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| **Saplings**  **REGISTRATION FORM**  **2018/19** |

**Registration Form**

Please complete this form and return it to Josephine Warwick/Casey Parker at Saplings, Court Lane, Hadlow Kent TN11 0DU.

01732853225 – 07557036148

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| --- |
| Child’s full name Child’s Date of birth |

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**Child’s birth certificate: seen by**

**Term time only (38 weeks) full time (50 weeks) ………….**

**Saplings**needs to know who has ‘Legal Contact” for each child in our care. This is to ensure that we have all relevant information such as who is and who is not allowed contact with your child, how often, and on what terms. It will also enable us to safeguard and promote the welfare of your child and accommodate individual family circumstances.

Full name and address of the parent(s)/Carer(s): with whom **the child lives**.

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| --- | --- |
| 1. | 2. |

Does/do this/these individual(s) have parental responsibility? (Please circle as appropriate)

|  |  |
| --- | --- |
| 1. Yes/No | 2. Yes/No |

Does this parent/carer have legal access to this child? (Please circle as appropriate)

|  |  |
| --- | --- |
| 1. Yes/No | 2. Yes/No |

|  |  |
| --- | --- |
| 1. Telephone-home | 2. |
| 1. Work | 2. |
| 1. Mobile | 2. |
| 1. Email | 2. |

**Emergency Contact Details**

Please could you provide details of at least two people that, in your absence, could be contacted or collect your child in an emergency.

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| --- | --- | --- | --- |
| Name and relationship | Address | Telephone: Home and mobile | Password |
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| --- |
| Family Doctor. |
| Address |
| Telephone Number |
| Health Visitor |
| Telephone Number |

**Personal Details**

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| Does your child have any intolerances/allergies or medical conditions that the staff should be made aware? Yes/No (Please give details) |  |
| Please give details of any special dietary needs or preferences for your child |  |
| Does your child need medication administered while in the setting? Yes/No (Please complete Medication forms) |  |
| Does your child have any Special/Additional Needs-Please give details |  |
| Is there any additional information that could help your child settle. |  |
| How would you describe your child’s ethnicity or cultural background? (eg White British,  Chinese, Indian) |  |
| What language(s) is/are spoken at home? |  |
| What is your child’s first language? |  |

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| What is the main religion in your family? (If applicable) |  |
| Please state if there are any festivals/celebrations that your child shall be taking part in that you would like us to acknowledge within the setting. |  |

**Fees**

There is a non-refundable Registration Fee of £30 for all non-funded under two year olds.

As a setting we do offer the 30 hours funding, 15 hours funding and Free for 2 funding. These hours can be used in any way that works for you and your family and us as a setting for 38 weeks of the year. We are open 50 weeks per year and offer Holiday Clubs for every school holiday EXCLUDING Christmas Holidays and these need to be booked in and paid for separately to term time hours.

**Hourly costs**

6 months -2 years - £5.00 per hour

2-3 years £4.50 per hour

3-4 years £4.50 per hour

We are open from 7.45am-6pm Mon-Fri during term time and 8am-6pm during Holiday Clubs. We charge 15 £1 for the early 7.45am-8am.

Any late pick-ups after 6pm will be charged at £10 per half an hour per child. We offer a 5% discount for siblings and a 5% discount to Hadlow College staff.

**Full paid and funded sessions falling on a bank holiday**

Term dates 2018/2019

**Term 1**

Begins Monday 3rd September

Ends Friday 19th October

**Term 2**

Begins Monday 29th October

Ends Tuesday 18th December

**Term 3**

Begins Monday 7th January

Ends Friday 15th February

**Term 4**

Begins Monday 25th February

Ends Friday 5th April

**Term 5**

Begins Thursday 25th April

Ends Friday 24th May

**Term 6**

Begins Monday 3rd June

Ends Monday 22nd July

23rd and 24th July are replacement days for funded children to make up for 19th &22nd April.

If your booked sessions fall on a bank holiday, the following rules will apply;

* Full paid sessions will not be charged.
* Bank holidays falling within the Christmas, Easter and August holiday period are not funded
* The two May bank holidays are government funded and replacement days are available on 23rd and 24th July.

**Financial Agreement**

I the parent/carer agree that I shall pay for all registered sessions booked whether my child is in attendance or not, due to sickness or holiday. I accept that I am responsible for maintaining payment of fees and that the preschool may refer me to the financial controllers at Hadlow College if necessary.

