

Becket School

Pre-School Registration Form



Name of Child: (in full) _____

Date of Birth: _____

Name known as: _____

Address: _____

Gender: Male/Female

Date I wish my child to start: _____

Are you in receipt in 30 hours funding? Yes / No (Delete) please provide your 30 Hours funding code:

(More information on funding can be found at the back of this pack.)

Prior to your child's start date, we will need to see an original of either their Birth Certificate or Passport, and be in receipt of the necessary funding documents (the school will provide this for you to complete).

(For staff only) Birth Certificate or Passport viewed? Yes / No Date _____

1st Contact Parent/Carer with whom the child lives:

Name: _____ Relationship to child: _____

Does this parent have parental responsibility? Yes / No (delete)

Home telephone: _____ Mobile: _____

Email address: _____

2nd Contact Parent/Carer with whom the child lives:

Name: _____ Relationship to child: _____

Does this parent have parental responsibility? Yes / No (delete)

Home telephone: _____ Mobile: _____

Email address: _____

Emergency contacts when the parent(s) are unavailable.

Contact Name: _____ **Relationship to child:** _____

Telephone: _____ **Mobile:** _____

Is this person authorised to collect the child? Yes / No (Delete)

Parent with whom the child does not live:

Name: _____ **Relationship to child:** _____

Does this parent have parental responsibility? Yes / No (delete)

Is this parent authorised to collect the child? Yes / No (Delete)

Address: _____

Home telephone: _____ **Mobile:** _____

Email address: _____

Details of any persons **not permitted to collect your child.**

Name: _____ **Relationship to the child:** _____

Please give some details:

PLEASE REMEMBER TO LET THE SCHOOL KNOW IF ANY CONTACT DETAILS CHANGE

Childs Doctors Surgery

Doctors Surgery: _____

Address: _____

Has your child previously attended another Pre-School? Yes ☐ No ☐

If yes, what is the name of the Pre-School? _____

Does your child still attend the other Pre-School? Yes ☐ No ☐

Do you wish to split your funding between both settings? Yes ☐ No ☐

Personal Details of Child

Does your child have any siblings or close relations that currently attend our School?

Does your child have any special dietary needs or preferences? Yes/No (delete)

Does your child have any Allergies to food or Medicines? Yes/No (delete)

Does your child have any health needs or preferences? Yes/No (delete)

Does your child have any specific needs or disability? Yes/No (delete)

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

In what country was your child born? _____

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? _____

What is your child's first language? _____

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/No (delete)

If yes, discuss and agree with the key person how you will support your child when settling-in.

Other information about your child

Does your family have any involvement with the following departments? If yes please circle the appropriate

Social care

Family Support

Early Help

Speech and Language

**Community
Paediatrics**

Name: _____ telephone: _____

Based at: _____

Please detail the reason for their involvement with your family?

What is the name of your Health Visitor? _____

Name: _____ telephone: _____

What other information is it important for us to know about your child? For example, any special support your child may require, what they like, or what fears they may have, any special words they use, or what comforter they may need and when they may need it?

Funding

How many hours will your child be entitled to? 15 hours ☐ 30 hours ☐ unsure ☐

Please tell us the name of the Parent who will be claiming funding for the child named on this form.

Mr / Mrs / Miss / Ms Name in full: _____ D.O.B: _____

Parents NI No.: _____

Does your child receive **Child Disability Living Allowance** Yes / No (delete)

To claim for 30 hours child care, you must provide us with your 11 digit eligibility code.

My 30 hours eligibility code is: _____ (For more information regarding your entitlement please visit www.gov.uk and search for 30 hours funding)

Signed By

Parent/Carer Name: _____ Signed: _____

Date: _____

Pre-School Session Requirements



Child's Name: _____

At Becket Pre-school we operate two different finish times for children staying all day, 2.30pm and 3.15pm. If you opt for 3.15pm finish, there is a charge of £5.00 for the extra 45 minutes your child will be with us.

I would like to request the following pattern for my child. (Please tick)

| | | | 8.30am start 2.30pm finish | 8.30am Start 3.15pm finish |
|----------|-----------|---|-------------------------------|-------------------------------|
| 15 hours | Pattern 1 | All day Monday, All day Tuesday, Wednesday Morning | | |
| | Pattern 2 | Wednesday Afternoon, All day Thursday, All day Friday | | |

If you are only eligible for 15 hours and would like any extra sessions, please fill in the box below.

| | All day 8.30-3.15pm £38 | All day 8.30-2.30 £33 | Morning 8.30-11.30 £16.50 | Afternoon 12.15-3.15 £16.50 |
|-----------|-------------------------------|-----------------------------|---------------------------------|-----------------------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

If you are eligible for up to 30 funded hours please select pattern 5, 6 or 7.

