**Rain or Shine Forest Pre-School - Enrolment Form**

In order to register your child please complete the following form in BLOCK CAPITALS and return it to Rain or Shine Forest Pre-School Ltd, Registered Office – 17, Mountfield Park, Tonbridge, Kent. TN9 2DE. 01732 356421, 07450 412733.

Please enclose a cheque for £50 payable to Rain or Shine Forest Pre School Ltd or make a BACS payment to 09.01.29 01718201 with your child’s name as the reference. This deposit will be deducted from your first month’s invoice.

Please also enclose a copy of your child’s birth certificate/passport or show it to Nadia or Sam to confirm your child’s date of birth. Once the details have been recorded the copy is shredded.

Should any changes arise, please inform us immediately.

**Child’s details:**

Full name: …………………………………………………………………………………………………..

Prefers to be called: …………………………………………………………………………………………………..

Address: …………………………………………………………………………………………............

………………………………………………………………Postcode:……………………..

Child’s date of birth: ……………………………………………………..Gender: M / F

Child’s intended school (If known):………………………………………………………..

Child’s main language: ……………………………………………………………………

If applicable, what is the main religion within your family?

…………………………………………………………………………………………………

Child’s ethnicity……………………………………………………………………………..

**Rain or Shine Forest Pre School enrolment timetable**

Please tick the days that you wish your child to attend the Pre-school. Please make a 1st and 2nd choice and we will do our best to accommodate your request. The minimum number of hours to attend each week is 10 (2 days) unless your child will be under 3 years old when they join.

Which site would you prefer? Bidborough (TN11 8AB) or Prices Wood, Leigh (TN11 8HP)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Monday  | Tuesday | Wednesday | Thursday |
| Pre-school session (from 9.15am to 2.15pm – please bring a packed lunch)  |  |  |  |  |

Start date: …………………………………………………………………………………

**Fees:**

**Registration Fee:**

On joining the Rain or Shine Pre-School, we charge a £50 deposit. This covers administration fees and the Babysdays online database set-up and will be deducted from the first month’s invoice. It is non-refundable should you change your mind and no longer want a place for your child.

**Medical conditions / allergies:**

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Y / N

If yes, please provide us with details of these and treatments, if required:

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**Special Educational Needs or Disabilities:**

Does your child suffer from any special needs or disabilities? Y / N

If yes, please provide us with details of these:

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Will your child require any special support within our setting? Y / N

If yes, please provide us with details:

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**Parents / Guardian’s contact details:**

**Contact 1:**

Name: …………………………………………………………………………………………

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

Main contact email address:.………………………………………………………………..

Home address: ………………………………………………………………………………………………

…………………………………………………………Post Code: …………………………

Telephone number:

Home……………………………………mobile……………………………………………..

work …………………………………………………………………………………………

Does this contact have parental responsibility for the child? Yes / No (Delete as appropriate)

Does this contact have legal access to the child? Yes / No (Delete as appropriate)

**Contact 2:**

Name: ………………………………………………………………………………………

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

Main contact email address:.……………………………………………………………

Home address: ……………………………………………………………………………………

…………………………………………………………Post Code: …………………………

Telephone number –

Home……………………………………….mobile………………………………………….

Work……………………………………………………………………………………………

Does this contact have parental responsibility for the child? Yes / No (Delete as appropriate)

Does this contact have legal access to the child? Yes / No (Delete as appropriate)

**Emergency Contact Details if contact points above are unavailable:**

Please provide two emergency contacts that are available during Pre-school hours, and local to us, should we not be able to contact you in an emergency:

**Contact 1**

Name: ………………………………………………………………………………………..

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

Telephone number –

Home………………………………………mobile…………………………………………

Work………………………………………………………………………………………….

**Contact 2**

Name………………………………………………………………………………………..

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

Telephone number –

Home………………………………………..Mobile……………………………………….

Work………………………………………………………………………………………….

Please note that for safeguarding purposes we request that your emergency contacts be provided with a password so that our staff know who is able to collect your child.

Password: ……………………………………………………………………………………

**Medical history:**

For health and safety purposes, we need to know a brief medical history of your child. Will you please provide us with the following information?

Please provide your child’s doctor’s details for our records:

Name:………………………………………………………………………………….

Practice: ……………………………………………………………………………….

Address: ……………………………………………………………………………….

Postcode:……………………………………………………………………………….

