**REGISTRATION FORM AND PARENT CONTRACT**

Please return to:

West Harrow Park Pre-school

C/O Tanya Brett-Hymns. 43 Priest Park Avenue, Harrow, HA2 8PA

Tel: 07762607585

Email: tanya@westharrowparkpreshool.co.uk

|  |  |  |
| --- | --- | --- |
| Days | **Morning****(09:00 – 12:00)** | **Afternoon****(12:00 – 15:00)** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**CHILDS DETAILS** Boy Girl Gender Unknown

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDD/DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnic Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (we need to see a copy) (broad ethnic group not place of birth)

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Medical Needs (please detail):

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

Any Special Dietary Requirements (please detail):

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

Any Allergies (please detail):

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

Please detail alternative food (if appropriate) and any medication control (If appropriate):

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

**MEDICAL DETAILS**

Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunisations up to date?

If no, state exceptions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Needs or other information we may need to care effectively for your child (please detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your child’s attendance pattern required & enclose the registration fee with your form**

**Start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full time / Term time**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Paediatrician** | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact info and telephone number |  |
| **Social Services** | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact info and telephone number |  |
| **Speech & Language** | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact info and telephone number |  |
| **CAF Team** | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact info and telephone number |  |
| **Family Support Worker** | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact info and telephone number |  |
| **Any Other Service** | Date involvement commenced |  |
| Main Service Provided |  |
| Main Contact Name |  |
| Contact info and telephone number |  |

**Are there any other surfaces involved with the child or family?**

**AUTHORISED TO COLLECT (Photographic ID will be required)**

Names and telephone numbers of any persons who have permission to collect your child regularly

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Names and telephone numbers of adults who may be contacted in time of emergency if you are not available

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PASSWORD:**

Please provide a password that may be used to authorise an emergency collection

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

**PARENT / GUARDIAN DETAILS**

We need to have the details of all persons who have Parental Responsibility & Legal Contact along with those who have permission to collect the child and those who may be contacted in an emergency

**PARENT / GUARDIAN PARENT / GUARDIAN**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salutation (Mr/Mrs/Ms/Dr/Other): \_\_\_\_\_\_\_\_\_\_\_\_ Salutation (Mr/Mrs/Ms/Dr/Other): \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Parental Responsibility: Yes No

Who does the child live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NUMBERS**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If working please give details below

Employers Name & Address: Employer Name & Address:

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

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

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

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

Please provide details of any other person with Parental Responsibility:

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

**PARENT CONTRACT**

We believe that there needs to be a formal agreement between the Pre-school and Parents. The contract will outline the obligations and commitment, of both the Pre-school and the Parent(s).

This is a contract between the Owners and Management of West Harrow Park Pre-school and the Parent(s) or legal Guardian (referred to as ‘the Parent) of a child (or children) that is enrolled at the Pre-school.

The Pre-school: -

1. Is owned Tanya Brett-Hymns

2. Will be known as ‘West Harrow Park Pre-school’ and will operate from a property in West Harrow Park, Butler Road, Harrow, HA1 4DX

3. Is registered with Ofsted as a Sessional care Pre-school and operates within their regulations, guidelines and rules. Their Inspectors regularly visit the Pre-school to ensure the appropriate standards of care & education are being provided.

The Contract: -

a) The contract period is from the time your child attends until leaving

b) Notice Period: Due to the long-term commitment we make when reserving a child’s place, we must ask you to make a similar commitment to us. We therefore, require a minimum of 1 Calendar months written notice, commencing from the first day of the month, to reduce or cancel your child’s normal booking.

c) Increasing your booking is subject to availability.

HOURS OF OPERATION

Monday to Friday 09:00 to 15:00. Late collection is charged at £1 per minute after the end of your child’s session. We will be open during school term dates.

½ TERMLY FEES

Monthly fees are at the prevailing fee schedule. The setting reserves the right to increase said fees at any time giving one calendar month’s notice of the proposed increase to parents / guardians. ½ Termly fees include all sick days and holidays taken as these are paid days. Any statutory holidays will be deducted from your ½ termly bill. Fees are based on booked days not attendance. Refunds and credits will not be given for days where your child does not attend due to sickness or holiday. We do not allow swapping of days unless it is permanent and there is availability, we will try to accommodate swapping of days in cases of emergency or under special circumstances.

