



Parent Pack

Please keep this page for your information.

The Hullbridge Preschool

Riverside Primary School

Ferry Road

Hullbridge

SS5 6ND

info@thehullbridgepreschool.co.uk

07765567773

Manager – Kristy Sangwin Director – Donna Thresher

Registration form

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2017 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

Where possible please enter as much information as possible and if both parents have parental responsibility then both should sign.

Basic Details	
Child's name:	Known as:
Date of birth:	Gender:
Name of parent(s) with whom the child lives:	
Parent Do you have parental responsibility for this child? Yes/No (please delete as appropriate) If no, do you have legal contact? Yes/No (please delete as appropriate) Mobile Tel Number:	Parent Do you have parental responsibility for this child? Yes/No (please delete as appropriate) If no, do you have legal contact? Yes/No (please delete as appropriate) Mobile Tel Number:
Address of parent(s) with whom the child lives:	
Home telephone number:	
Email address Would you prefer to receive invoices, newsletters and information via email? Yes/No (please delete as appropriate) If YES please sign here to consent to us contacting you for the purposes above	
Name of parent(s) with whom the child does not live:	
Does this parent have parental responsibility?	Yes/No (please delete as appropriate)
Does this parent have legal contact?	Yes/No (please delete as appropriate)
Does this parent have legal access to the child?	Yes/No (please delete as appropriate)
Address:	
Home telephone number:	Mobile telephone number:

Emergency Contact Details

Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.

NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details, and they must be within 15 minutes of the preschool premises.

Emergency Contact 1

Name

Home telephone no

Mobile telephone no

Relationship to child

Emergency Contact 2

Name

Home telephone no

Mobile telephone no

Relationship to child

Security Details

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

My secure password is

Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 16 years of age. For additional adults please continue on sheet provided.

Authorised Person 1

Name

Home telephone no

Mobile telephone no

Relationship to child

Authorised Person 2

Name

Home telephone no

Mobile telephone no

Relationship to child

Additional Security Information

We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.

We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child.

Health Information			
Does your child suffer from any of the following <i>(please tick those which apply)</i>			
Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Wears Glasses		Other	
If you have ticked any of the boxes above please give details here:			
Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? <i>(Please give details of the medication and dosage)</i>			
Does your child have any special dietary needs or preferences?		Yes/No <i>(Please delete as applicable)</i> If yes please give details below	
Does your child have known allergies?		Yes/No <i>(Please delete as applicable)</i> If yes please give details below	
Name of GP:			
Surgery:			
Address:			
Telephone number:			
Has your child been immunised against (tick as appropriate).			
Diphtheria	Whooping Cough	Tetanus	Polio
			MMR

Safeguarding Children

At the Hullbridge Preschool we have a duty to care for your child, we advise all parents to carefully read our safeguarding policy, which is available in the setting or on the website. Should we have significant concerns regarding the welfare of your child it may be necessary to contact outside agencies without your consent, our designated person for safeguarding is Kristy Sangwin.

Does your family have a social worker or family support for any reason?

Name Telephone number

Based at

What is the reason for the involvement of Social Services/family support with your family?

FOR OFFICE USE - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor

Name Telephone number

Based at

Has your child had their two year old progress check? **Yes/No**(Please delete as applicable)

If so, on what date was this completed?

Are you able to share this information with the setting? **Yes/No**(Please delete as applicable)

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

Ethnicity and Cultural background	
What is the main religion of your family?	
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting?	
What is/are the main language(s) spoken at home?	
If English is an additional language, will this be your child's first experience of being in an English-speaking environment? Yes/No <i>(Please delete as applicable)</i>	
Special Educational Needs and Disabilities	
Does your child have any special needs or disabilities? Yes/No <i>(Please delete as applicable)</i> If yes please give details below	
What (if any) special support will your child require in our setting?	
Professionals involved with the child (specialist teachers, S&L)	
Name	Name
Agency	Agency
Role	Role
Telephone no	Telephone no

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Permissions and Consent
Permission for the setting to act in loco parentis
If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section.
I / We parent(s)/guardian(s) of _____ do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.
I / We do not agree to this statement and indicate our wishes as follows
Signatures of parent(s)
Date
Permission for the application of sun cream
Please read the statements below and strike through the statement that does not apply
I / We parent(s)/guardian(s) of _____ give consent on my behalf to apply their own supply of high factor children's sun cream to my child.
And/Or
I / We parent(s)/guardian(s) of _____ do not agree to the above statement and I / We will supply our own sun cream, clearly labelled with my child (rens) name.
Signatures of parent (s)
Date
Permission for the application of plasters
Please read the statements below and strike through the statement that does not apply
I / We parent(s)/guardian(s) of _____ give consent on my behalf to apply their own plasters to my child.
OR
I / We parent(s)/guardian(s) of _____ do not agree to the above statement and I / We will supply our own plasters, clearly labelled with my child (rens) name.
Signatures of parent (s)
Date

Please tick the statements below if you consent to the following:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc |
| <input type="checkbox"/> | I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting |
| <input type="checkbox"/> | I consent to my child having their photograph taken to be used for publicity purposes – website, flyers. |
| <input type="checkbox"/> | I consent to my child's photograph being used on the settings social media sites |
| <input type="checkbox"/> | I consent to my child's artwork (with their name) being displayed in the setting |
| <input type="checkbox"/> | I consent to my child's photograph being used in learning journeys of other children within the setting |
| <input type="checkbox"/> | I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children's behaviour |
| <input type="checkbox"/> | I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary |
| <input type="checkbox"/> | I consent to my child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority |

We may take photographs for a number of reasons whilst your child is with us:

- to document what they enjoy doing;
- to record their learning and development progress;
- to include in newsletters, learning journals and displays;
- to record special events and achievements;
- occasionally, we may invite the media to take photographs or film footage for publicity purposes and to record any special events;
- images may also be used in our publicity, in our prospectus or on the website.

