

# LITTLE PIPPINS PRE-SCHOOL & BREAKFAST CLUB CHILD INFORMATION & 'PERMISSIONS' FORM

**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](http://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:  
.....

Does your child require a health care plan? Yes  No ...

Any known allergies or food intolerances:  
.....

**Child's full name:** .....

**HEALTH AND DEVELOPMENT continued**

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

.....  
.....

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?

.....  
.....

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.

.....  
.....

Any 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 will be kept in their personal files and may be used for displays, our website, local and pre-school newsletters

Signed: ..... Date: .....

The setting must keep a record, signed by a parent/carer of the child, of the name of any person authorised to collect their child (named above) from the setting.

Please give name(s), must be over 16 years of age, and password:

.....Password.....

Signed: ..... Date: .....

For parent/carer of a child in the Early Years Foundation Stage (EYFS) age range (up to 31<sup>st</sup> 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 setting and/or preferred school: .....

Signed: ..... Date: .....

For parent/carer of a child who attends Little Pippins Breakfast Club and/or Harwell After School Club:

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

Signed: ..... Date: .....

**Child's full name:** .....

**OTHER INFORMATION**

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

.....

Do any siblings of your child attend Little Pippins or Harwell Primary School?

.....

Is your child eligible for free early education funding for 2 year olds? If so, please give TYF reference.  
<https://www.oxfordshire.gov.uk/cms/content/free-early-education-2-year-olds-0>

.....

Any other information that may support your child's position on our waiting list.

.....

**PREFERRED SESSIONS**

We endeavour to offer you the sessions and start date you request but this will depend on the waiting list and availability of sessions

**Preferred start date/term:** .....

Please indicate below which the sessions you would initially like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 8.00-9.15					
Morning Session 9.15-11.45					
Lunch Club 11.45-12.30					
Afternoon Session 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**

Once your child has been offered a place and is on the register, we expect your child to attend on the day(s) allocated to them. The 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. Booking forms for Breakfast Club will be issued prior to each term and fees should be paid at time of booking. Fees cannot be returned for sessions (including lunch club) not attended. This is because we still have to cover all the pre-school's running costs, including staff pay. For Breakfast Club only, 1 week's notice is required for cancellation of pre-booked sessions and a credit will be given on the next term's invoice.

If fees remain outstanding after issue of a written reminder, Little Pippins will only be able to provide sessions funded through the Nursery Education Fund or Two Year Old Early Entitlement. 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 Business Manager and Management Committee.

Little Pippins Pre-school is a charity (Charity Registration No. 1105994) 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.  
Signed: ..... Date: .....

**Please return the completed form and £20 registration deposit (refundable when your child leaves) to Little Pippins Pre-School, Freeman Orchard, Gaveston Road, Harwell, Didcot, OX11 0HP**

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

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

Seen by: .....      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
- SEN 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.