Telephone Number: …………………………………………………………………

**Immunisation history:**

Has your child received the following immunisations? (Please confirm and provide the date)

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Illness** | **Received** | **Date received (if known)** |
| 2 months old | DiptheriaTetanusPertussis (Whooping cough)Polio and Haemophilus influenza typev b (Hib). Pneumococcal infection | Y / N  |  |
| 3 months old | DiptheriaTetanusPertussis (Whooping cough)Polio and Haemophilus influenza typev b (Hib). Meningitis C (meningococcal group c) | Y / N  |  |
| 4 months old | DiptheriaTetanusPertussis (Whooping cough)Polio and Haemophilus influenza typev b (Hib). Meningitis C (meningococcal group c). Pneumococcal infection | Y / N  |  |
| 12 months old | Haemophilus influenza type b (Hib) and meningitis C. | Y / N  |  |
| 13 months old | Measles, Mumps and Rubella (German measles). Pneumococcal infection | Y / N  |  |
| 3 years & 4 months (Or soon thereafter) | DiptheriaTetanusPertussis (Whooping cough) and polioMeasles, Mumps and Rubella. | Y / N  |  |

**About your child:**

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

…………………………………………………………………………………………………

Are there any festivals or special occasions celebrated in your family or culture that your child will be taking part in and that you would like us to incorporate in to our setting for the other children?

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

If English is not your child’s first language spoken at home, will this be their first experience of being in an English-speaking environment?

Y / N

If yes, please discuss as to how we can work together to support your child:

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…………………………………………………………………………………………………

Is there any other information that you feel is important in ensuring that we provide the highest level of care and education for your child?

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Are there any other professionals who have regular contact with your child – ie. another preschool/nursery/childminder/speech and language team/paediatrician/health visitor etc

Y / N

Name:……………………………………………………….Role: …………………………

Agency: ……………………………………………………………………………………

Address: ……………………………………………………………………………………

Postcode:……………………………………………………………………………………

Telephone Number: ………………………………………………………………………

Name:……………………………………………………… Role: ………………………

Agency: ……………………………………………………………………………………

Address: ……………………………………………………………………………………

Postcode:………………………

Telephone Number: …………………………………………………………………

Name:……………………………………………………….. Role: ……………………

Agency: ………………………………………………………………………………….

Address: …………………………………………………………………………………

Postcode:…………………………………………………………………………………..

Telephone Number: ………………………………………………………………………

**Emergency treatment declaration:**

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 that my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed: ……………………………………………………Date: ………………………….

**Policies and Procedures**:

All policies, procedures and permissions will be on the Babysdays online database system. You will be allocated with a login user name and password and asked to read and digitally sign to confirm they have been read.

**Free Early Education:**

Under the new government scheme, certain two year olds qualify for free early education. Please see the on-line government database to check whether you qualify for this funding.

<https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-olds>

In the term after you child turns three, he/she is entitled to 15 hours Early Years Funding per week which can be split between two providers.

Some families are eligible for 30 hours Early Years Funding.

Some 3 and 4 year olds are also entitled to an Early Years Pupil Premium in addition to the free early education funding.

<https://www.childcarechoices.gov.uk/>

When your child is eligible for the Free Early Years Education, you will be given a form to fill in. Please complete this form and return it to Rain or Shine Forest Pre-School as soon as possible.

The funding a pre-school receives from the local authority is much lower than the hourly rate which can result in the pre-school becoming uneconomical to run. The ratios at the Forest Pre-school are also lower than Ofsted’s recommendation. With this in mind I have no alternative but to ask parents’ whose children are funded for a voluntary contribution each month. A monthly invoice will be produced clearly showing the funded hours, any payments due and the voluntary amount.

**Childcare vouchers:**

We accept childcare vouchers and tax free childcare as payment towards your child’s sessions. Please let us know which companies you will be using so we can arrange registration with them.

**Invoices:**

Please see details above concerning voluntary donations from parents’ whose children are funded.

Invoices are produced on 24th month for the following month. Payments are to be received by 1st month. Fees are non-refundable for any sessions that your child cannot attend, which includes holidays that you arrange and days off sick.

If invoices remain unpaid after the 5th of the month then your child may not be able to attend the preschool for any hours in excess of the funded hours.

If we have to close the pre-school for safety reasons, e.g. adverse weather conditions, we are unable to provide a refund for these sessions.

The pre-school is also closed on all national and bank holidays. A catch up session will take place on the Friday for funded children who would have attended on the bank holiday.

I understand that fees are payable monthly in advance and that should I choose to cancel my child’s place with the Pre-school, written notice must be received by Nadia by 1st of the month to leave by the end of that month. Fees are payable during the notice period. See Notice to Leave Policy.

Signature: …………………………………………………… Date: ………………………

**General Data Protection Regulation (GDPR)**

The information provided on this enrolment form will be added to the Babysdays online database. The enrolment form will then be filed in a locked filing cabinet at the home of Nadia Romano (Director). The enrolment form will be destroyed (shredded) within 30 days of your child’s leaving date. The details on Babysdays will be uploaded onto a password protected portable hard drive and an encrypted memory stick – both are stored in the locked filing cabinet – your child’s details are then deleted from the Babysdays database.

We will retain a record of your email address and send you details of our after school clubs and holiday clubs. If you do not wish to receive this information then please contact Nadia and your email address will be removed from our contact list.

**Confirmation:**

I confirm that all of the above information has been completed to the best of my knowledge and that I agree to all terms and conditions of Rain or Shine Forest Pre-school.

Signature: ……………………………………………………Date: ………………………

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