



CROFT EARLY YEARS ENROLMENT FORM
Croft Early Years / St Lewis Breakfast Club
(circle as appropriate)

Child's Legal surname Legal Forename.....

Name Known By Date of Birth

Home language.....

Faith/Belief.....

Address

Home Telephone Number
.....

E mail address
.....

Parent/ Carers Name
.....

Mobile Phone No.

Place of Work

Work Telephone No

Parent/ Carers Name
.....

Mobile Phone No.

Place of Work

Work Telephone No

Name of all persons who may collect the child	Relationship to child	Telephone No.



I have read and understood the settings Information Sharing, Safeguarding Children, Food and Drink policies. YES

I have enclosed a non-refundable £15.00 fee, cheques payable to Croft Preschool. YES

Copy of Utility Bill and Birth certificate to confirm D.O.B and address YES

How did you hear about Croft Early Years: -
.....

My choice of primary school(s):-
.....

My child's other provider(s):-.....
.....

Start date:-
.....

Sessions requested:-
.....

Signed.....



CROFT EARLY YEARS MEDICAL HISTORY FORM

Childs Name

.....

Child's Doctor

Practice Address
.....

Doctor's Telephone Number
.....

Do your family have a Health visitor? Yes No

Health Visitors Name
.....

Clinic Attending

Clinic Telephone No.

Is any member of the family under speech and language? Yes No

Name of the speech and language worker
.....

Does your family have a Social Care Worker for any reason? Yes No

Name of Social Care Worker.....

Are there any legal orders or agreements in place for this child/family? Yes No

Legal Order details.....

List all Immunisations/Vaccinations.....
.....

Date of 2 year old check up.....

Infectious diseases contracted.....

Any allergies, asthma, health problems, physical or educational needs? Please give details.....
.....
.....



Staff may need to administer a plaster, seek medical advice on behalf of your child or administer any necessary emergency treatment during the session.

I give permission for all of the above (please sign).....

If your child has any dietary requirements then please provide details

.....

.....

If you have any worries or concerns about your child at any time, please speak in confidence with a member of staff.

CROFT EARLY YEARS PARENTAL PERMISSION FORM

We are required to obtain parental permission for a variety of situations that may arise during a pre-school session. Would you please read and sign the form to give your permission for all the situations described below. If you do not wish to give your permission for a particular situation please indicate the appropriate number at the bottom of this sheet. Staff will be happy to discuss any queries you may have.

NAME OF CHILD

1. When weather permits we may wish to take your child to explore the immediate area around the setting looking for worms, insects or leaves etc. We may go for a short walk e.g. to Croft Primary School or to the park. At no time will we leave the village of Croft or use public transport or any hired vehicle without your separate written permission.
2. Staff will photograph your child during Nursery. These photographs will be displayed in the setting and in connection with the setting's work, for example displays within the School or Training Events and will be used for children's learning journey books. They will also be used for publicity and marketing but at all times the photographs will remain anonymous.
3. Your child may occasionally be filmed by staff during Nursery. These will only be shown in the setting. At other events e.g Christmas, other parents may film a general view on which your child may appear.
4. Your child will be observed by staff and students during Nursery activities. These observations are to record your child's progress or for a student's course work.
5. On occasion photography companies may come to Nursery to photograph your child. This would be a photograph that you may purchase and in turn, help fundraise for our setting.

