Purple childcare Welcome pack

Enrolment form

"All about me"

Term and Conditions



Name:

DOB:

**ENROLMENT FORM**

Child's details

Child’s Full Name/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s first language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s second/ third language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Parent(s)/Carer(s) with whom the child normally lives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of all parent(s)/ carer(s) with parental responsibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parents/Carers Information

**Parent 1 Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title / Work Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent 2 Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title / Work Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts

My first Contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Time number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Second Contact

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Third Contact

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that no one can be contacted in an emergency the Nursery Manager will

allow other trained professionals (e.g. medical staff) to make decisions in the best interest of your child.

Alternative Persons Authorised to Pick Up Child

It is assumed that any of the above named persons will be allowed to collect your child

unless stated. Names of any other people authorised to collect your child from nursery:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state a password which will be used in the event that you nominate a different person to collect your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Morning (8-12.30)** | **Afternoon (12.30-5)** | **Full day (8-5)** | **Extended day (7.30-6)** | **Extra hours** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

Preferred start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your preferred sessions:

Medical Information

Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery Name and Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Health Visitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any of the following childhood Illnesses? (please tick as appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | yes | no |  | yes | no |
| Chicken Pox |  |  | Measles |  |  |
| Rubella |  |  | Mumps |  |  |
| Whooping Cough |  |  | Convulsions / Fits |  |  |
| Scarlet Fever |  |  |  |  |  |

Does your child have any known medical problems that we should know about (e.g.

Asthma, Eczema)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child any allergies, food intolerances etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, how does your child react to these? (so that we know the symptoms to look for in

cases of emergency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any special dietary needs or preferences? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any other special needs and / or require any additional support?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any other professionals involved with your child? (e.g. Social services, Speech

therapy etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you give permission for First Aid to be administered to your child in  case of an accident or emergency? |  |  |
| Do you give permission for medical treatment to be sought and  administered in the case of an accident or emergency? |  |  |
| Do you give permission for your child to be taken on outings and short  walks to the park etc? |  |  |
| Do you give permission for your child’s photo to be taken during activities  and displayed in the nursery? |  |  |
| Do you give permission for short videos to be taken of your child for the purposes of observation. These will not leave the site or be viewed by anyone other than staff. |  |  |
| Do you give permission for your child’s photo to be used in advertisements including posting on our website, Facebook and Twitter ? |  |  |
| Do you agree to be responsible for informing the nursery of changes to  contact names, addresses, phone numbers etc? |  |  |
| Do you give permission for the nursery staff to apply sun cream to your  child? |  |  |
| Do you give permission for staff and other agencies such as Ofsted, Area  SENCo and Health Visitor to carry out and record observations on your child  for the purpose of developmental assessment? |  |  |
| I understand that in an emergency situation such as a history of febrile seizures, under medical advisement or a temperature over 38°C Staff will administer Calpol to reduce the risk of serious injury/ illness. |  |  |
| I understand that Purple Childcare use an online learning journal system. The staff at Purple Childcare and family members I designate will be the only people who have access to my child’s learning journal however, I understand that my child may appear in the background of other children’s pictures or videos and that this may be seen by parents or relatives of other children. |  |  |

All about me

photo

Child's personal information

My Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and ages of any brothers and sisters

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets if any and their names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favourite toy and story \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of my friends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any particular dislikes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of any other group you attend e.g. swimming, playgroup or music group.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food dislikes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comfort objects e.g. blanket\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

To help us settle in your child as quickly as possible, please let us know if there is anything your

child particularly enjoys e.g. painting, singing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's current and developing skills (e.g. walking/ rolling over/ saying new words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Anything else you would like us to know about your child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms & Conditions**

Fees are invoiced on a monthly basis in advance of the month and should be paid within seven days of receipt of the invoice. Payment can be made by cash/ cheque or bank transfer. Cheques should be made payable to ‘Felicity Shapter'. One reminder for payment will be issued and any subsequent late payment will be met with an additional charge of 5% of the bill for each subsequent reminder until fees or an agreement is made to settle any outstanding amounts. We reserve the rights to ultimately refuse admissions if fees remain unpaid. If your child is ill or absent no refund can be made.

Notice of Leaving / Changing Sessions

Once you have signed to accept these Terms and Conditions, one month's written notice is required to change or cancel sessions and you will be liable for the month's fees should you remove your child mid month or not use your allotted sessions. Notice must be given by the beginning of the month preceding the change to sessions i.e. if you wish to make a change to sessions in the middle of March notice must be given before the 1st February.

Holidays

We offer a 50% discount on two weeks of holiday per child per year (April-April). This may be taken if notice is given by the beginning of the month preceding the month in which holidays are to be taken

Outside Activities

Whenever possible we will be using our bikes, trikes and scooters outside. Please send your child with a sun hat and sun cream marked with his/her name.

