



## PARENT DECLARATION AND AGREEMENT

It is in your child's best interest to inform us of the following:

### FAMILY DETAILS

<b>Full name of child (this must be the same as their Birth Certificate):</b>  	<b>Date of Birth:</b>  		
<b>Name known as (If different from above):</b>  	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #d3d3d3; vertical-align: top; padding: 5px;"> <b>Birth Certificate Seen:</b>   <i>Office use only.</i> </td> <td style="width: 50%; background-color: #ffb6c1; vertical-align: top; padding: 5px;"> <b>Birth Certificate Seen:</b>   <i>Office use only.</i> </td> </tr> </table>	<b>Birth Certificate Seen:</b>  <i>Office use only.</i>	<b>Birth Certificate Seen:</b>  <i>Office use only.</i>
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<b>Name of parent/s with whom the child lives:</b>  1. <hr/> 2. <hr/>	1. Does this parent have parental responsibility? (are they named on the birth certificate) <b style="color: red;">YES/NO</b>  Tel No: _____ Mobile No: _____  Email: _____  2. Does this parent have parental responsibility? (are they named on the birth certificate) <b style="color: red;">YES/NO</b>  Tel No: _____ Mobile No: _____  Email: _____		
<b>Address:</b>  			
<b>Name of parent/s with whom the child does not live:</b>  	Does this parent have parental responsibility (are they named on the birth certificate)? <b style="color: red;">YES/NO</b>  Does this parent have legal access to the child? <b style="color: red;">YES/NO</b>		



**CHILD COLLECTION INFORMATION:**

Please give details of any person/s with whom your child **should not** be released to:

Name:

Relationship:

Persons **who are authorised** to collect the child and can collect in case of emergency (must be 16 years of age) ie. relative, childminder or friend:

Name:

Relationship to child

Tel No:

Mobile No:

Address:

Name:

Relationship to child

Tel No:

Mobile No:

Address:

Name:

Relationship to child

Tel No:

Mobile No:

Address:

Signature:  
(Of authorised person)

We have a Safeguarding Children Policy (see Parent Pack or Operation Plan for full details) in operation which includes a confidential password system for each child. When a person (ie. your friend, sister or grandparent) is collecting your child and they are unknown to our members of staff, they will only be allowed to leave our premises with your child when the correct password is given.

**Please state your chosen password: .....**



Does your child have <u>any</u> special needs or disabilities? <b>YES/NO</b> If YES please give details:	Are your child's vaccinations up to date? <b>YES/NO</b>
Has your child ever had a 'CAF' or a 'My Support Plan', 'Education, Health and Care Plan'? <b>YES/NO</b>	If YES please give details:
<b>Names of professionals involved with your child</b>	
Doctors Surgery:	Dentist Surgery:
Tel No:	Tel No:
Do you have a health visitor?	<b>YES/NO</b>
Name:	Based at:
Tel No:	
Does your family have a social worker for any reason?	<b>YES/NO</b>
Name:	Based at:
Tel No:	
What is the reason for the involvement of social services with your family?	
<b>Does your child have any allergies and if so, to what? YES/NO</b>	
Is there any medical information that you feel is important for us to know? Do you have any concerns regarding your child's <b>speech (YES/NO)</b> or <b>hearing (YES/NO)</b> please circle the appropriate response and provide further details here if necessary:	
Does your child need regular medication? <b>YES/NO</b> If YES please give details:	Is your child's immunisations up to date? <b>YES/NO</b>
Does your child use an inhaler(s)? <b>YES/NO</b>	If YES please state which kind:
Does your child use a spacer? <b>YES/NO</b>	
<b>PLEASE NOTE: It is the requirement of the EYFS Care Standards that training specific to the individual child concerned should be provided for staff from a qualified health professional.</b>	



## PARENTAL CONSENT

Childs Name .....

Please indicate your consent by circling as appropriate.

### Record Keeping

It is our responsibility to keep a record of your child's experiences and development, whilst they attend the pre-school. These records are available for you to see and discuss at any time. They are also used to inform practitioners at your child's next setting – **YES / NO**

### Photographs

As much of your child's experiences at pre-school will be practical, it is important to keep photographic and occasionally video evidence. These images will only be used in your child's pre-school book, and to accompany displays in the pre-school.

Please indicate if you give permission for your child's photograph to also be used for:

Their Pre-school Records – **YES / NO**

Pre-school Displays – **YES / NO**

Newspapers/Publicity – **YES / NO**

### Plasters

Permission to apply plasters – **YES / NO**

### Emergencies

In the unlikely event of an emergency it may be necessary to call an ambulance for emergency treatment or to escort your child to hospital. Every effort will be made to contact you, but we need your consent to call 999 – **YES / NO**

### Visits and Outings

We will take the children on visits to the local area (within walking distance) when weather and numbers permit. We may also take the children into the school for some activities. For any other non-local trips we will ask for your written consent at the time – **YES / NO**

### Messy Play/Face Painting

Please indicate whether you are happy for your child to engage in messy play. (paint/cornflour/jelly etc) and us to use face paints on them from time to time – **YES / NO**

### Sun Screen

In sunny weather your child's skin will need protection. We need your consent to apply sun screen and request that you provide a named bottle when appropriate – **YES / NO**

Parent's Signature: .....

