Becket School





| Name of Child: (in full) | |
|--|--|
| Date of Birth: | |
| Name known as: | |
| Address: | |
| | |
| | |
| | |
| Are you in receipt of 2-Yea | ar-old Funding? Yes / No (Delete) |
| If Yes please provide us w | rith your Two Year Old Funding Voucher. |
| | |
| Date I wish my child to sta | art: |
| Prior to your child's start (Passport. | date, we will need to see an original of either their Birth Certificate or |
| (For staff only) Birth Certification | ate or Passport viewed. Yes / No Date: |
| 1st Contact Parent/Carer w | vith whom the child lives: |
| | |
| | Relationship to child: |
| Does this parent have parer | ntal responsibility? Yes / No (delete) |
| Home telephone: | Mobile: |
| DOB: | National Insurance Number: |
| | |
| 2 nd Contact Parent/Carer v | vith whom the child lives: |
| Name: | Relationship to child: |
| Does this parent have parer | ntal responsibility? Yes / No (delete) |
| Home telephone: | Mobile: |

| Parent with whom the child does $\underline{\mathbf{n}}$ | <u>not</u> live: |
|--|---|
| Name: | Relationship to child: |
| Does this parent have parental respo | onsibility? Yes / No (delete) |
| Is this parent authorised to collect the | e child? Yes / No (Delete) |
| Address: | |
| | |
| Home telephone: | Mobile: |
| | |
| Emergency contacts when the pare | ent(s)/carer(s) are unavailable. |
| 1 st Contact Name: | Relationship to child: |
| Telephone: | Mobile: |
| Is this person authorised to collect the | e child? Yes / No (Delete) |
| | |
| Details of any persons not permitte | ed to collect your child. |
| Name: | Relationship to the child: |
| Details: | |
| | |
| | |
| PLEASE REMEMBER TO LET THE | SCHOOL KNOW IF ANY CONTACT DETAILS CHANGE |
| | |
| | |
| | |
| | |
| Childs Doctors Surgery | |
| Doctors Surgery: | |
| Address: | |
| | |
| | |
| Has your child previously attended an | · |
| If yes, what is the name of the Nurse | |
| Does your child still attend the other l | Nursery? Yes□ No □ |
| Do you wish to split your funding bety | ween 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? |
| What is your child's Nationality? |
| What is your child's National Identity? |
| 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.

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** _____ telephone: _____ Name: Based at: Please detail the reason for their involvement with your family? What is the name of your Health Visitor? _____ 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, or what comforter they may need and when they may need it? **Funding** How many hours will your child be entitled to? 15 hours ☐ unsure ☐ For more information on how to claim 2 Year Old Funding please visit www.gov.uk and search 2 Year old Funding. Please tell us the name of the Parent who will be claiming funding for the named child. Mr / Mrs / Miss / Ms – Parents name in full: D.O.B: Parents NI No.:______ Does your child receive Child Disability Living Allowance Yes / No

Parent/Carer Name: ______ Signed _____

Signed By

Date:

Nursery Session Requirements



| Child's Name | Da | ate I wish my child | l to start: | | |
|--|--|--|-------------------------|------------------------|--------------------------|
| | | | | | |
| I would like to | request the following sessi | ons for my child | . (Please t | ick one) | |
| Pattern 1 | All day Monday | , All day Tuesday | , Wednesd | ay Morning | |
| Pattern 2 | Wednesday Afte | ernoon, All day Th | nursday, Al | l day Friday | |
| Pattern 3 | Monday, Tuesday, | Wednesday, Thu | ırsday, Frid | day - Mornings | |
| Pattern 4 | Monday, Tuesday, | Wednesday, Thui | rsday, Frid | ay - Afternoons | |
| office will cont | is form does not guarantee act you to confirm your requitiled to 2 year old funding your funded sessions prices are in | u ests. ou can claim up to | o five sessi | ons funded. This | |
| Extra Sessions are attending A sessions outsid | can be booked providing the LL DAY, not as an add-on to a e of your selected pattern. w is for any EXTRA SESSIO | ere is availability. I a morning or after | Lunches ai noon sess | e only available | |
| | Morning 8.30am-11.30am | Lunch 11.3 12.15p | | Afternoon 12 | .15pm-3.15pm |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| | | • | | | |
| | | | | | |
| Pricing | Morning Session | Lunch | Aftern | oon Session | All Day |
| Pricing Cost of Session | | Lunch £6.00 | | eoon Session £18.00 | All Day £42.00 |
| | | | | | - |
| | | | | | - |