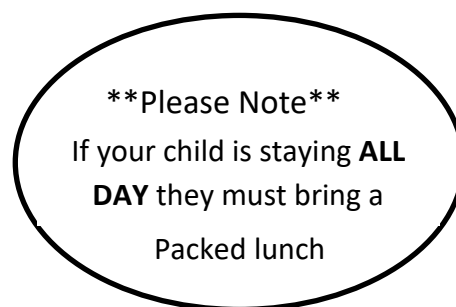
| | | | 8.30 Start 2.30 finish | 8.30am Start 3.15pm finish |
|-------------|-----------|-------------|---------------------------|-------------------------------|
| 18 hours | Pattern 3 | 3 full days | | |

| | | | 8.30 Start 2.30 finish | 8.30am Start 3.15pm finish |
|-------------|-----------|-------------|---------------------------|-------------------------------|
| 24 hours | Pattern 4 | 4 full days | | |

| | | | 8.30 Start 2.30 finish | 8.30am Start 3.15pm finish |
|-------------|-----------|-------------|---------------------------|-------------------------------|
| 30 hours | Pattern 5 | 5 full days | | |

If you are selecting Pattern 5, 6 or 7 please indicate in the box below which days and times you would like.

| | All day 8.30-3.15pm £5 | All day 8.30-2.30 £0 |
|-----------|------------------------------|----------------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |



This form does not guarantee your child a place for your chosen Pattern. The school office will contact you to confirm your requests.

Parent/Carer Name: _____ Signed: _____ Date: _____



Permissions

Child's Name: _____

☐ I give permissions for my child to take part in food tasting during the school day. Is your child allergic to any food or drink?

YES _____

☐ I give permission for my child to be photographed for use in promotional material for the School, such as School website and Prospectus.

☐ I give permission for my child to be photographed by the local press, e.g. nativity plays, special events, sports events etc. The paper is usually the Weston Mercury or the Weston and Worle Midweek News.

☐ I give permission I give my permission for photos of my child to be used on the schools Facebook and Twitter sites.

☐ I give permission for Nursery to apply nappy cream to my child if necessary.

☐ I give permission for my child to be taken out as a part of the daily activities of the setting. I understand that further consent will be requested for major outings.

☐ I consent for the staff to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I will be informed at the first possible opportunity.

☐ I agree to apply sun cream to my child before they attend nursery that is above a factor 40, but in any emergency situation I give permission for a staff member to apply sun cream to my child.

Signed By

Parent/Carer Name: _____ Signed: _____

Date: _____

Due to new General Data Protection regulations, we are asking parents/carers to give their consent for storing and sharing photo/video footage of their child. Please note that we will never share personal details or full names (first name and surname) of any child alongside their image on our website, social media, prospectus or in other printed publications.

Please circle Yes/No against each item to state whether you give permission for your child's photo/video to be taken, used or published via the following:

| | |
|--|--------|
| School Website | Yes/No |
| Kaleidoscope Website or any other Kaleidoscope School Website (currently Ashcombe, Becket, Christ Church, Hutton, St Martin's, Worle Village & Crockerne) | Yes/No |
| School/Kaleidoscope Facebook and Twitter | Yes/No |
| School/Kaleidoscope Prospectus or similar promotional materials | Yes/No |
| Group School Photograph taken by external Photographer | Yes/No |
| Media outlets e.g. Newspaper photographs or television film crew attending a school event | Yes/No |
| Displays around school building | Yes/No |
| Assessment, monitoring or other educational uses within the school (for internal use only) | Yes/No |
| Individual School Photograph taken by external Photographer | Yes/No |
| I give permission for the school to update ParentPay with any change to my mobile number/email address | Yes/No |
| I give permission for my child to walk to other school/venues in the local area during the school day | Yes/No |
| I give permission for my child to take part in tasting food during the school day (please state if he/she has any food allergies.....) | Yes/No |

Child's Name:

School Name:

I give consent for my child's photograph/video to be used for the above. I understand that I have the right to withdraw my consent at any time in writing to my child's school. I understand that this form is valid for the period of time my child attends the school. Consent will automatically expire after this time. In these instances, images/videos will not be used in future publications but may continue to appear in publications already in circulation. I understand that websites can be viewed throughout the world and not just in this country where UK law applies.

As the child's parent/carer, I agree that if I/we take personal photo/video recordings of our child which include other children then these will be for personal use only.

Signed _____ Name _____ (Parent/Carer)

Date _____



Pre School Terms and Conditions

Opening Hours

The Pre School hours for all day, morning and afternoon sessions are as follows:-

| | |
|-----------|------------------------------|
| Morning | 08.30 – 11.30 |
| Afternoon | 12.15 – 15.15 |
| Full Day | 08.30 – 14.30 |
| Full Day | 08.30 – 15.15 (£5.00 charge) |

PLEASE NOTE: The £4.00 charge is **ONLY** if your child is staying **ALL DAY** until 3.15pm. This charge is for the 45 minutes from 2.30pm-3.15pm which falls outside of funded hours.