Date .....



## Child Protection Responsibilities – Statement

Dear Parent/Carer

As a provider of early education registered with Ofsted, I am required to follow the Child Protection Procedures, agreed with the Local Safeguarding Children Board and Ofsted within my responsibility to safeguard children.

As a provider of early education involved in the education of your child, I will endeavour to share with you any concerns I may have regarding injury or specific issues of concern at all times. A confidential record of such incidents will be kept and shared with you.

I do have a duty to refer to Social Services if I suspect your child is at risk of child abuse. I will inform you if I make a referral to Social Services, unless this would place your child at increased risk of significant harm. My first concern will always be the welfare of your child.

I have a copy of the Wiltshire Child Protection Procedures and Guidance for you to see if you wish.

Yours faithfully

Julie Langlands, Manager, Lavington Pre-school

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I \_\_\_\_\_ (name of person with parental responsibility) have read and understood the above statement and agree with the procedures outlined to 'Safeguard' my child.

Signature of person with parental responsibility: \_\_\_\_\_

Date: \_\_\_\_\_



**Consent for liaison with outside agencies and Devizes Children’s Centre**

Every child has the right to have their individual needs met. In order to do this, it may sometimes be necessary for us to talk to and share information with outside agencies or other settings attended.

Wherever possible, we will always discuss with you in the first instance, any information that needs to be shared.

Whilst your child is attending Lavington Pre-school staff will be monitoring and assessing your child’s progress.

External agencies are welcome to visit our setting.

**Declaration**

I do give my permission for Julie Langlands, **The Manager of Lavington Pre-school**, to discuss my child with outside agencies.

Please state any agencies that you do not wish us to discuss your child

with.....

I understand that by contacting other agencies the setting is working in partnership with me as parent/guardian/carer to meet the needs of

(Child’s name) ..... (Date of birth) .....

Signature of parent/guardian with parental responsibility

.....

Print name ..... Date .....

**Wiltshire’s local safeguarding children procedures**  
As a provider involved in the care of your child, we will try at all times to share any concerns we may have. However, in the event that we feel a child has been harmed or is at risk of significant harm, then we have a duty to follow the **Wiltshire Safeguarding Children Board** procedures, as set out at [http://wiltshirescb.org.uk/wp-content/uploads/2016/10/WSCB\\_WhatToDoIfYouAreWorried.pdf](http://wiltshirescb.org.uk/wp-content/uploads/2016/10/WSCB_WhatToDoIfYouAreWorried.pdf). Our first concern will always be the welfare of your child.

**Operation Encompass:** At Lavington Pre-school we are part of Operation Encompass, a police and education early information sharing partnership enabling schools and pre-schools to offer immediate support for children and young people experiencing domestic abuse. Information is shared by the police with the pre-school's Designated Safeguarding Lead (DSL) prior to the start of the next day after officers have attended a domestic abuse incident thus enabling appropriate support to be given, dependent upon the needs and wishes of the child.



Please fill in this page from your child's perspective.....

*All about me!*

*My Name is:* .....

Things I can do myself and things I need help with:	What is important to me:
Other Nurseries I have or are presently attending:	How I feel, behave and get on with others:
My home language and cultural identity is:	My family, my home and where I live:
Things I really like to do or play with:	



**ATTENDANCE INFORMATION:**

**Preferred Starting Date:**

Preferred attendance (Please tick the sessions you would like your child to attend each week):

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning session</b> 9:00 am-12:00 pm 3 Hrs					
<b>Morning and Lunch</b> 9:00 am-1:00 pm 4 Hrs					
<b>Lunch and Afternoon</b> 12:30 pm-3:00 pm 2 Hrs and 30 mins					
<b>FULL DAY</b> 9:00 am – 3:00pm 6 Hrs					

If your child will be attending over the lunch time session then you will need provide a packed lunch from home.

**Please provide the name of any other pre-school/childminder your child attends:**

**Please indicate whether you intend to pay for these sessions or if you are in receipt of funding:**

We are open from 9:00 am to 3.00 pm, Monday to Friday which comes to a total of 30 hours a week for 38 weeks per year.





## **PARENT DECLARATION AND AGREEMENT:**

### **Declaration:**

1. I/We would like ..... (name of child) to be enrolled at Lavington Pre-School.
2. I/We understand that all sessions have to be paid for through invoiced fees or Free Entitlement Funding and that this is non-refundable.
3. I/We accept that failure to cover the cost of your sessions will result in the loss of my/our child's place at the pre-school and that steps will be taken by the group to recover any unpaid fees as per our payment policy which can be found in our Operational Plan.
4. I/We will give 4 weeks term time notice to terminate this contract and failure to do so will result in payment being collected for any cancelled session(s).
5. A copy of all the Pre-school policies and procedures are held in the Operational Plan. I have read and agree to these policies and procedures.

Name: ..... Parent/Carer      Signature: .....

Name: ..... Parent/Carer      Signature: .....

### **For office use only:**

Date of application received: ...../...../.....

Parental Responsibility Confirmed: Mother **YES/NO** Father **YES/NO**

Full Name as per Birth Certificate: **YES/NO**



Date of birth as per Birth Certificate: **YES/NO**

Date Birth Certificate seen: