**PARENT/CARER CONTRACT & REGISTRATION**

Child’s Name ………………………………….... Ethnicity ………………………………………………..

Preferred Name ………………………………… Date of Birth ……………………………………………

Name of Parent/Carer ………………………………………………………………………………………….

Child’s Address ………………………………………………....................................................................

…………………………………………………………………Post Code ………………..

**Parent/Guardian Information**

**Primary Carer 1**

Name …………………………………. Email address ……………………………………

Relationship to child …………………………………

Address if different from above …………………………………………………………………………….

…………………………………………………………………………………………………………………….

Telephone Number (Home)………………………… Mobile ……………………………

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**Primary Carer 2**

Name ………………………………………… Email address ……………………………………

Relationship to child ………………………………

Address ……………………………………………………………………………………………..

………………………………………………………………… Post Code ……………….

Telephone Number (Home)………………………… Mobile ……………………………

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Do both primary carers have parental responsibility? **Yes/No**

Do both primary carers have access to children? **Yes/No**

Do both **BIRTH** parents have access to children? Yes/No

If NO please provide details: ………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Does either birth parent have **Sole Legal Guardianship** of the children? **Yes/No**

If YES please provide details:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Who does your child live with (adults)? ……………………………………………………………………….

……………………………………………………………………………………………………………………..

Does your child live between two homes? **Yes/No**

If YES please provide details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Is there anybody who does NOT have legal access (if yes please give details) ………………………………………………………………………………………………………………………

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Further relevant information …………………………………………………………………….......................

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Please supply a list of people authorised to collect my child from the setting

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

I agree to supply in writing details of any changes to this list.

**Emergency Contacts**

1. Name ………………………………….. Telephone Number ………………………………………

Relationship to child …………………………………………………………………………………

1. Name …………………………………... Telephone Number ……………………………………..

Relationship to child ………………………………………………………………………………….

Any additional information that we should be aware of …………………………………………………

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If an unauthorised person has to collect my child in case of an emergency, I will supply:

* A letter of authorisation with my signature
* A phone call to the setting and provide the authorised person with the following password

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**Medical Information**

Medical Conditions/Allergies: Y/N (if yes please give details) ……………......................................

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Any specific dietary requirements …………………………………………………………………………….

Doctors Name ……………………………………….. Telephone Number ………………………………...

Address...………………………………………………………………………………………………………….

Health Visitors Name………………………………….Telephone Number………………………………….

Do you give permission for your child to receive emergency medical treatment? **Yes/No**

All medication must be handed to the pre-school supervisor for safe storage on arrival. A permission form for the administration of medicine must be completed.

**Special Requirements**

Does your child have any special or additional needs (i.e. hearing)? If yes, please supply details……………………………………………………………………………………………………………..

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Does your child have a Social Worker or CAF in place for them? If yes, please give details……

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Due to religious/cultural beliefs, are there any activities or medical treatments in which your child cannot partake or receive? …………………………………………………..............................................................

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Please also discuss with the pre-school supervisor so that provision can be made.

**Permission**

Do you give permission for the following?

Your child to attend organised outings? **Yes/No**

Your child to be included in photographs for the following

* Little Stars/School website **Yes/No**
* County Press/West Wight Beacon **Yes/No**

Your child to be included in recorded observations which help your child’s development **Yes/No**

Your child’s Unique Child’s Profile & Information to be shared/passed on to school/new setting when your child leaves Little Stars **Yes/No**

Your child to use the school facilities **Yes/No**

Observational photo’s which may contain your child which are distributed to parents as a keepsake at the end of their time in pre-school **Yes/No**

Permission to share information with the Health Visitor **Yes/No**

Your child to be part of Tapestry our Electronic Learning Journals? **Yes/No**

**Information**

Children are eligible for funding, the funding period after their 3rd birthday, Government funding entitles a child to a maximum of 15 funded hours per week over 38 weeks of the school year. If your child attends more than the funded hours then an hourly charge will be applied. Once the funded period has been used, charges will apply.