Signed Date

**Child Observation Permission**

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| At Saplings we continuously observe the children within the setting. This is to help us monitor the curriculum and our activities. All observations are based on the achievements of the child to identify next steps in their development for the key person to ascertain.  If at any time you wish to see your child’s observations, please refer to their “Learning journey” or Key person.  I give permission for the use of observations to support future progression of my child.  Signed Date |

**Outside Agency Consultation Permission**

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| For future consultation concerning your child, it may be necessary for the Special Needs co-ordinator/Key person to confer with outside agencies. Notification will be given and an individual report provided for you to support any findings. Permission is required by a parent/carer for us to proceed.  I give permission for the setting to confer with outside agencies to support the future progress and support of my child.  Signed Date |

**Parental Permission for short outings**

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| I give permission for my child to be taken out of the setting for walks in the community of Hadlow.  Please note in the event of your child being injured or taken ill, a member of staff will immediately contact a parent or an emergency contact.  I give consent that in the event of an emergency for appropriate medical advice/treatment to be sought/ given by a: Eg First Aider, Doctor, and Paramedic.  I parent /guardian (With legal responsibility) gives permission for an anaesthetic to be administered to my child if I cannot be contacted.  Signed Date |

**Plasters**

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| Plasters will be applied to your child if the occasion arises. This is to protect the wound from infection and others from coming into contact with an open wound.  If you DO NOT wish your child to have a plaster applied, please sign below.  I **DO NOT** wish my child to have a plaster applied.  Signed Date |

**Sun cream and hats**

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| Weather permitting it is essential that sun cream is applied to your child for their own protection: before they come to preschool. Children that stay all day will have sun cream reapplied after lunch by a staff member. It is also required for children to have a sunhat, preschool have enough for every child, please feel welcome for children to bring their own.  Signed Date |

**GDPR**

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| Please indicate whether you are happy for your child’s full name to be shared for the following purposes;  Yes No  Self registration  Christmas cards  Birthday parties  Tray labels |

Would you like or consider a home visit prior to or after child starts preschool?

Please Tick

Yes  No 

If you have indicated Yes, please see a member of staff to book an appointment.

**Saplings**

**Use of Imagery**

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

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions and return this form to Preschool as soon as possible.

1. I give permission for photographs/videos of my child to be taken during the Preschool day, for example during activities, at Sport’s Day.

(Please delete) Yes **No**

2. I give permission for my child’s photograph to appear in local newspapers and publications.

(Please delete) Yes **No**

*In these instances, the preschool will follow the DFES advice, which is that if the child is named, the photograph will not be used. If the photograph is used, the child will not be named.*

3. I agree for photographs of my child to appear on the Preschool website/Facebook page. As above your child will not be named.

(Please delete) Yes **No.**

4. I agree to notify the Preschool in writing to any changes to the above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Carer)

**Medical History**

**Date**

**Signed**

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

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administration of medication**

* Only prescribed medication may be administered. It must be in-date and prescribed for the Current condition.
* Children taking prescribed medication must be well enough to attend the setting.
* Children's prescribed drugs are stored in their original containers are clearly labelled and are inaccessible to the children.
* Parents give prior written permission for the administration of medication. This states the name of the child, name/s of parent(s), date the medication starts, the name of the medication and prescribing doctor, the dose and times, or how and when the medication is to be administered.
* The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

In the event of emergency or unforeseen circumstances, I hereby give permission for the preschool staff to administer, “children’s Paracetamol” no more than 5ml in 4 hours. I understand that the preschool will make contact to confirm administration.

If preschool is unable to make contact they will follow the emergency contact route, without administration.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Sickness, accident, first aid and emergencies

If a child becomes ill during a session, every attempt will be made to contact one of the people listed on the registration form, to arrange collection of the sick child. The child will be cared for until collected. In the case of a minor accident, basic first aid will be administered. In the case of an accident requiring more than basic first aid, every attempt will be made to contact the parent/carer to advise or discuss the course of action to be taken. All accidents and emergencies are entered in the Accident/Incident Book. If the parent/carer cannot be contacted in time, the Pre-school Manager will take action to gain appropriate medical treatment for the child.

**Lunch box Guidelines**

Parents are encouraged to support the school’s healthy eating policy by providing a healthy, balanced packed lunch. Unfortunately, we don’t encourage full sized chocolate bars and the children will be asked to save it for after school, but a small sweet treat is welcomed. Lunchtime is organized to create a happy, sociable dining environment to encourage the development of good table manners.

Thank You

**Tapestry**

**This form must be signed for you to be able to access your child’s Tapestry**

**Tapestry is a system which is hosted in the UK on secure servers, further information regarding the Security of Tapestry is available, a copy will be added to the policies and procedures folder.**

**We will use Tapestry to record observations, comments and photos to show progress across the Early Years Foundation Stage, this will compliment other forms of observing and assessing already in place, you will be able to access your child’s Learning Journey from a computer via** [**https://eylj.org**](https://eylj.org) **or by using the ‘Tapestry’ App on mobile devices, you will only be able to access this by using the log in details that will be given to you on receipt of the signed user agreement below, this will only give you access to your own child’s LJ, you can change your password if wished once you have accessed the website, other family members can be given access on your request, the only people in pre-school with access to your child’s LJ will be the manager and your child’s key person, who will be responsible for managing your child’s LJ, staff will only be able to log in to their own key children’s LJ’s via a log in pin code, the pre-school will supply the staff with tablets to use. A staff user Policy and agreement is in place and also covers the use of staff working on the Learning Journey’s at home, this policy is available to view in the policy folder.**

**Many of the most meaningful photographs taken in pre-school show children interacting in group play or activities with peers, we therefore ask that these photos are for your own viewing and not shared publically or uploaded onto any social media websites, this is in line with our ‘Social Networking’ and ‘Mobile phone/camera’ policies (both are available to view in pre-school), failing to up hold this request will result in suspending your child’s online Learning Journey.**

**We hope that this system will prove to be a positive step in sharing information, as well as viewing our contributions, you will also be able to add comments, photos and video to support home/school learning.**

**Prior to returning the Tapestry online user agreement, we hope you will find this a useful tool in keeping up to date with your child’s progress and how we will support your child’s learning during their time in pre-school and very much hope that you will share information with us too via this tool.**

**Once you have opened the website you will be able to login using the Email address you supplied and the following password/s:**

**User Guide:**

**Your account has already been set up for you, either open the website by** [**https://eylj.org**](https://eylj.org) **on your computer or by downloading the Tapestry Mobile App to your mobile device such as iPad, iPhone or smartphone.**

**Computer: You will be able to change your password if you wish once you have logged in, you will see your name on the top right hand side, selecting this will give you the option to ‘edit preferences’, you can change your email and password here, you will receive an email alert when a new observation is added, this can also be changed by editing your preferences.**

**Mobile App: To change your settings as above, click the ‘cog’ on the bottom right hand side.**

**Viewing your child’s Learning Journey: Once logged in you will see a link to your child, and observations will appear here, you can add your own comments here, which will feed back to the key person.**

**Adding an entry to your child’s Learning Journey: Click the ‘Add Observation’ (or ‘+’ on the App version), you can add a title and comment in the relevant boxes and upload a photo or video clip by choosing the ‘Add Media’ option, after saving your observation you can return to the home screen by selecting ‘home’.**

**Frequency of Observations: Please do not expect to receive new observations on a sessional basis or even a weekly basis, each member of staff has a number of key children and time constraints would not make this possible as well as the varying hours’ children attend.**

**…………………………………………………………………………………………………………………………**

**Tapestry Online User Agreement (please return)**

**Childs name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I agree to Sapling’s using Tapestry to create an online learning journey for my child.**
* **I agree to uphold the pre-schools request not to share or upload any photographs showing other children.**
* **I agree to my child appearing in group photographs that may be included in other children’s**

**Learning Journeys**

* **I agree to keep my log in details secure.**
* **I agree to my child’s key person working on their Learning Journey at home and in line with the Staff policy and**

**user agreement.**

**If you do not agree with any of the statements above please put a line through that statement, the manager will contact you to discuss the steps we will take to adhere to your wish:**

**Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Declaration and signature of Parent/Carer**  You are only allowed to submit an application if you have parental responsibility for the child. If there is joint responsibility, this application must be discussed with everyone who has parental responsibility and agreement reached for this form to be submitted. By submitting this application, you are confirming that you have sole parental responsibility for the child or that there is agreement between all persons who have parental responsibility.  I have parental responsibility for or look after the child named. To the best of my knowledge, the information I have given is correct and complete I will advise the preschool, in writing, of any changes to the information on this form. I understand that the provision of incorrect information could lead to the withdrawal of the offer of a place. I also understand that the information I have submitted on this form is covered by the Data Protection Act 1998. The information provided may be shared with local authorities for the purposes of verification of details provided including residence.  **Data Protection Act 1998**  This act regulates how we obtain and use information about individuals. The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes and will be retained with your child’s education record. When you sign this document you are consenting to that use.This information will, in turn, then be made available for use by the LA, those with parental responsibility, other service providers to enable them to fulfil their statutory duties  Signature of parent/carer Date |