GOVERNMENT FUNDING

Parents who qualify for funding will have this amount deducted from the invoice. All tax efficient funding from your company will not be deducted from the invoice; it is up to the parent/carer to deduct this. Any fees not covered by a subsidy are the parents' responsibility and are payable during the first 2 weeks of the half term.

PAYMENT POLICY

Unpaid fees are subject to a £50 late payment fee. Unpaid fees may result in immediate suspension or termination of care unless reasonable arrangements are made and accepted by both parties. Extra hours are billed at the session rate.

Full time and part time fees are based on booked days, not attendance, therefore parents are responsible for fees whether child attends or not. (This includes sick days and holidays booked.)

Bank details are as follows:-

Trading name: West Harrow Park Pre-school LTD Account number: 10919813 Sort Code: 09-01-29

Please use your child’s name as a reference.

ILLNESS POLICY

Please advise the pre-school prior to 9:00 am if a child will not be attending due to illness. Parents agree that a child who is ill (e.g. fever, infection, diarrhoea, communicable disease, or any other type of illness that may be passed on to others, with the exception of the common cold) will be kept at home to protect the well-being of the staff and other children in our care. The parents further agree should a child become ill while in our care that immediate arrangement will be made to remove the child from the Pre-school. Children will not be allowed to return to Pre-school until they have been symptom free for at least 24 hours for a fever and 48 hours for sickness or diarrhoea. In some cases, a note from a doctor may be necessary. By signing this contract you are agreeing to staff seeking any necessary emergency medical advice or treatment during their time at West Harrow Park Pre-school. Please refer to our sickness policy for more information about this topic.

LATE ARRIVAL/PICKUP POLICY

Please advise the pre-school immediately if you will be arriving later than the pre-arranged time to pick up your child. It is the parents’ responsibility to ensure that children are picked up no later than 12:13pm. If you are not able to pick up your child by this time alternate arrangements must be made.

Please notify the pre-school if an unauthorised person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorised on the registration form. They must bring photographic I.D. plus a photograph to be kept on file and a password will be used.

TERMINATION

West Harrow Park Pre-school reserves the right to suspend or terminate care of any child without notice, should it be deemed necessary for the overall safety and well-being of staff and/or children in our care

**PARENT CONTRACT continued**

WITHDRAWAL

Notice Period: Due to the long-term commitment we make when reserving a child’s place, we must ask you to make a similar commitment to us. We therefore, require a minimum of 1 Calendar months written notice, commencing from the first day of the month, to reduce or cancel your child’s normal booking.

HEALTH & SAFETY

The name of the designated Health & Safety Officer is on the main notice board. Any health & safety queries please arrange to meet with the Managing Director. If the Pre-school has to close due to any health and health & safety and illness reasons including bad weather, fees will still be due to be paid during the period closed.

REGISTRATION

A non-refundable registration fee of £20 (per child) is required upon completion of registration to secure your child's placement in care. The registration fee is non-refundable.

POTTY TRAINING

We will work in conjunction with parents during potty training. If you have a method that has been working for you, please let us know and we will adopt it for your child. Should you discontinue potty training at home, please let us know. If a child shows no interest in potty training, we will discuss this with you and probably choose to discontinue and try again at a later date.

BEHAVIOUR MANAGEMENT

If a child’s behaviour is seen to endanger others and all routes according to our Behaviour policy have been adhered to West Harrow Park Pre-school will take advice from the local authority and arrange a meeting with the parents to discuss the options available.

If a parent does not support the c in gaining help and advice from outside agencies then West Harrow Park Pre-school reserves the right to terminate the parent’s contract and will no longer provide care for that child.

UNIFORM

Uniform is available to buy on site. Jumpers; £10, Polo: 7.50, & T-shirts: £5. In order to feel free to explore and experiment with all kinds of materials, including messy ones, it is advisable to send children dressed in trousers/skirts that are easily washable and preferably not new. It is good for children to practice the skills, which will make them independent. Simple clothing which they can handle themselves will enable them to go to the toilet unaided and to put on and take off their outdoor clothes without being too dependent on other people for help.

