notice, which will take effect on receipt of the notice.

4.3 [We/I] do not support the exclusion of any child on the grounds of behaviour. However, if your child's behaviour is deemed by [us/me] to endanger the safety and well-being of your child and/or other children and adults, it may be necessary to suspend the provision of childcare whilst [we/I] try to address these issues with you and external agencies as appropriate.

4.4 During any period of suspension for behaviour-related issues [we/I] will work with the local authority and where appropriate other welfare agencies to identify appropriate provision or services for your child.

4.5 If your child is suspended part way through the month, under the conditions stated in clause 4.3 [we/I] shall give you a credit for any fees you have already paid for the remaining part of that month, calculated on a pro rata basis. This sum may be offset against any sums payable by you to [us/me].

5.0 Termination of the Agreement

5.1 You may end this Agreement at any time, giving [us/me] at least one month's notice by completing the 'Notification of Leaving Date' form.

5.2 [We/I] may immediately end this Agreement if:

5.2.1 You have failed to pay your fees;

5.2.2 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 after [we/I]] have drawn it to your attention;

5.2.3 You behave unacceptably, as [we/I] do not tolerate any physical or verbal abuse or threats towards [staff/myself or my staff];

5.2.4 [We/I] take the decision to close. [We/I] will give you as much notice as possible in the event of such a decision.

5.3 It may become apparent that the support [we are/I am] able to offer your child is not sufficient to meet his/her needs. In these circumstances [we/I] will work with you, the local authority and other welfare agencies as per [our/my] procedures to identify appropriate support, at which point [we/I] may end this Agreement.

5.4 You may end this Agreement if [we/I] have breached any of [our/my] obligations under this Agreement and [we/I] have not or cannot put right that breach within a reasonable period after you have drawn it to [our/my] attention.

6.0 General

6.1 If [we/I] have to close or [we/I] take the decision to close due to events or circumstances beyond [our/my] control (e.g. extreme weather conditions) the [Hourly/Weekly] Fee will continue to be payable in full and [we/I] shall be under no obligation to provide alternative childcare to you. If the closure exceeds three consecutive days in duration (excluding any days when [we/I] would otherwise have been closed), [we/I] will credit you with an amount that represents the number of days closed in excess of three days.

6.2 If you have any concerns regarding the services [we/I] provide, please discuss them with [your child's key person/me]. [If these concerns are not resolved to your satisfaction, please contact the manager]. Customer satisfaction is paramount and any concerns/complaints will be dealt with in line with [our/my] *Making a Complaint Policy*.

6.3 From time to time [we/I] will take photographs and video recordings of the children who attend. These photographs are used for on-going recording of [our/my] curriculum and for children's individual development records. They are stored on [our/my] computer whilst your child is with [us/me]. The photographs are used for display and for your child's records within the setting. If [we/I] wished to use any image of your child for training, publicity or marketing purposes, [we/I] would always seek your written consent for each image [we/I] intend to use, as indicated on [our/my] *Registration Form*.

6.4 [We/I] reserve the right to refuse to admit your child if they have a temperature, sickness and diarrhoea or a contagious infection or disease on arrival at [our/my] setting, or to ask you to collect your child if they become unwell whilst in [our/my] care, in line with our *Managing Children who are Sick, Infectious or with Allergies Policy*.

6.5 Whilst food and drink is provided on the premises, [we are/I am] not a commercial kitchen and may not be able to cater for the individual needs of every child. As cross contamination cannot be ruled out, a risk assessment is conducted for children with any known allergies. It is [our/my] usual practice to provide both a meat and vegetarian option. Every effort is made to follow recommended food preparation guidance and to ensure that [all staff involved in the preparation and serving of food are suitably trained/I am suitably trained in the preparation and serving of food].

6.6 Any personal information you supply to us will be collected, stored and used in accordance with the principles of the General Data Protection Regulations (GDPR) (2018) and [our/my] *Confidentiality and Client Access to Records Policy*. [We/I] will always seek your consent where [we/I] need to share information about your child with any other professional or agency. [We are/I am] required by law to override your refusal to give consent only in specific circumstances where the child or someone in the family may be in danger if [we/I] do not share that information.

