



Dear Parent / Carer

S4yc Ltd are the management company providing preschool care at -Whitby Heat Primary School, Whitby Heath at Chester Road, Sutton Green Primary school, Christ Church Preschool during term time and school holidays. If you would like to book a place for your child please complete all of the attached forms and return them directly to us.

The following contain important information regarding:

- Session booking options
- Parent/Carers Contract
- Registration Form

I must stress the importance of all forms being filled in correctly and in as much detail as possible.

On your child's "Stay and Play" session or your child's first Preschool session please could you bring along your child's original birth certificate and their Red Health Progress Book (supplied by your midwife/health visitor). This is a necessary requirement for the receipt of your Child's Free Government Funded place when they become eligible.

If you would like any further information please do not hesitate in contacting either:-

Michelle Goodall – Compliance Manager on 07495 836613, e-mail michelle@s4yc.co.uk or

David James – Director S4YC Ltd on 077347 05559, e-mail info@s4yc.co.uk

Yours Sincerely,

A handwritten signature in black ink, appearing to be 'David James', written over a horizontal line.

David James
Managing Director
S4YC Ltd



Session Booking

Please tick to select which sessions you would like to book for your child in for:-

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 7.45am – 9.00am <i>Based at the school</i>					
Morning Session 9.00am – 12.00pm					
Afternoon Session 12.00pm – 3.00pm					
After School Club 3.00pm – 6.00pm <i>Based at the school</i>					

Prices:

Session	Price
Breakfast Club 7.45am – 9.00am	£4.50
Morning Session 8.45am – 12.00pm	£12.00
Afternoon Session 12.00pm – 3.00pm	£12.00
After School Club 3.00pm – 6.00pm	£11.00
Full Day Option 7.45am – 6.00pm	£38.00

Holiday Club 8.00am – 6.00pm	£39.00 per day £20.00 half day
--	-----------------------------------

Holiday Club leaflets will be issued half termly to alert you to what dates are available.

Contact us for more information on claiming funded 15 hours childcare.

Proposed Start Date:	
-----------------------------	--



Please indicate which setting you would like your child to attend.

Name of Preschool setting :	Please indicate which preschool setting you would like your child to attend.
<i>Willaston Preschool</i>	x

Parent/Carer’s Contract

Child’s name _____

Parent or carer’s name _____

- Preschool is owned and managed by S4YC Ltd.
- I consent for my child to attend S4YC Preschool. I understand that the preschool has policies and procedures and that there are expectations and obligations relating to both the preschool, myself and my child and I agree to abide by them.
- I understand that S4YC Preschool is a care facility and that whilst my child is there S4YC Ltd is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the S4YC Preschool unless otherwise requested.
- My child will be given stimulating and challenging play and learning opportunities in a fun and safe environment.
- Once my child is delivered to S4YC Preschool he/she will be in the care of the S4YC Preschool staff until collected and signed out by a ‘Named’ responsible adult.
- I will inform the S4YC Preschool Manager/Deputy if there are any changes to my sessions or if I need to change my “Named” adult list.
- I will book into the S4YC Preschool on a termly basis and will pay promptly for sessions even when my child does not attend, this also includes sick days and holidays even if notice is given prior to holidays unless other arrangements have been made with the Manager.
- It is my responsibility to keep the S4YC Preschool Manager informed of any alterations to the information regarding my child.
- I accept that whilst at S4YC Preschool my child may get involved in messy activities and S4YC Preschool will provide my child with appropriate clothing to accommodate this.
- I understand that S4YC Preschool cannot admit my child into the setting any earlier than the appointed time.
- I understand that I or another “Named” adult must accompany my child/ren into the S4YC Preschool and sign my child/ren in. I understand that Social Services will be contacted for any “abandoned” children.
- After School Club closes at 6.00pm and if for any unforeseen circumstances I am going to be late, I will contact the Manager/Deputy.
- If my child is not collected by 6.00pm I will pay a charge of £10 per quarter of an hour to cover the costs of the two staff who are legally required to stay.
- If any child remains at 7.00pm, after doing everything possible to contact parents and emergency contacts, then After School Club will be legally required to contact Social Services.
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen if the property is not clearly named.
- I have read the behaviour policy and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the setting and I will pay for these missed sessions.
- Should there be any incidents at S4YC Preschool involving my child, I will be informed of the situation.
- If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from S4YC Preschool may sign any consent forms necessary for treatment on my behalf.



Preschool Admission Pack

S4YC Preschools

- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies. For example Police, Social Care and Health Care Professionals.
- Where the Whitby Heath Preschool has endorsed my claim for Tax Credit, Whitby Heath Preschool is legally obliged to notify the HMRC if I cease to use the service during the period of my claim unless I give a minimum of 10 days notice. Your Tax Credit claim form will indicate that we may be held jointly liable for any claim HMRC consider to be fraudulent.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: _____ Date: _____

Registration form

S4YC Ltd Registration Form

Fairfield House, 101 Whitby Road, Ellesmere Port CH65 0AB

Contacts:

Michelle Goodall – Compliance Manager Email: Michelle@s4yc.co.uk Telephone: 07495 836613

Child's details

Child's first name(s)			
Surname			
Name known as			
Child's full address			
Gender			
Date of birth			
Birth certificate seen and copy made	Yes / No	Manager's signature	

Family Details

Contact Details 1 (including emergency information):

Parent/carer full name		Relationship to child	
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			



Work address		
Does this parent have parental responsibility for the child?	Yes	No

Contact Details 2 (including emergency information):

Parent/carer full name		Relationship to child	
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent have parental responsibility for the child?	Yes	No	

Contact Details 3 (including emergency information):

Parent/carer full name		Relationship to child	
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent have parental responsibility for the child?	Yes	No	



Other person(s) with legal contact to be completed where those persons with parental responsibility are separated and an S8 Order is in place

Name	
Address	
Contact telephone numbers	
Relationship to child	
What are the contact arrangements that we need to be aware of?	