****I give permission for all the situations described above**

Signed

Date

Croft Early Years Parent/Carer's Contract

Child's Name _____

Parent or Carer's Name _____

- I consent for my child attending Croft Early Years and Breakfast Club.
- I understand the setting has policies and procedures and I agree to abide by them, I am aware that copies are available on site for me to view or I can request copies to keep.
- I understand that Croft Early Years and Breakfast Club and the staff working there are legally responsible for my child during the times they are attending the setting.
- My child will only be collected and signed out by a named person authorised to do so.
- My child will be provided with snacks and drinks unless otherwise requested. I will notify the setting of any specific dietary requirements for my child.
- I will inform the setting if my child is to be absent, I am aware that all sessions will be charged for regardless of attendance.
- Once I have confirmed my requirements, this will be classed as a permanent booking. I am aware that it is my responsibility to advise if changes need to be made and that 2 weeks written notice is required for any changes.
- I will pay promptly for sessions in advance, I am aware that failure to do so will result in the immediate loss of my child's place and will incur additional charges for invoice reminder notices.
- It is my responsibility to keep the setting of any changes affecting my child such as dietary requirements, contact telephone numbers.
- I accept that whilst at Croft Early Years and Breakfast Club my child may get involved in messy activities and I will provide my child with appropriate clothing to accommodate this. The setting will also provide aprons, hand washing facilities etc.
- If, due to unforeseen circumstances, I am going to be late, I will contact the setting and if possible, arrange my child's collection.
- If my child is not collected by the agreed time, a charge will be made to cover the cost of staffing the setting according to the legal requirements.
- Whilst we try to ensure the safety and security of children's personal items, we cannot be held responsible for anything that is lost or stolen and urge children not to bring personal items into Breakfast Club or Nursery.
- If my child has an accident, he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. Should the situation dictate that my child needs urgent medical treatment and I am unavailable, a member of staff will accompany my child to hospital.
- If I am a parent eligible to receive Tax Credits in relation to childcare I am aware that Croft Early Years and Breakfast Club are legally obliged to notify HMRC if I cease to use the service during the period of my claim.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature _____ Date _____

Data Protection

In order to comply with the terms of the Data Protection Act, 1998, we require your consent before we can process the data which you may give. Croft Early Years wish to collect some information about the parents/guardians/named representative of its children.

This would include:

- Name
- Address
- Telephone Number
- Emergency Contact Number
- Copies of any correspondence sent to Croft Early Years
- E-mail address

This information is held to allow us to:

- contact you in the event of an emergency involving your child/children.
- inform you of any concerns which we have about the progress of your child/children.
- involve you in disciplinary processes where appropriate
- pass on relevant information to our educational partners and Local Authority.
- inform you of events in Croft Early Years

Such information will not be disclosed to other parties without your consent. We also request that you keep Croft Early Years informed of any changes to the above information. If you agree to the following statement please sign the consent form.

“I agree to Croft Early Years processing the personal data provided on the application form and other data which Croft Early Years may obtain from me or other people whilst my child/children is attending Croft Early Years. I agree to the processing of such data for any purpose connected with their time at Croft Early Years of for any other legitimate purpose.”

Signature.....

Date.....

Contact for Social Media

Social Media can be a very positive form of communication with adult peers, however to keep everybody safe and happy we ask that you please adhere to the preschool and nursery's guidelines.

We will safeguard children to ensure that they can access only age appropriate internet sites.

We will not allow naming of children on social media.

We will not have any discussion via social media about any events or incidents that occur in preschool/ nursery.

We will not make any comments that could cause offence to any child or adult.

Should we read any comments, threads and discussions which do not adhere to any of the guidelines as set out above; we will act responsibly and take the appropriate action.

On signing this contract you are agreeing to ensure that all children, families and staff will be safeguarded against social media.

Signed:.....

Print Name:.....

Child(s) Name:.....

Date:.....

Thank you for your cooperation.

We look forward to working together.

Child Session Request Form

Child's Name: _____ Start Date _____

Day	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

From the 1st of April 2015 we will charge £10 late pick-up/early drop-off fee.

- Lat
e pick-up: over 10 minutes from the end of the session.
- Ea
rly Drop off: over 10 minutes from beginning of the session.

We understand the late collection charge is very high, but is necessary as a number of parents consistently collect children up late. We are obliged to comply Ofsted Child and Adult Ratios, so this is a basic cost charge.

Early drop-offs or late collections impact on our statutory ratios and our Ofsted Registration.

Please always contact the Nursery/Pre-School if you are aware you will be late.

To avoid paying the fee, please take this into account when you book you child's sessions. Additional days/hours can be booked and paid for in advance if required. A notice period of 24 hours is required to book these and will dependent on the number of children already attending a session.

I have read and understood the above terms and conditions and I agree to them.

Parent/Career Name:	
Signature:	Date:

CHILD SCHEDULE CHANGE REQUEST FORM

SCHEDULE CHANGE POLICY

If you wish to change your child’s schedule, you must give 14 days’ written notice. Schedule changes are not guaranteed and are subject to availability.

Child’s Name: _____

Current Schedule:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

Requested Schedule Change Date ____/____/____

New Schedule:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

Please accept this schedule change request as my 14 days notice as required by the Prospectus.

Parent/Career Name:	
Signature:	Date: