LITLLE CHERUBS KINDERGARTEN LTD

We would like to welcome you and your child to the start of our learning journey together

CHILD INFORMATION BOOKLET

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| --- |
| PHOTO |

Working in partnership with our families

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Start Date |  |
| Room |  |

Please complete all relevant information in this booklet. This will enable us to be aware of and care for all your child’s needs.

Dear Parent,

Welcome and thank you for choosing Little Cherubs Kindergarten to start your child on their incredible learning journey.

We have created this booklet to help us find out as much information as we can so that this journey will begin with a flying start…… It will enable us to ensure we create a perfect development plan for your child and that they receive the best possible care.

Please complete all sections of this booklet. You should find it easy to understand, please ensure you fill in as much information as possible. All information recorded in this booklet with be confidential.

Ongoing information about your child’s journey will be recorded on a programme called Tapestry. This programme is an online journal that will record all the learning and fun of your child’s early years education. It helps us as a setting to record, track and with you celebrate your child’s progress. You will be emailed details of how to log in to see information and pictures of your child’s progress. You are also able to add comments and your own pictures of their achievements.

Should any of the details recorded in this booklet change please inform us as soon as possible so that all our records can be amended and kept up to date.

If you have any questions’, please speak to a member of staff who will be happy to help.

Kind regards

*Lindy Davis*

Nursery Manager

CHILD AND FAMILY INFORMATION

|  |  |  |
| --- | --- | --- |
| Full Name |  | Male/Female |
| Address |  |
| NHS Number |  |
| Date of Birth |  | Ethnicity |  |
| Nationality |  | Languages Spoken |  |

|  |
| --- |
| Parents contact details  |
| Mother’s Name: | Date of Birth: |
| Occupation: | Email: |
| Home Address: |
| Home Tel | Work Tel | Mobile |
| Father’s Name: | Date of Birth: |
| Occupation: | Email: |
| Home Address: |
| Home Tel | Work Tel | Mobile |
| Emergency Contact 1 (emergency contact cannot be parents) |
| Name | Relationship to Child |
|  |  |
| Email | Telephone Mobile/Work |
|  |  |
| Emergency Contact 2 (emergency contact cannot be parents) |
| Name | Relationship to Child |
|  |  |
| Email | Telephone Mobile/Work |
|  |  |
| Password (for collection of Child) | Signature (parent/guardian) |
|  |  |
| Who has legal parental responsibility? |  |
| Are both parents living at home? |  |
| Sibling Names & Ages |  |

|  |  |
| --- | --- |
| Telephone Numbers for What’s app Group |  |
| Email Addresses for Tapestry |  |

|  |
| --- |
| Medical Information |
| Doctors Name, Address & Telephone No |  |
| Health Visitor/Social Worker Details |  |
| Dentist Name & Address |  |

|  |  |
| --- | --- |
| Does your child have and chronic illnesses? |  |
| Does your child have any special medical needs? |  |
| Is you child on regular medication?If so, please provide details |  |
| Are your child’s immunisations/ vaccinations up to date? |  |
| Does your child have any allergies?If so, please give details |  |
| Does your child have any special dietary requirements? |  |
| Does your child have a specific faith/cultural requirement? |  |
| Please provide any other relevant medical history that you think we should be made aware of |
|  |

Childcare Requirements

At Little Cherubs we are open Monday to Friday 8am-6pm (7am-7pm by prior arrangement) all year excluding bank holidays, Christmas period and 3 inset training days. We offer both sessional and full day care 5 days per week. 15/30 hours of free funding is also available if you and your child are eligible.

Please talk to a member of staff for details of the funding application process.

Prior to your child starting at Little Cherubs Kindergarten we require copies of the following documentation if you could please provide these by return.

Child’s Birth Certificate

Proof of Address (utility bill/bank statement etc)

National Insurance Number (if you are applying for a funded place)

If you wish your child to attend extra sessions in addition to their funded sessions these will be charged at the relevant rates. Please see separate fees list.

Paid Fees include all snacks, meals, and drinks. We currently provide all meals in-house and have a selection of nutritious and healthy dinners, catering for all dietary requirements. We do however make a small charge for food for those children who are funded, this will be £6.00 per day for children attending full day, £4.00 for children attending morning session and £2.50 for children attending afternoon session. Alternatively, you can provide your child with a healthy packed lunch.

Please complete below your preferred days/sessions and also whether your child require lunch or whether you wish to provide a packed lunch

Please circle: Term Time/All year around

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full Day8am-6pm |  |  |  |  |  |
| AM Session8am-1pm |  |  |  |  |  |
| PM Session1pm-6pm |  |  |  |  |  |
| AdditionalHours  |  |  |  |  |  |

General Information

|  |  |
| --- | --- |
| Does your child feed themselves? |  |
| Does your child drink from a cup/beaker/bottle? |  |
| Does your child use a knife/fork/spoon? |  |
| What is your child’s favourite food? |  |
| Is your child allergic to any food if so what?  |  |
| Are there any foods they dislike? |  |
| Does your child sleep in a cot/bed? |  |
| Does your child take a toy/dummy to bed? |  |
| Does your child wear a nappy when sleeping? |  |
| Does your child have daytime naps if so, what times usually? |  |
| What time does your child usually go to sleep at night? |  |
| Please list any likes or dislikes or specific things you do to settle your child if they are upset(list as many as appropriate) |  |
| Is your child toilet trained? |  |
| If so, do they use a potty/toilet? |  |
| Does your child wear nappies/pants |  |
| Does your child clean their own teeth? |  |
| Does your child use bathroom taps? |  |
| Can your child dress themselves? |  |
| Can your child put on their own shoes? |  |
| What are your child’s favourite toys? |  |
| Does your child speak in words or sentences? |  |
| Does your child enjoy books? |  |
| Does your child have a favourite book? |  |
| Does your child enjoy creative/messy play? |  |
| Does your child enjoy music and nursery rhymes? |  |
| What are their favourite songs and nursery rhymes? |  |

Wider Information

This section is voluntary, and we ask you to list any additional support your child may have or any concerns regarding their learning and development.

Any comments will enable your child to feel welcomed and valued as an individual and allow us to plan accordingly to meet their individual needs. Please also be aware any information you give will be kept strictly private and confidential until you sign our consent form for sharing information with relevant teams.

|  |
| --- |
| How do you think your child’s learning is developing? |
|  |
| What do you want most for your child at this time? |
|  |
| Do you have any issues or concerns regarding your child? |
|  |
| What are your child’s current interests/likes? |
|  |
| Is there anything you can tell us about your child’s communication skills? |
|  |
| If there anything you can tell us about your child’s current relationships? |
|  |
| If there anything you can tell us about your child’s emotional and social development? |
|  |
| Is there anything you can tell us about your child’s physical development and what they like to do? |
|  |
| Do you have any professionals involved with your family for any other reason? |
|  |
| Have you recently moved? |
|  |
| Do you require any further support regarding funding/finance/health or housing? |
|  |
| Does your child attend any other setting? If so where? |
|  |
| Any further comments/concerns/suggestions in relation to your child that you would like us to add to help plan for your child? |
|  |
| If there any other information, for example problematic birth/secure attachments etc? |
|  |

PAYMENT OF FEES AND PAYMENT DETAILS

**Deposit**

Any placement requires a deposit to secure the place the current deposit is £50 (for paying placements) and £10 (for funded placements). This deposit is refunded when your child leaves providing, we have received 4 weeks’ notice in writing.

**Lunches**

As stated previously snacks/meals are provided for those parents paying for placements. Those children who are funded will be charged at a rate of £6.00 per day (£4.00 for morning session, £2.50 for afternoon session) for the lunches provided by the nursery. However, you can provide a healthy packed lunch yourself.

**Payment of fees**

You are required to pay your child’s fees in advance this can be on a monthly or weekly basis. We would prefer that you pay by standing order into the Nursery Bank Account, alternatively we can take Card payments which include Debit/Credit cards and we also accept cash payments. We also accept the majority of Childcare Vouchers. If fees remain more than 7 days overdue you will incur an additional late fee charge of £25 which will be added to your account. If your fees remain unpaid for 14 days, then your child will be refused entry to the nursery. If your child is attending more sessions/days than their funded hours, then we will divide the sessions/days to cover the funding first and the remaining sessions/days will be charged for.