A Tapestry learning journal will be used to reflect your child's time at Pre-School. It will include photographs of your child at play with other children, for example in a group of children wearing costumes pretending to be *Goldilocks and the Three Bears* in the home corner.

To comply with the Data Protection Act 1998(GDPR), we need your permission before we can photograph or make any recordings of your child.

I consent to photographs of my child being taken by authorised personnel representing the Pre-School.

Yes No
(tick as appropriate)

I consent to photographs containing my child's image being included in other children's learning journals as group shots.

Yes No
(tick as appropriate)

(Please note that you have the option to view any photographs before they are included in any learning journal, should you request this in writing.)

I consent to treat photographs containing images of other children as **for my own personal use only**

Yes No
(tick as appropriate)

(This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs **cannot** be posted on a social networking site or displayed in a public place.)

Further information regarding how we use children's images within the setting can be found in our Image Use Policy.

Please sign below to confirm your consent for the indicated statements above:

Signature of Parent(s)/Guardian:

Date:

Policies and Procedures

I / We parent(s)/guardian(s) of administration fee of £13 if our child(ren) is not receiving 3yr funding (FEEE).

agree to pay a one off

I / We parent(s)/guardian(s) of been requested even when my child is absent due to illness or holidays.

agree to pay sessions that have

I / We parent(s)/guardian(s) of in writing to withdraw my child or half a terms fees in lieu of notice.

agree to give half a terms notice

I / We parent(s)/guardian(s) of understand the non-payment of fees policy.

agree that we have read and

I / We have been provided with details of the settings policies and procedures, including Information Sharing and understand that there may be times where information is shared with other professionals or agencies without consent. In addition, we give consent for the data within this form and the relevant funding forms to be used in accordance with the policies set. Copies of all policies and procedures can be found either as hard copy in the setting (but must be read on site) or on the website www.hullbridgepreschool.co.uk for you to peruse.

Please sign below to confirm your consent for the indicated statements above:

Signature of Parent(s)/Guardian:

Date:

SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.

I / We confirm that the information provided on this form is correct to the best of our knowledge.

Signature of Parent (s)/Carer (s)

Date:

Agreed guidelines for accessing and using Tapestry 'Online Learning Journeys'

As a parent I will...

Not publish any of my child's observations, photographs or videos on any social media site.

Keep the login details within my trusted family.

Speak to a member of staff if I experience any difficulties accessing my child's learning journey.

I agree to the guidelines:

Print name: _____

Name of child: _____

Signature: _____ Date: _____

Email: _____

Additional parent/carer to be set up.

Print name: _____

Signature: _____ Date: _____

Email: _____

Additional Information

Requested Start Date:	
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Please tick requested sessions below. Please note that sessions cannot be reserved and requests are not guaranteed.

Mon 9-12	Lunch Club 12 – 12.45	Mon 12-3
Tues 9-12	Lunch Club 12 – 12.45	Tues 12-3
Weds 9-12	Lunch Club 12 – 12.45	Weds 12-3
Thurs 9 -12	Lunch Club 12 – 12.45	Thurs 12-3
Fri 9-12	Lunch Club 12 – 12.45	Fri 12-3

Has your child previously attended or currently attends another setting: Yes/No	Setting Details:

When will your child start Primary School, and what is your first choice of school.	
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Is there any additional information that may be useful to the staff when settling your child and getting to know them. I.e. – Siblings, special words for items, recent family events, particular fears or pets,	
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Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

Family Declaration Form – Covid 19

I (Insert parent/Carer name):

Agree to comply with the guidelines as set out by the preschool in all policies and procedures including all addendums to policies and procedures as issued during the pandemic.

I can confirm that care is NOT shared with another group setting including childminders where other children will be present as per the government guidance.

I agree to advise the preschool immediately should any member of our household display Covid 19 symptoms, failure to do so could result in immediate cancellation of the preschool placement. Should the preschool have to close either due to Covid-19 cases or local/national lockdowns then the preschool reserves the right to retain any fees already paid.

Signed:

Date:.....

Fee and Price List @ Sept 2020 (prices are subject to change)

One session 2 year olds – 9-12pm or 12-3pm	£15.50
One session 3-4 year olds – 9-12pm or 12-13pm	£13
Lunch club activity	£2
Snack Contribution	50p (per morning session)
Care Package	50p per session (£1 per day)

Admin Fee – Applicable to all new starters unless

Receiving FEEE3 (includes Eco drawstring bag)	£13
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Uniform

School Drawstring Eco Bag	£2
School Polo Top (printed) whilst stocks last	£5
School Polo Embroidered	£6
School T Shirt	£5
School Jumper embroidered	£8
School Hoody Printed Vinyl	£8

DO NOT TUMBLE DRY ANY VINYL PRINTED ITEMS

We have been unable to find a supplier of Fleece type hoodies embroidered at a reasonable price, and are therefore unable to supply them anymore.