Some children may be eligible for 2 year old funding. Please see the pre-school Manager for more information.

School dinners are available daily. Please ask for more information.

Payments to Little Stars – once your child starts at Little Stars, the school office will issue you with an online access code for our Tucasi banking system. This will allow you to safely make payment online. However we still do accept cash or cheque payments.

**Early Years Pupil Premium**

Nurseries are now able to claim extra funding through the Early Years Pupil Premium to support children’s development, learning and care. We would like to explain what Early Years Pupil Premium is, explain who is eligible for this funding and, importantly, to ask you to fill out the enclosed forms so that we as a provider can claim the extra funding.

National data and research tells that children eligible for free school meals tend to do less well. The Early Years Pupil Premium will provide us with extra funding to close this gap. The Early Years Pupil Premium provides an extra 53 pence per hour for three and four year old children whose parents are in receipt of certain benefits or who were formally in local authority care but who left care because they were adopted or were subject to a special guardianship or child arrangements order. This means an extra £302 a year for each child taking up the full 570 hours funded entitlement to early education. This additional money could make a significant difference to us.

We can use the extra funding in any way we choose to improve the quality of the early year’s education that we provide for your child. This could include for example additional training for our staff on early language, investing in partnership working with our colleagues in the area to further our expertise or supporting our staff in working on specialised areas such as speech and language.

If you have not already done so, we urge you to complete the attached form and return to the school office which will allow us to claim the additional Early Years Pupil Premium.

**Agreement**

* I agree to pay the invoice in full within 7 days of dated statement (monthly in advance), for each hour that my child is booked into the setting (over and above government funded hours where applicable.
* I understand that it is my responsibility to inform Sam May (School Business Manager) as soon as possible if I am unable to make full payment within 7 days of the dated statement.
* I understand that failure to make full payment by the end of the calendar month, or secure a payment plan with Sam May, may result in my child’s hours being reduced to funded hours only until full payment is received.
* I will abide by the settings terms and conditions of payment as per the charging policy. This will include payment in a child’s absence e.g. sickness or holiday and late pick-ups. If my child has to be absent over a long period of time, I will talk to the pre-school Manager/Supervisor.
* I agree to give one calendar months’ notice, or one calendar month’s fee in lieu of notice, should I decide I no longer wish my child to attend Little Stars.

**I have read the attached charging policy and agree to be bound by its terms and conditions.**

Person responsible for payment of fees………………….......... Relationship to child …………………

Signature ………………………………

**I agree to the terms and conditions set out in this parent/carer contract.**

Signed …………………………………………….. Name …………………………… Date……………..

***Professional carers have a duty to protect the children in their care. As such we may seek further advice without first advising you where we believe there is cause for concern.***

*For the welfare of the child, in an emergency situation, medical treatment may be sought without prior consent. If your child sustains an injury at home, please inform a member of staff and complete a prior injury report form.*

*All medication must be handed to a senior staff member for safe storage on arrival. No medication will be administered to your child without a medication authorisation form being completed.*

*No child will be allowed to leave the setting with unauthorised persons without prior notification by the parent/carer. Child collection forms* ***MUST BE COMPLETED.***

*It would be helpful if all clothing is labelled with your child’s name. This would enable staff to easily return all items of clothing and footwear.*

*We believe parents and carers are the first educators of young children, and welcome their involvement within our setting. If you are interested in joining the setting’s rota of voluntary helpers, please speak to the Little Stars Manager, for further details.*

***Cancellations***

*Little Stars requires one calendar months’ notice should you decide to withdraw your child from the setting. If you are unable to give one month’s notice you will be required to pay one month’s fees in lieu of notice.*

***I agree to the terms and conditions set out in this parent/carer contract***

***Signed ……………………………………………………………. Name ………………………………….***

***Date ………………………………..***