Date:



Permissions

| Child's | 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 <u>emergency</u> situation I give permission for a staff member to apply sun cream to my child. |
| Signed | Ву |
| 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) | Yes/No |
| School/Kaleidoscope Facebook | Yes/No |
| School/Kaleidoscope Twitter | Yes/No |
| School/Kaleidoscope Prospectus or similar promotional materials | 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 |
| Group School Photograph taken by external Photographer | Yes/No |

| Child's Name: | | |
|---|--|--|
| School Name: | | |
| right to withdraw my covalid for the period of time. In these instance appear in publications | consent at any time in writing to time my child attends the schooles, images/videos will not be used | sed for the above. I understand that I have the my child's school. I understand that this form is al. Consent will automatically expire after this d in future publications but may continue to and that websites can be viewed throughout the sc. |
| • | carer, I agree that if I/we take pe then these will be for personal u | ersonal photo/video recordings of our child which use only. |
| Signod | Namo | (Parent /Carer) |

d Conditions

Nursery Terms and Conditions

Opening Hours

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

Full day 08.30 – 15.15 Morning 08.30 – 11.30 Lunch 11.30 – 12.15 Afternoon 12.15 – 15.15

Sessions

| Pattern 1 | All day Monday, All day Tuesday, Wednesday Morning |
|-----------|---|
| Pattern 2 | Wednesday Afternoon, All day Thursday, All day Friday |
| Pattern 3 | Monday, Tuesday, Wednesday, Thursday, Friday - Mornings |
| Pattern 4 | Monday, Tuesday, Wednesday, Thursday, Friday - Afternoons |

| 3 hour Morning | 3 hour Afternoon | Lunch break | 7 hour All day |
|----------------|------------------|-------------|----------------|
| 8.30-11.30 | 12.15-3.15 | | 8.30-3.15 |
| £18.00 | £18.00 | £6 | £42.00 |

Lunches

If your child is staying with us for lunch, you must provide a packed lunch. The cost for the lunch session (11.30-12.15) is £6.00.

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

Fees and Invoices

Nursery fees are payable one term in advance by Parent Pay or workplace vouchers. All non-funded sessions and lunch time 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 Nursery place, and in such rare circumstances the parents will not be entitled to a refund of any fees.

Attendance

Please be aware that if your child's attendance falls below 80% you may be in danger of losing the Nursery 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 Nursery 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 Nursery 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 Nursery 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 Nursery may contract such a disease/infection.

In cases of diarrhoea and/or vomiting your child cannot return to the nursery or 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 Nursery 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 Nursery 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 Nursery, 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 Nursery with anyone unknown to the staff unless the parent has previously arranged this. If the parent has made alternative arrangements by telephone, the Nursery 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 Nursery staff being spoken to in an abusive or threatening manner by parents, carers or children. Such behaviour may result in the termination of a Nursery place.

General Information

Parents are requested to inform the Nursery of any allergies (food, medicine).

Parents must provide details, in writing, of the severity of the reaction/ allergy and must continue to inform the Nursery of any changes/progress to the condition, in writing, when they become aware. Parents are requested to inform the Nursery of any changes to all information kept in the Nursery.

| Yours | sincerely | |
|-------|-----------|--|
| | | |

The Becket Nursery Team