I agree to pay the nursery fees for my child in advance and by the following method

|  |  |  |  |
| --- | --- | --- | --- |
| Standing Order | Debit/Credit Card | Cash | Childcare Vouchers |
| Monthly in advance | Weekly in advance |
| Signature |  |
| Print Name |  |
| Date |  |

CONSENT FORMS

|  |  |
| --- | --- |
| Child’s Name |  |
| Parent/Carer’s Name |  |
| Relationship to Child |  |
| Parent/Carer’s Name |  |
| Relationship to Child |  |

Please circle yes or no to all of the following questions

|  |  |
| --- | --- |
| I give consent for my child to go out on local visits and understand that this is in line with Little Cherubs Outings Policy | Yes/No |
| I give consent for my child’s creative work to be displayed | Yes/No |
| I give consent for my child’s creative work to be labelled with their name | Yes/No |
| I give consent for my child’s photograph to be taken and displayed | Yes/No |
| I give consent for my child to be videoed whilst engaging in group activities | Yes/No |
| I give consent for pictures or videos of my child to be placed on the nursery website, Facebook and Instagram page that is used to promote the setting. | Yes/No |
| I give consent for my child’s picture with his peers to be uploaded on other children’s tapestry during group activities | Yes/No |
| I give consent for my child to be transported to hospital in an emergency | Yes/No |
| I give consent for my child to receive emergency treatment at hospital if necessary | Yes/No |
| I give consent for basic First Aid to be carried out by a trained first aider if required. This includes the use of plasters, alcohol free antiseptic wipes | Yes/No |
| I agree to give written consent if my child develops and allergy/food intolerance/constant dislike of what food is on offer so an alternative can be prepared | Yes/No |
| Signature of Parent/Carer |  |
| Print Name |  |
| Date |  |

Collection Consent Form

The person collecting your child will be asked to show the proof of I.D, if not seen before by the staff.

|  |  |  |
| --- | --- | --- |
| PHOTO | Name of adult collecting child |  |
| Relationship to child |  |
| Please tick one of the following |
|  I will always inform staff on the day that this person is collecting my child |
|  This person is able to collect my child at any time without notification from myself |
| PHOTO | Name of adult collecting child |  |
| Relationship to child |  |
| Please tick one of the following |
|  I will always inform staff on the day that this person is collecting my child |
|  This person is able to collect my child at any time without notification from myself |
| PHOTO | Name of adult collecting child |  |
| Relationship to child |  |
| Please tick one of the following |
|  I will always inform staff on the day that this person is collecting my child |
|  This person is able to collect my child at any time without notification from myself |
| Signature of Parent/Carer |  |
| Print Name |  |
| Date |  |

Sun Cream Consent Form (Please tick one)

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Sun cream Make |  | Factor |  |
| This sun cream provided can be applied once a day before the first outdoor play session |  |
| The Sun cream provided is to be applied before every outdoor play session |  |
| I give permission for staff members to apply the nursery supply of sun cream to my child |  |
| I will be responsible for the application of sun cream during hot weather and I give permission for my child to play outdoors without further application  |  |
| Any other information regarding your sun cream application requirements |
| Signature of Parent/Carer |  |
| Print Name |  |
| Date |  |

TERMS AND CONDITIONS

Little Cherubs is open 5 days a week, offering full day care either of a full time or sessional part time basis.

Our normal opening times are 8am-6pm, but limited places are available from 7am-7pm at an additional cost, please speak to the Manager regarding this.

Parents are strongly advised to read the following terms and conditions thoroughly, you are reminded that once you have signed this document you have entered into a contract to join Little Cherubs Kindergarten Ltd and you have agreed to be bound by the terms and conditions as stated.