SIBLING DISCOUNT

10% discount is given to the eldest sibling attending the same Pre-school. Discount ceases when government funding is received (term after eldest sibling turns 3 years).

DATA PROTECTION

I understand that my child’s records will be held on a computerised database and that this is protected by the General Data Protection Regulation 2018 and that they will be used for no other purpose than company business. I understand that if I require a copy of this personal information I must make a request in writing. I agree to be contacted via email for the purposes of the Pre-school or out of school club business.

SAFEGUARDING

I understand that the Safeguarding Vulnerable Groups Act 2006 places a duty on the staff to follow specific child protection procedures should any concerns be made and that there is a Safeguarding Children Policy available for me to view at any time.

NON -SOLICITATION OF STAFF

a. The parent/guardian of the child who is subject to this Registration Form, hereby agrees that during the term of this agreement and for the period of six months after its termination (howsoever terminated) that (s)he will not seek to employ, entice away or attempt to entice away from the employment of West Harrow Park Pre-school (the Company') any person or persons employed by the Company at the date of termination of this agreement or any person or persons who were employed by the Company in the six months preceding the date of termination of the agreement.

b. If the parent/guardian shall breach clause 10(a) then (s)he shall indemnify the Company fully in respect of all and any costs, claims, damages and expenses incurred by the Company as a result of the aforementioned breach to include the cost of replacing the relevant member of staff to include, but not limited to agency fees, advertising costs, management time in interviewing and all such other costs reasonably and necessarily incurred by the Company in replacing the member of staff together with all legal fees and disbursements.

EXCLUSION

If in the reasonable opinion of the setting manager or person of similar standing or authority it is considered that the continued presence of the child referred to herein is detrimental to the health, safety or well-being of the child or other children in the setting or the setting practitioners or other staff so employed then the setting may serve notice to the parent/guardians or a request for the child to be immediately removed from the setting and the provision of one month's notice shall not apply.

**PARENT CONTRACT continued**

*CONSENTS*

***Emergency first aid***

Do you give permission for emergency First Aid and for staff to seek further medical advice or medical intervention in an emergency or if your child falls seriously ill whilst in the care of West Harrow Park Pre-school? Yes No

***Emergency medical treatment***

I give my permission for a member of staff to accompany my child to hospital If an ambulance should the need arise. I understand that all medical decisions in my absence are the responsibility of medical professionals and that I will be contacted as soon as possible. Yes No

***Outings***

Occasionally we may take children out for walks outside the Pre-school registered premises. I give my permission for my child to be taken for walks outside the Pre-school registered premises. Yes No

***Sun cream***

I give permission for sun cream to be applied to my child. Yes No

***Photographs***

I agree to photographs being taken of my child within the Pre-school environment. Yes No

***Learning Journey’s***

I agree that my Child/children’s learning journey may be taken home by their key person to be worked on outside of Pre-school hours. Yes No

***Nappy Cream***

I give permission for nappy cream to be applied to my child whilst in the care of the Pre-school. Yes No

***Administer Medication***

I give permission for the Pre-school to administer medication as per instructions given by me the parent. Yes No

***Face Paints***

I give permission for my child to have his/her face painted whilst at the Pre-school. Yes No

***Website***

I give permission for photos of my child/children to be used on the Pre-school’s website. Yes No

***Pre-school Facebook Page***

I give permission for photos of my child/children to be used on the Pre-school’s Facebook page. Yes No

ACCEPTANCES

a. The above terms and conditions are considered to be fair and reasonable. In the event of any term found by a Court of Law to be unreasonable then the clause shall be removed but the agreement shall remain in full force and effect.

b. The parent/guardian has read and understands the Terms and Conditions contained and undertakes to be bound by the same.

This agreement must be signed by all persons with Parental Responsibility and/or those who are accepting responsibility for paying fees. Your childcare may only commence once payment of the first invoice, or a minimum of one month’s fees has been made.

I have read and understood the Parental Agreement and I agree to be bound by it and any other relevant booking terms and conditions that are issued time to time

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Legal Guardian)

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Legal Guardian)

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Legal Guardian)