**Lympstone Preschool**

**Holiday Club Registration Form**

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

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

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

Preferred Child’s name……………………………………………………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……………………………………………………… DOB……………………. NI number……………………….

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 food or medical allergies?**.................................................................

Does your child have any dietary requirements?.....................................................................

Has your child had any major illnesses or operations?

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Has your child got any ongoing medical concerns?

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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.

**Sessions required:** Please agree your preferred sessions with the office. This should be done via email.

Invoice will be sent via Learning Journals.

**Opening times:**

Monday – Friday: 8am – 5pm

*As a charity setting we may sometimes slightly alter our opening times due to low numbers of children and being open not being financially viable. If we make the decision to change the opening hours for a select day, we will inform Parents/carers with sufficient notice. Any funding or charged hours will be credited back to parents/carers.*

**Fees and funding:**

Chargeable hours-

**2 years: £7.50 per hour**

**3 years +: £7.00 per hour**

If you would like to use Devon County funding hours to cover the cost of childcare, please provide us with the following information

Name of any other setting that the child normally attends and is claiming DCC funding ………………………………………….

Hours that the setting claim per week …….. Term time only.

I consent to Lympstone Preschool contacting my child’s other setting to confirm any hours they will be claiming from DCC. I will also authorise that my child’s term time setting can pass across funding information to Lympstone Preschool.

Signed ………………………….

**Details for children claiming working element 15-hour funding**

If both parents (or sole parent household) are working over 16hrs at minimum wage rate or equivalent you may be entitled to 15 hours funding. To apply please visit [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) – this application for eligibility needs to be refreshed every 3 months. If you are eligible please apply in good time ahead of a new term to ensure you can activate the funding in time – then provide the details below so preschool can register your claim.

|  |  |
| --- | --- |
| **Parent/carer NI Number/ NASS:** |  |
| **Working element code:** | 5 0 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

**Invoicing**

Holiday club hours are booked on an Ad hoc basis; therefore, invoices will be issued soon after booking. Payments are expected to be paid in full before the start of your child’s first session. If your child is ill or for any other reason does not attend sessions no refunds will be given.

We do not accept any cancellation notice period on Ad hoc sessions, therefore any hours funded/chargeable will still be claimed.

**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.

Please visit this link to view our privacy notice. <https://www.lympstonepreschool.co.uk/wp-content/uploads/2025/09/Privacy-Notice.docx>

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………………………………………………………….

**Intimate Care**

I give permission to staff at Lympstone Preschool to provide appropriate intimate care support to my child e.g. changing nappies, soiled clothing, washing and toileting. I will advise the Preschool manager, **Lily Sumner,** of any medical complaint my child may have which affects issues of intimate care.

Signed…………………………………………………………….

**Sudocrem**

I give permission to staff at Lympstone Preschool to use Sudocrem when needed during intimate care e.g. changing nappies and toileting. If no, please provide alternative Cream and list below.

Signed…………………………………………………………….

**Sun care**

As part of our sun care policy we are committed to the safeguarding of our children in the sun. Children will be expected to wear a sunhat whilst in the direct sunlight and will wear a high standard UVA/UVB 5 Star Hypoallergenic sun cream. Lympstone Preschool will provide this sun cream for all children (unless requested to use own brand for specific sensitive skin issue - this must also be compliant with UVA/UVB 5 Star standards). We ask for a £6 contribution from parents towards this cost. I agree to being billed £6 for sun cream in the summer holidays

Signed………………………………

**Learning Journals – secure online sharing platform for parents and staff.**

Preschool use a secure online platform called Learning Journals. Your child will have a profile created, and you will be able to view photos of the activities the children have done while attending. We will also upload any important information such as a care plan should your child have a need for one and invoices will come through from this system. You will be sent a secure email and be asked to follow a link to set up your own secure password to access your child’s account.

I agree to Learning Journals being set up for my child and confirm that I understand that no images will be shared other than via this secure system.

Signed………………………………………..

When working in groups there may be instances where my child’s image will feature within another child’s Learning Journal account. I confirm that I agree that in these instances I am happy for my child’s image to be shared in a secure manner with the parents/carers of the other children in the group only and in the same secure manner as my own Learning Journal account.

Signed………………………………………..

I consent to listed parents email address’s being shared with learning journals our online sharing/invoicing tool to set up an account for parent/s/my child

signed…………………………………………

Permission for photography to take place in the Pre-school

Photographs of the children are routinely taken in the Pre-school environment. We will upload pictures of your child onto Learning Journals so you can interact with and see your child’s day to day activities. We follow the data protection act. Should we wish to use identifiable picture/s outside of Learning journals we will always seek prior permission.

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 **Terri Webber.** 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………………………………………..

**Policies and procedures**

I confirm that I have read and understood all the Preschool’s policies and understand that it is my responsibility to reread policies with any changes after being informed by Lympstone Preschool management. They can be found on the website under parent information, or I can request a paper by contacting the management team.

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.**

**Office use only:**

|  |  |
| --- | --- |
| Register |  |
| Allergies |  |
| Medical |  |
| ID seen |  |
| Nominal |  |
| Phone |  |
| Learning Journals |  |
| Deposit |  |
| Settling session |  |
| Start date |  |