To allow us to be outside whatever the weather please send your child with a warm hat and gloves along with wellies and a coat or rain mac as well as a change of clothes.

There is no compulsory uniform however, Purple Childcare hoodies are available at a cost of £15.00. We would suggest that your child wears old comfortable clothing. Aprons will be provided for messy play and whilst washable products are used (pens & paints) there is no guarantee staining will not result from spills.

Collection

Please note that the staff have to be paid for any additional hours resulting from late collection of children. As such, a late collection fee will be charged at £5.00 for every 5 minutes that Parents/Carers are late to pick up after the allotted time. This will be automatically added to your invoice at the end of the month. Discretion will be used in exceptional circumstances – e.g. breakdown etc. If we are unable to contact you or your emergency contacts after 30 minutes, we are obliged by Law to contact the Police, who will collect your child.

Discipline

We aim to deal with children in a positive manner at all times. Children are encouraged to be kind and caring towards each other and adults. Should problems arise, we would want to be firm but fair. Adults will not shout or raise their voice in a threatening way. No child will be physically chastised or punished. In extreme cases of consistent challenging behaviour or disruption, this will be discussed with the parent(s)/guardian(s) of the child and a personalised plan developed.

Illness

We will refuse to accept children at a session who present symptoms of the following: Vomiting, Diarrhoea, Conjunctivitis, Measles, Mumps, Raised temperature, Hand foot and mouth. Please keep your child away from pre-school for a further 48 hours after the symptoms of the above have ceased.

Head Lice

The staff will not actively check your child’s hair for signs of head lice, however, should they notice any infestation you will be advised. Should you require any information or guidance on how to treat the problem, the staff will be pleased to furnish you with any information they may have.

Accidents

In the event of a serious accident, staff will attempt to telephone parents or the emergency contacts as provided. The child’s own doctor would also be contacted. Should a child need to receive emergency treatment away from the pre-school, a member of staff would accompany the child to either a surgery or hospital until a parent/carer arrived. All major and minor accidents are recorded in the ‘Accident Book’ located within Purple Childcare. If your child experiences an accident during their time at Purple Childcare, or has had an accident at home, you will be asked to sign an accident form by a member of staff

Please be aware that we need to keep a record of all accidents and if you are approached by a member of staff to complete our accident records we would appreciate your co-operation.

Medicines

Purple Childcare must be advised of all medication that your child may take on a regular basis. We are able to give medicines prescribed by a doctor after they have been administered for the first time by a parent or guardian with written consent.

Parents are welcome:

•  to work in the group with the children

•  to assist with fund-raising

•  to attend training courses, workshops and conferences organised by Purple Childcare.

Child Observations

We occasionally have staff and/or students at Purple Childcare completing course work. If you do not wish your child to be included, please let us know and your wish will be respected.

Changes to Family Circumstances

Changes in your family environment, however subtle, can have a very unsettling effect on your child. Please help us to understand any changes in their behaviour by advising us of any recent or imminent events that may be on your child’s mind (e.g. new baby or moving house).

Contact details:

Purple Childcare Bristol

223 Passage road

Bristol,

BS10 7DL

Telephone Number: 07503916816

Email: admin@purple-childcare.co.uk

Acceptance

I wish to apply for the admission of the above child to Purple Childcare Bristol. I have read the welcome pack and agree to comply with the policies, plus any updated information when necessary.

Name of Parent(s)/Carer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(s)/Carer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purple Childcare Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose:

Cash □

Cheque payable to Purple Childcare Bristol □

Bank transfer to: s/c 30 98 28, a/c 30199068 (please include a reference number and your child’s name) □

For a deposit of £100 to secure my child’s place. I understand that this deposit will be held until my child's time at Purple Childcare is terminated (please see policies and procedures pack for further information)

Total paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Office use only] Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Policies and procedures tick sheet.**

**[Please note our full policies and procedures can be found at http://www.purple-childcare.co.uk/documents/]**

As a parent or guardian please tick and sign to indicate you have read and agree with the following:

Admissions policy (p2) □

Behaviour policy (p4) □

Safeguarding policy (p6) □

Missing, lost or uncollected children (p8) □

Mobile phone and technology policy (p10) □

Health and safety policy (p12) □

Equal opportunities policy (p15) □

Confidentiality and data protection policy (p17)□

Purple Childcare ethos and routines (p18) □

British Values (p20) □

Prevent duty (p22) □

Complaints procedure (p24) □

Intimate care policy (p26) □

Parent involvement policy (p28) □

Special needs (P30) □

Child collection policy (p37) □

Name of parent/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_