Sessions for 15 Hours Funding

| | | |
|-----------|---|---|
| Pattern 1 | All day Monday, All day Tuesday, Wednesday morning | £5.00 charge for All day sessions ONLY if your child is staying until 3.15pm |
| Pattern 2 | Wednesday afternoon, All day Thursday, All day Friday | £5.00 charge for All day sessions ONLY if your child is staying until 3.15pm |

Sessions for up to 30 Hours Funding

| | | | |
|-----------|----------|----------------------------|----------------------------|
| Pattern 3 | 18 hours | 3 full days of your choice | 2.30pm-3.15pm £5.00 charge |
|-----------|----------|----------------------------|----------------------------|

| | | | |
|-----------|----------|----------------------------|----------------------------|
| Pattern 4 | 24 hours | 4 full days of your choice | 2.30pm-3.15pm £5.00 charge |
|-----------|----------|----------------------------|----------------------------|

| | | | |
|-----------|----------|----------------------------|----------------------------|
| Pattern 5 | 30 hours | 5 full days of your choice | 2.30pm-3.15pm £5.00 charge |
|-----------|----------|----------------------------|----------------------------|

Extra Session unfunded

| | | | |
|------------------------------|--------------------------------|------------------------------|------------------------------|
| 3-hour Morning 8.30-11.30 | 3-hour Afternoon 12.15-3.15 | 6 hours All day 8.30-2.30 | 7 hours All day 8.30-3.15 |
| £16.50 | £16.50 | £33.00 | £38.00 |

Extra sessions and Lunches

If your child is staying with us for lunch, you must provide a packed lunch. We strive to provide our children with healthy snacks throughout the day and hope you will support us with this and provide a healthy packed lunch for your child.

Extra sessions can be booked providing there is availability. Lunches are only available for children who are attending ALL DAY not as an add-on to a morning or afternoon session

Fees and Invoices

Pre School fees are payable in advance on a **termly basis**, by Parent Pay or workplace vouchers. All non-funded sessions 'extra hour add on' sessions booked, must be paid for, regardless of whether the child attends. No refunds

will be given for sessions missed due to holidays or sickness. Failure to meet payments could result in the termination of the Pre School place and in such rare circumstances the parents will not be entitled to a refund of any

Attendance

Please be aware that if your child's attendance falls below 80% you may be in danger of losing the Pre School place.

Picking up and dropping off

We ask wherever possible to stick to the correct pickup and drop off time. Picking up and dropping off outside of the session times can be disruptive to the class.

Accidents and Illness

It is important for the Pre School to be notified if your child is to be absent. This can be done by phoning us on 01934 516052. We reserve the right to administer basic first aid and treatment when necessary.

Parents will be informed of all accidents and will be required to sign an accident form. For accidents of a more serious nature, involving hospital treatment, all attempts will be made by Pre School to contact the parents but failing this, we are hereby authorised to act on behalf of parents and authorise necessary treatment.

We will administer prescribed medicines if parents complete a 'Medicine Consent' form; however, the first dose of medicine must be given at home by a parent.

We may require parents to withdraw their child from Pre School if it is considered that the child is not well enough to attend, or if they are suffering from or have suffered from any contagious disease/infection and there remains a danger that other children at the Pre School may contract such a disease/infection.

In cases of diarrhoea and/or vomiting your child cannot return to the Pre School until they have been **symptom free for 48hrs**.

Termination / Cancellation / Change

We require one months' notice in writing should you wish to terminate a Pre School place for any reason. Parents still remain liable for fees throughout the notice period. If a parent withdraws their child during this notice period, the fees shall still remain payable. We reserve the right to terminate a Pre School place with immediate effect if any fees are not paid by the due date, or if a parent, carer or child displays abusive, threatening or otherwise inappropriate behaviour. If a parent wishes to change the number of sessions taken at Pre School, one terms' notice, in writing, must be given and a 'Change of Sessions' form must be completed.

Security

Under no circumstances will the child be allowed to leave Pre School with anyone unknown to the staff unless the parent has previously arranged this. If the parent has made alternative arrangements by telephone, the Pre School will require the name and telephone number of the person permitted to collect the child and proof of identity will be required upon arrival. A list of responsible adults who are authorised to collect the child should be provided.

We will not tolerate Pre School staff being spoken to in an abusive or threatening manner by parents, carers or children. Such behaviour may result in the termination of a Pre School place.

General Information

Parents are requested to inform the Pre School of any allergies (food, medicine). Parents must provide details, in writing, of the severity of the reaction/ allergy and must continue to inform the Pre School of any changes/progress to the condition, in writing, when they become aware. Parents are requested to inform the Pre School of any changes to all information kept in the Pre School.



Applying for 30 Hours Funding for 3 and 4 Year Olds

If you think, you will be eligible for 30 hours Pre School funding, here is how to apply!

You can apply via either of the websites below. If you need any help applying, you must register first and you will then have access to a help line number.

www.childcarechoices.gov.uk

www.gov.uk

What you will need when applying

Both Parents or lone parent in a lone parent family:

Name, address, DOB

National Insurance Number

Passport Number and expiration date (If they have one)

If either parent is self-employed the 10-digit unique code for self-employment.

Child or Children you are claiming for

Name, address, DOB

If the child is a cared for child or a child with disabilities, follow the relevant link after registration.

Once you have submitted your information you will then be given an 11-digit code. You must provide us with this code as soon as you can. We can then take steps to confirm the hours you have requested.

If you need any help please contact the school office on 01934 516 052 and someone will get back to you.