6.7 [On occasion, I may leave your child in the sole care of one of my childminding assistants. This will only ever be for short periods of up to two hours where permission from parents has been obtained.]

7.0 This Agreement

7.1 [We/I] reserve the right to vary the terms and conditions contained in this Agreement

7.2 This Agreement contains the full and complete understanding between the parties and supersedes all prior arrangements and understanding whether written or oral relating to the subject of this Agreement except to the extent that [we/I] vary terms from time to time.

7.3 Acceptance of a place will be deemed as acceptance by you of these terms and conditions.

Acceptance of [our/my] offer of a childcare place

Please sign below to indicate that you have read and understood the above terms and conditions and to confirm your acceptable of a childcare place with [us/me] for your child.

For parent(s)/guardian(s) under the age of 18, a guarantor aged over 18, must also sign the contract on your behalf. The contract would therefore be between [name of provider], you and the guarantor.

Parent name 1

Signed Date

Parent name 2

Signed Date

Guarantor name (where applicable)

Signed Date
Relationship to the child

Home address

Daytime/work telephone Mobile

Email

Signed on behalf of [name of provision]:

Signed Date

Name

Role (Pre-School Supervisor)

Appendix C

Notification of Leaving Form

[Name of provider] Notification of Leaving Form [Address]

[Telephone number and email address]

[Charity Number and/or Company Registration Number]

You are required to provide us with at least one month's notice of withdrawing your child. If insufficient notice is given you will be responsible for the full fees for your child for one month from the date of notice. Please refer to our terms and conditions for full details.

A final invoice will be issued reflecting the fees chargeable for the remaining period that your child attends - together with any previously invoiced amounts which remain outstanding.

I confirm that *(insert child's name)* will be leaving [insert name of provider] on *(insert date)* and hereby give the required one month's notice period.

Name of parent/guardian……...

Signed……Date……..

Because we are always seeking to develop and improve our services we would be grateful for a response to the questions below. All feedback is treated confidentially and is greatly valued.

1. How long has your child attended our setting? _____ Years _____ Months

2. Which age group does your child attend? 0-2's / 2-3's / 3-5's

3. Why is your child leaving? Cost Starting school Attending another setting

Other ……

4. How would you rate the standard of care and education your child has received? Very good Good Satisfactory Poor

Appendix D

Schedule of Fees

Schedule of fees

Deposit amount	£[insert fee]
[Hourly/Weekly] rate(s):	
Children under 2 years	£[insert fee]
Children aged 2 years	£[insert fee]
Children aged 3 years or more	£[insert fee]
[Overnight care]	£[insert fee]
[Additional sessions above agreed hours]	£[insert fee]

Other charges:

Early arrival/late collection fee of £[insert fee] per additional 15 minutes.

Late payment fee of £[insert fee], plus daily interest of [3%] above the Bank of England base rate charged on the outstanding amount.

Appendix E

Individual Health Plan

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Date completed: _____ Review date: _____

Child's details:

Full name: Date of birth:

Address: _____

_____

Allergies:
Medical condition/diagnosis
Medical needs and symptoms:

Daily care requirements:
Medication details (inc. expiry date/disposal) _____

Storage of medication:

Procedure for administering medication: _____

Names of staff trained to carry out health plan procedures and administer medication:

_____

Other information: _____

_____

Date risk assessment completed: _____

Risk assessment details: _____

Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:

_____

Child's main Carer(s)

1. Name: _____ Relationship to child: _____

Contact number(s): _____

2. Name: _____ Relationship to child: _____

Contact number(s): _____

General Practitioner's details:

Name: _____ Contact number: _____

Address: _____

_____

Clinic of Hospital details (if app):

Name: _____ Contact number: _____

Address: _____

_____

Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent: _____ Date: _____

Signature: _____

Name of key person: _____ Date: _____

Signature: _____

Name of manager: _____ Date: _____

Signature: _____

Date: _____

For children requiring life-saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epi-pens, Ana-pens, Jext-pens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant: _____ Date: _____

Signature: _____

To be reviewed at least every six months, or as and when needed. Copied

to parents and child's personal file (with registration form)