**Lympstone Preschool**

**Breakfast, After school Club and Holiday Registration Form**

**Candys Field, School Hill, EX8 5JY 01395 266511**

**Admissions: admissions@lympstonepreschool.co.uk**

Childs name ……………………………………………………………… Gender ……………………

Date of birth ……………………………………………………

Childs nationality……………………………………………. Childs ethnicity……………………………………….

Childs home language…………………………………….

Any additional languages spoken? …………………………………………..

**Parent/carers having parental responsibility for the named child**

**Parent/carer 1**

Name………………………………………………………

Address…………………………………………………………………………………………………………………………………

Telephone number…………………………………………………………………………

Alternative contact number…………………………………………………………..

Email address ……………………………………………………………………………….

**Parent/carer 2**

Name…………………………………………………………

Address……………………………………………………………………………………………………………………………………

Telephone number ………………………………………………………………………

Alternative contact number………………………………………………………….

Email address……………………………………………………………………………….

**Person that the child usually resides with**…………………………………….

In the event of an emergency and if we are unable to contact either of the above please provide details of at least one other named carer with authority to act on your behalf

**Contact 1**

Name…………………………………………………… Relationship to child…………………………………………….

Telephone number……………………………………………

**Contact 2**

Name…………………………………………………… Relationship to child…………………………………………….

Telephone number………………………………………….

Names of all persons authorised to pick up your child.

…………………………………………………………………………………………………………………………………………….

**Medical information**

Name of child’s doctor……………………………………………………………

Surgery telephone number …………………………………………………….

Has your child been immunised against the following?

Diphtheria Y/N Whooping cough Y/N Polio Y/N Tetanus Y/N Measles Y/N HIBS Y/N

**Does your child have any allergies?** .........................................................................................

Has your child had any major illnesses or operations?

...................................................................................................................................................

Has your child got any ongoing medical concerns?

.........................................................................................................................................................

Our preschool has a Special Educational Needs Policy. Does your child have any special needs that you would like to discuss with a manager Y/N

If yes, please provide a brief outline …………………………………………………………………………………………………………………………………………………

…….…………………………………………………………………………………………………………………………………………..

Please use this space to provide any other information that you would like to share with us about your child.

Lympstone preschool is a registered charity and not for profit organisation. Our preschool offers support and services as outlined in the welcome pack. The work of the preschool cannot be fully effective unless preschool and parents work together in the child’s interest.

**Parent participation**

I/we will join in the life of the preschool for as long as our child attends. I/we would particularly interested in:

Volunteering on the committee Y/N

Helping with fundraising Y/N

Helping with general maintenance of the preschool Y/N

Do you have any other skills or interests that you would be willing to share with the preschool or wrap around care?

**Sessions required:**

Please agree your preferred sessions with the office. **To secure these sessions a £25 deposit will be required which is refundable after the first term of attendance.**

Timings are as follows:

Breakfast club 8am-9am After school club 3.30 - 5/6 **(Friday ASC closes at 5pm)**

Please fill in the table below stipulating what finish times you require for after school club.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Breakfast** |  |  |  |  |  |
| **After school** |  |  |  |  |  |

Holiday club Mon-Fri 8am – 5pm

Bookings to be made on an individual basis through communication with the office.

Fees are as follows:

Breakfast club 8-9am including cereal and toast £6.50

After school club including a snack 3.30- 5pm £9.00

 3.30- 6pm £12.50

Holiday club £6.50 per hour

**Invoicing**

Chargeable hours will be invoiced for the whole term. Payments are expected to paid in full before the start of term. (Unless a payment plan is agreed with management). If your child is ill or on holiday and does not attend sessions the amount will still be invoiced. We require a 4 week notice to attendance changes for them to come into effect in relation to invoicing.

I have read and agree to the terms of invoicing.

Signed………………………………………

**Consent to Share**

I understand that the information provided in this form will be used to create a personal file for my child and will be stored in a securely locked facility within the setting. Information from this file may be kept for up to 21 years to comply with current legislation guidelines and may be shared (with additional consent where required) between outside agencies (ie health team/DCC) and with other settings attended where required and on a lawful basis as per GDPR regulations. I agree for the information to be shared in accordance with the data protection act and recognise that it will be stored in compliance to this legislation. I understand that I can request clarification of where my information will be used at any time and withdraw consent for sharing at any point (although any legally binding requirement for information sharing and storage will override parental preferences)

Signed………………………………………………

**GDPR**

Lympstone Preschool is committed to processing and controlling data held about children and families in accordance with GDPR regulations and guidelines and in the interest of the data subject in a lawful manner. Only information that is relevant to the preschools legal obligation will be taken and will be updated regularly to ensure that it is current. Some information (such as incident/accident) will be retained and stored for up to 21 years in accordance to legal requirements and will be held in a safe storage manner in accordance with data protection guidelines. The preschool will only share information held with outside agencies such as Ofsted /Devon County Council/ Early Help/Children’s Centre as per legal obligations and parents will be advised of any intended sharing of information and verbal/written consent sought for this.

I have read and understand the above declaration and agree that Lympstone Preschool may use collected information in accordance to the data protection act and GDPR 2018.

Signed……………………………………………

**Consent to emergency medical treatment**

If your child is involved in an accident of any kind or has a medical trauma, the first- aid will be given by a qualified member of staff. In serious incidents an ambulance will be called and you will be contacted immediately, but occasionally we need to act in loco parentis until we can get hold of you. We would be grateful if you would fill in and return the consent forms below so that we have a record that you are happy for the staff to act quickly.

In accident/emergency situations I give **general consent** to my child being administered pain relief (Calpol) /antihistamine (delete as applicable) to my child should they be unable to contact me, at the discretion of the qualified first aider on duty.

Signed………………………………………………………….

**Behaviour management**

A designated person within the pre-school will be responsible overall for issues relating to behaviour management. Behavioural management issues which are unresolved and/or reoccurring will be referred to the designated person. At Lympstone Pre-school the designated person is **Katharine Grabke.** Training will have been accessed to enable that person to fulfil their role and support children, parents and other members of staff. The support of professional bodies will be sought when considered advantageous. I have read and agree to support the pre-school's policy of behaviour.

Signed………………………………………..

**Parental Agreement for short excursions**

From time to time the Preschool take the children on short excursions around the village for nature walks etc. This is done with the appropriate adult: child ratio and all care will be taken in the safety of all the children. Trips further away will be arranged, but you will be asked to sign another consent form in these circumstances.

Signed…………………………………………….

**Please return this form to the address above.**

**We look forward to your child joining our preschool community.**