1. All childcare fees are due on the first day of the month (one month in advance of attendance) and must be paid on time to secure your child’s place. This also applies to those choosing to pay weekly. If your account remains unpaid after 7 days a £25.00 charge will be applied to your account. If your account still remains unpaid after 14 days your child may be refused entrance
2. Non-payment of fees will always be taken seriously, and court proceedings may be instigated.
3. Little Cherubs will not be open on Bank Holidays or for the days between and including Christmas Day and New Years Day. The nursery is entitled to close to children for up to 3 staff trainings days each year. This is a local authority requirement in line with our funding arrangements. Please note that fees are still due to be paid for these dates and must be paid in order to maintain your child’s place at the nursery as overheads and staff wages still need to be met.
4. You are paying for the nursery place, not your child’s attendance, therefore, fees continue to be paid even if your child is absent due to illness, holiday, or any other reason.
5. Late collection will be charged at a rate of £1 per minute after 6pm and after 1pm for the children attending morning session as this seriously affects staffing ratios laid down by Ofsted.
6. Fees are reviewed annually and could be subject to increase.
7. If you intend to remove your child from Little Cherubs, then a minimum of 4 weeks’ notice is writing is required. This also applies if you wish to reduce your child’s attendance.
8. You will be allocated 1 week holiday of your paying days without charge from your child’s place in any one year (Starting from the start date of the child). This needs to be notified in writing 4 weeks in advance. If 4 weeks’ notice is not given you will be charged.
9. In extreme cases Little Cherubs retains the right to permanently remove any child from the nursery with 24 hours’ notice.
10. Little Cherubs retains the right to refuse entry to a child who is deemed to be unwell by a member of staff. If a child becomes unwell whilst at nursery the parent will be contacted and asked to collect their child.
11. Little Cherubs reserves the right to call a Doctor or have a child taken to hospital should it be necessary.
12. We do not charge a registration fee, but we will require a £50 deposit for fees payers and £10 deposit for funded space on confirmation to hold the place for your child. This will be refunded at the end of the four weeks’ notice period which again needs to be provided in writing.
13. Nursery outings may be subject to additional costs depending on the trip.
14. We accept a variety of childcare vouchers.
15. Little Cherubs is registered with Ofsted. We accept Government Funding for children from the age of 9 months (if you meet the criteria) at the start of the new term following their birthday. This funding will be between 15 and 30 hours of free education per week which can be used across a full day or sessions as required.
16. Funded sessions are only offered during terms time. If you wish your child to attend during the schools holidays you will be charged accordingly.
17. If your child is attending more days/sessions than their funding entitlement through the week, then the funding hours will be covered first for the child’s attendance and the remaining days/sessions will be charged for.
18. For funded places you will be charged £6.00 per day (£4.00 for morning session and £2.50 for afternoon session) for us to provide all meals, snacks and drinks. Alternatively, you can provide a healthy lunch.
19. It is the parent’s responsibility to inform Little Cherubs if your child is attending another setting and claim the funding at this setting.

Policies and Procedures

I/We understand that the policies and procedures are available at the nursery for parents to read and accept and the nursery will run in accordance with these. Any suggestions from parents would be greatly welcomed.

Shared Record Keeping

I/we will contribute to the records of my child’s development whilst at Little Cherubs. I/we will work with staff to identify and meet the child’s education, personal and social needs and to implement decisions taken in the interest of the child. I/We will be able to view these records and enhance them at any time Via Tapestry and our child’s online learning journal.

I have read, understood and agreed to all of the terms and conditions set out in this contract by Little Cherubs Kindergarten Ltd.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Date |  |

**Consent for Liaison with Outside Agencies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **Date of Birth** |  |
| **Home Address** |  |

|  |
| --- |
| Whilst your child is at our setting, we will be monitoring and assessing their progress. It may sometimes be necessary for us to seek advice by way of sharing your child’s information with other necessary professionals and/or outside agencies.By contacting other necessary professionals and/or outside agencies, we are working in partnership with you as parent/guardian/carer to meet the needs of your child.By signing below, I understand that I agree to this involvement and for information to be shared. Any personal data processed as part of this, is processed for the purposes of supporting my child’s needs at the earliest opportunity, ensure they continue to make progress and to plan for their transition to primary school.I understand and agree that any information gathered will be kept confidential but may be shared with other outside agencies working with my child. You have the right to withdraw your consent to share information at any time. For further information on who we share your child’s information with, please see our Policies and Procedures. |

|  |
| --- |
| **Declaration**I **do / do not** give permission for my child’s information to be shared with any relevant local authorities, and outside agencies including health professionals, schools or Early Years Settings your child may transition to.**Name of Parent/Guardian with parental responsibility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sign:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Telephone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Or:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Parental/carer views. Please summarise your child’s strengths & areas for development:** |

|  |
| --- |
| I **withdraw** consent for my child’s information to be shared as described above**Name of Parent/Guardian with parental responsibility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sign:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Telephone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Or:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |