



PARENT DECLARATION AND AGREEMENT

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

FAMILY DETAILS

Full name of child (this must be the same as their Birth Certificate): 	Date of Birth: 		
Name known as (If different from above): 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #e0e0e0; vertical-align: top; padding: 5px;"> Birth Certificate Seen: <i>Office use only.</i> </td> <td style="width: 50%; background-color: #fce4ec; vertical-align: top; padding: 5px;"> Birth Certificate Seen: <i>Office use only</i> </td> </tr> </table>	Birth Certificate Seen: <i>Office use only.</i>	Birth Certificate Seen: <i>Office use only</i>
Birth Certificate Seen: <i>Office use only.</i>	Birth Certificate Seen: <i>Office use only</i>		
Name of parent/s with whom the child lives: 1. <hr/> 2. 	1. Does this parent have parental responsibility? (are they named on the birth certificate) YES/NO Tel No: _____ Mobile No: _____ Email: _____ 2. Does this parent have parental responsibility? (are they named on the birth certificate) YES/NO Tel No: _____ Mobile No: _____ Email: _____		
Address: 			
Name of parent/s with whom the child does not live: 	Does this parent have parental responsibility (are they named on the birth certificate)? YES/NO Does this parent have legal access to the child? YES/NO		



CHILD COLLECTION INFORMATION:	
Please give details of any person/s with whom your child <u>should not</u> 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)
<p>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.</p> <p>Please state your chosen password:</p>	



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



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**

Teeth brushing

Please indicate if you are happy for your child to be encouraged to brush their teeth at Pre-school. A tooth brush and toothpaste will be supplied by Pre-school.

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

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. 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
Morning session 9:00 am-12:00 pm 3 Hrs					
Morning session 9:00 am-1:00 pm 4 Hrs (including lunch)					
Afternoon session 12:00 pm-3:00 pm 3 Hrs (including lunch)					
Afternoon session 12:30 pm-3:00 pm 2½ Hrs (including lunch)					

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:

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:



RESIDENCY AND ETHNICITY CODES

Please tick the residency and ethnicity code you feel applies to your child (optional)

Residency Codes:

B	Bath and North East Somerset
D	Dorset
G	Gloucestershire
H	Hampshire
O	Oxfordshire
S	Somerset
SG	South Gloucestershire
SW	Swindon
WB	West Berkshire
W	Wiltshire
M	Military
Other	Other (please state)

Department for Education (DfE) extended ethnicity codes:

WCOR	White – Cornish
WENG	White – English
WSCO	White – Scottish
WWEL	White – Welsh
WOWB	Other White British
WIRI	White Irish
WIRT	Traveller of Irish heritage
WALB	Albanian
WBOS	Bosnian – Herzegovinian
WCRO	Croatian
WGRK	Greek
WGRC	Greek Cypriot
WITA	Italian
WKOS	Kosovan
WPOR	Portuguese



WSER	Serbian
WTUK	Turkish
WTUC	Turkish Cypriot
WEUR	White European
WEEU	White Eastern European
WWEU	White Western European
WOTW	White Other
WROM	Gypsy/Roma
WROG	Gypsy
WROR	Roma
WROO	Other Gypsy/Roma
MWBC	White and Black Caribbean
MWBA	White and Black African
MWAP	White and Pakistani
MWAI	White and Indian
MWAO	White and any other Asian background
MAOE	Asian and any other ethnic group
MABL	Asian and Black
MACH	Asian and Chinese
MBOE	Black and any other ethnic group
MBCH	Black and Chinese
MCOE	Chinese and any other ethnic group
MWOE	White and any other ethnic group
MWCH	White and Chinese
MOTM	Other mixed background
AIND	Indian
AMPK	Mirpuri Pakistani
AKPA	Kashmiri Pakistani
AOPK	Other Pakistani
ABAN	Bangladeshi
AAFR	African Asian
AKAO	Kashmiri Other
ANEP	Nepali
ASNL	Sri Lankan Sinhalese
ASLT	Sri Lankan Tamil
ASRO	Sri Lankan Other
AOTA	Other Asian



BCRB	Black Caribbean
BANN	Black – Angolan
BCON	Black – Congolese
BGHA	Black – Ghanaian
BNGN	Black – Nigerian
BSLN	Black – Sierra Leonean
BSOM	Black – Somali
BSUD	Black – Sudanese
BAOF	Other Black African
BEUR	Black European
BNAM	Black North American
BOTB	Other Black
CHKG	Hong Kong Chinese
CMAL	Malaysian Chinese
CSNG	Singaporean Chinese
CTWN	Taiwanese
COCH	Other Chinese
OAFG	Afghan
OARA	Arab other
OEGY	Egyptian
OFIL	Filipino
OIRN	Iranian
OIRQ	Iraqi
OJPN	Japanese
OKOR	Korean
OKRD	Kurdish
OLAM	Latin/South/Central American
OLEB	Lebanese
OLIB	Libyan
OMAL	Malay
OMRC	Moroccan
OPOL	Polynesian
OTHA	Thai
OVIE	Vietnamese
OYEM	Yemeni
OOEG	Other ethnic group
REFU	Refused



TERM DATES 2021-22:

Term 1: 2nd September to 19 th October
Half Term: 20th October - 31st October
Term 2: 1st November - 17 th December
Winter Break: 18th December - 4th January
Term 3: 5 th January - 17 th February
Half Term: 18th February - 27th February
Term 4: 28th February - 8 th April
Spring Break: 9th April - 24th April
Term 5: 25 th April - 27 th May
Half Term: 28th May - 6th June
Term 6: 7 th June - 22nd July
Summer Break: 23rd July - 31st August

Fees

Our fees for 2021 - 2022 are:

3-5yr olds

2yr olds

£5.10 per hour

£5.30 per hour

Fees are reviewed annually each September.

All children qualify for Free Entitlement and may be eligible for 30 hours funding in the term after their 3rd birthday. If your child's 3rd birthday is between 1st Sep-31st Dec, they will qualify for grants from the start of spring term, if your child's 3rd birthday is between 1st Jan-31st Mar, they will qualify for grants from the start of summer term, if your child's 3rd birthday is between 1st Apr-31st Aug they will qualify for grants from the start of autumn term.