Emergency contact details of authorised persons to collect if parents are not available *Emergency contacts must be local*

Contact 1 Name		Relationship to child	
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Contact 2 Name		Relationship to child	
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Contact 3 Name		Relationship to child	
Daytime/work telephone		Mobile	
Home telephone		Email	



Home address	
---------------------	--

Persons other than parent(s) authorised to collect the child **Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.**

PASSWORD

Password for collection of child by authorised persons	
---	--

Health and development

Has your child received the following immunisations? Please confirm and provide date of immunisations given.

Two months old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three months old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Four months old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Between 12 and 13 months old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:



Two to three years	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Three years and four months or soon after	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

For internal use: Has the child’s health record book been seen to confirm immunisation dates? Yes No

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes No

Is your child known to have any allergies or food intolerances? If so, please specify:

A risk assessment will be completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.

What are your child’s dietary requirements? Please specify:

It is [our/my] usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child’s dietary requirements, please discuss this with [our setting manager/me] to ensure that we are working in partnership to meet your child’s needs. Please refer to our Food and Drink Policy.

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------------------	-----	--------------------------	----	--------------------------



Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

SEN (Special Educational Needs) action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Education, Health and Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

What special support will he/she require in [our/my] setting?

Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes No

Setting completing check		Date completed	
--------------------------	--	----------------	--

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

Cultural background

How would you describe your child's ethnicity or cultural background?



--	--

What is the main religion in your family (if applicable)?	
---	--

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

--	--

What language(s) is/are spoken at home?	
---	--

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Does your child need a bilingual support plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

--	--

General information

What is your child's usual sleep pattern?

--	--

Does your child have a feeding routine (for children under 2 years)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Does your child have any food preferences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Does your child have a pacifier i.e. dummy or thumb?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Does your child have a special toy or object they might bring with them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

--	--

What other information is it important for [us/me] to know about your child? For example, what they like, or what fears they may have, or any special words they use.



--

Details of professionals involved with your child

GP

Name	
Address	
Telephone	

Health Visitor

Name	
Address	
Telephone	

Social Care Worker

Name	
Address	
Telephone	

What is the reason for the involvement of the social care department with your family? NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.

--

Dentist

Name	
Address	
Telephone	

Any other professional who has regular contact with the child

Name 1	
Role	
Agency	



Address	
Telephone	

Name 2	
Role	
Agency	
Address	
Telephone	

Name 3	
Role	
Agency	
Address	
Telephone	

General parental permissions

<i>Emergency treatment declaration</i>	
<p>In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager authorised deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.</p>	
Signed	Date
Printed name	
<i>For inhalers/auto-injectors (e.g. Epipens) only</i>	
<p>I give permission for a named member of staff who has been appropriately trained to administer the inhaler/ Epipen or Anapen (supplied by me) to</p> <p style="text-align: right;"><i>(name of child).</i></p>	
The named staff are:	



Signed	Date
--------	------

Printed name

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to (name of child).....
when required, in accordance with manufacturer’s instructions.

Signed	Date
--------	------

Printed name

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for (staff member) to administer paracetamol based products (e.g. Calpol) to (name of child) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting’s procedures on the administration of medicines.

Signed	Date
--------	------

Printed name

Sun cream

Children’s skin is delicate but you can protect their skin by:

- Avoiding the midday sun (between 11am and 3pm)
- Playing in the shade
- Wearing a hat that covers the ears and neck
- Covering up with a T-shirt and wear sunglasses that have UV filters
- Using a minimum of SPF15 sunscreen on exposed skin. Apply sunscreen liberally and reapply regularly.

The S4YC Preschool is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat, such as a legionnaires hat or sunhat. On sunny days apply sunscreen to any exposed parts.

I give permission for staff to administer Preschools hypoallergenic sun cream [] or sun cream supplied by me [] to (name of child) when necessary and to record its use.

Signed	Date
--------	------

Printed name



Short trip - general outings

Your child will be taken out of [our/my] setting as part of the daily activities. The venues used are detailed here:

I give permission for _____ (name of child) to take part in short trips or

General outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signed

Date

Printed name

Animals

We may occasionally have supervised visits of animals to our setting and we have the following pets on site (please list all):

We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion _____ (name of child) has to animals:

Signed

Date

Photographs

As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting’s computer and Learning Book tablets only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use. Please indicate below your preferences of what can be photographed or videoed for your child.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

- Electronic and printed information, displays and exhibitions at preschool
- Website for preschool
- Promotional material for the preschool
- To accompany staff or student coursework
- Observation and assessment



- Preschool records of my child
- Local newspaper or magazine
- National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

I give permission for _____ (name of child) to have her/his photo taken, or to be videoed, as per the above conditions and those indicated by me above.

Signed	Date
--------	------

Printed name

Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be:

Your child's 'back up' person will be:

Policies and procedures

I have been provided with details of S4YC Ltd early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed	Date
--------	------

Printed name

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name

Signed	Date
--------	------



Equalities monitoring form

Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Black Asian	<input type="checkbox"/>
Other please state	<hr/>		

A child’s learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need	<input type="checkbox"/>
SEN action plan	<input type="checkbox"/>
Education, Health and Care Plan	<input type="checkbox"/>

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.