

LITTLE PIPPINS PRE-SCHOOL & BREAKFAST CLUB

(Charity Registration No. 1105994)

CHILD INFORMATION & 'PERMISSIONS' FORM

To apply for a place at Little Pippins, please complete and return this form, along with the £20 registration deposit (refundable when your child leaves), to Little Pippins Pre-School, Freeman Orchard, Gaveston Road, Harwell, Didcot, OX11 0HP.

Child's full name: Gender M / F

Name used, if different from above: Date of birth:

Child's full address including post code:

.....

CONTACT DETAILS

Name of parent/carer 1: Relationship to child:

Address, if different from child's address :

Tel:.....Mobile:.....email:.....

Place of work: Work Tel:

Name of parent/carer 2: Relationship to child:

Address, if different from child's address :

Tel:.....Mobile:.....email:.....

Place of work: Work Tel:

* **Who has parental responsibility for the child?**

* **Other person with legal contact** (if applicable): Name:.....

Contact number.....Relationship to child:

Any contact arrangements we need to be aware of:

.....

*It is a legal requirement that we have these details for EYFS-age children. Information on parental responsibility is available at www.direct.gov.uk

Emergency contact if parents are not available: Name

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

HEALTH AND DEVELOPMENT

Does your child have any on-going medical conditions? If so, please specify:

.....

Are any external agencies involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

.....

Child's full name:

HEALTH AND DEVELOPMENT continued

Please state any known allergies or food intolerances your child may have:

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Does your child require a health care plan? Yes No

Does your child have any special needs or disabilities? If so, please specify

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.....

Are any of the following in place?

SEN Action Plan Y / N Education, Health and Care Plan Y / N

What special support will he/she require at Little Pippins?

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Child's Doctor: Name:.....Tel:

Address:

Health Visitor (if applicable): Name:.....Tel:

Address:

Social Care Worker (if applicable): Name:.....Tel:

Address:

What is the reason for involvement of the social care department? NB If the child has a child protection plan, make a note here but don't include details.

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Dietary requirements/preferences:.....

CULTURAL BACKGROUND

Main language(s) spoken at home.....:

Child's Nationality: Religion:

Are there any festivals or special occasions in your culture that we should take into account while your child is in our setting:

.....

Child's full name:

PERMISSIONS

- I give permission for staff at the setting to seek any necessary **emergency medical advice or treatment** for my child (named above)

Signed: Date:

- I give permission for staff at the setting to **apply sunscreen** supplied by me or the setting to my child (named above).

Signed: Date:

- I give permission for my child (named above) to be taken on **short walks or visits** around the village.

Signed: Date:

- I give permission for my child (named above) to be **photographed**. Photographs may be used for displays within the setting. Photographs and video clips are used for your child's development records.

Signed: Date:

- I give my permission for my child's named **artwork** to be displayed in the setting.

Signed: Date:

- The setting must keep a record, signed by a parent/carer of the child, of the names of any person (over 16 years of age) **authorised to collect their child** (named above) from the setting.

Names: Password

.....

Signed: Date:

- For parent/carer of a child in the **Early Years Foundation Stage (EYFS)** age range 2-5 years (up to 31st August following child's fifth birthday):

I give permission for my child's key person at Little Pippins to share relevant information with the other nursery / pre-school / childcare setting where s/he also receives education and care under the EYFS framework and with our preferred primary school.

Name of other setting and/or preferred school:

Signed: Date:

- I give consent for **information to be shared** with external agencies regarding any special needs my child (named above) may have or transition to school. I understand the circumstances in which information may be shared without my consent. This will only be when it is a matter of safeguarding a child or vulnerable adult.

Signed: Date:

- For parent/carer of a child who attends Little Pippins **Breakfast Club or Harwell After School Club** or who uses the **Walking Bus** :

I give permission for my child (named above) to walk with the 'walking bus' between Little Pippins Pre-school and Harwell Primary School

Signed: Date:

Child's full name:

PERMISSIONS continued.

- I have read the information provided and understand what my child will be doing when he/she attends **Forest School** on the Little Pippins site. I give permission for my child (named above) to attend Forest School.

Signed: Date:

OTHER ADMISSIONS INFORMATION

Do any siblings of your child attend Little Pippins or Harwell Primary School? (This may increase waiting list priority)

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Is your child eligible for free early education for 2 year olds? Yes / No.

<https://www.oxfordshire.gov.uk/cms/content/free-early-education-2-year-olds-0>

Please provide any other information that may support your child's priority on our waiting list.

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Will your child be attending another setting as well Little Pippins? Yes / No

PREFERRED SESSIONS

We will endeavour to offer you the sessions and start date you request but this will depend on the waiting list and availability of sessions. We will contact you during the term before your preferred start date to discuss availability. Places are allocated to children on the waiting list primarily in age order - see our Admissions and Fees policy for more information on allocation of places.

Preferred start date or term:

Please indicate below which the sessions you would like your child to attend when they first start.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 8:00-9:15					
Morning 9:15-11:45					
Lunch Club 11:45-12:30					
Afternoon 12:30 - 3:00					
Walking Bus to After School Club					

Other preferences / comments:

.....

Name of person who completed this form:

Signature: Date:

Relationship to child named above:

Child's full name:

TERMS & CONDITIONS

Completion of this form places your child on our waiting list; it does not guarantee a place for your child. We will contact you as soon as a suitable place becomes available. If you find that you no longer need a place, please let us know as soon as possible. If you do not need or accept the place, we will not retain the information on this form.

Once your child has been offered a place, and you have accepted it, your child will be on the register and we expect them to attend on the day(s) allocated to them.

This registration form is a contract and you are liable to pay all the fees up to and including one month's notice of leaving. It is our policy that all fees are paid in advance of every session. Invoices will be issued for unfunded Pre-school and Lunch Club sessions bi-termly (Sept/Jan/April) and can be paid weekly, monthly, termly or in full. Fees cannot be returned for sessions (including lunch club) not attended.

Booking forms for Breakfast Club will be issued prior to each term and fees should be paid at time of booking. For Breakfast Club only, 1 week's notice is required for cancellation of pre-booked sessions and for a credit to be given against the next term's booking.

If fees remain outstanding for 7 days after issue of a written reminder letter, Little Pippins will only be able to provide sessions funded by the Early Education funding scheme for 2,3 and 4year olds. Any other sessions will be withdrawn until the outstanding debt is cleared. Once payment is received, additional sessions may be requested following negotiation with the Senior Practice Manager and Management Committee.

Little Pippins Pre-school is a charity and is managed by a committee of volunteers. Parents are required to become a member of Little Pippins when their child starts attending. Each member family (parent, grandparent or carer) is also expected to provide parent help for at least one pre-school session per term.

I wish to register my child at Little Pippins and agree to abide by these Terms and Conditions.

Signed:

Name: Date:

I have seen the Ofsted Registration Certificate of LITTLE PIPPINS PRE-SCHOOL

I have been given a copy of the setting's complaints procedure (also available on our website) which includes an address and telephone number for Ofsted.

I have been given a copy of the setting's Privacy Notice.

Signed: Date:

For Office Use: Deposit received: Y / N Date :

Date Place offered Child's Start Date

Evidence of Date of Birth: Birth Certificate / Passport / Other

Seen by: Photocopied Y / N Date:

Copy of this completed form given to parent: Y / N Date

Child's full name:

EQUALITIES MONITORING FORM

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

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state			

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

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