

Child's Name	
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Admission Form

Yalding (Twyford) Preschool
Village Hall, Lyngs Close ME18 6JT
01622 814024
Charity Reg: 1052236



**YALDING
PRE-SCHOOL**

Child's Details	
Full Name (birth certificate):	
Likes to be known as:	
Date of Birth:	
Child's home address:	
Postcode:	
Legal court order	Yes / No
Details provided?	Yes / No

Parent/Carer details (at home)		
Full name:		
Address:		
Date of birth:		
National Insurance No:		
Phone number:		
Email address:		
Relationship to child:		

Email address for invoices:

Emergency contact (when parent unreachable)		
Full name		
Address:		
Telephone number:		
Relationship to child:		

Please provide two emergency contacts when possible.

If anyone other than yourself is to collect your child, you must let us know. We will ask this person to provide us with a password before we allow them entry. Please provide us with a memorable password for you to share with only the person collecting your child.

Password:	
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Does your child attend another setting/childminder: Yes/No (delete)

If yes, please give details:

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Medical	
Childs' doctor's name & address:	
Telephone number:	
Vaccinations (please tick)	HIB MMR OTHER

Sign	Date
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Was your child born prematurely?	Yes/No (delete)	weeks born:
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Siblings

Name:				
Date of birth:				

Medical details and history of child	
Does your child have any allergies, medical or SEN conditions/needs or have they had any in the past? If yes, please provide us with details, or tick 'None'	
Please detail symptoms and treatment if applicable.	
Allergies	None
Medical conditions	None
Special Educational Needs (SEN)	None
Holistic care (i.e osteopathy)	None
Physiotherapy	None
Speech therapy	None

Are any of the following in place for your child?

Disability Access Fund (DAF):	Yes/No (delete)
Personalised/targeted plan:	Yes/No (delete)
Statement of Special Educational Need (EHCP):	Yes/No (delete)
Care plan:	Yes/No (delete)

If you have any other information about your child's health or special needs, please speak to the manager or key person or provide details on a separate sheet of paper.

Has your child had any of these illnesses?			
Chicken Pox	YES/NO	Scarlet Fever	YES/NO
Measles	YES/NO	Mumps	YES/NO
Other:			

Is your child adopted?	Yes/No (delete)
Is your child looked after by the Local Authority (LAC)?	Yes/No (delete)
Is your child currently undergoing any medical or psychological treatment including medication?	Yes/No (delete)
Is there any religious or cultural considerations, which may affect your child's treatment?	Yes/No (delete)
Any known drug or food allergies	Yes/No (delete)

If yes, please give details:

Sign	Date
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Should the necessity arise, I agree to the person in charge of the session accompanying my child to hospital and giving consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given to my child.

Signature:	Print name:
Date:	Relationship to child:



All Early Years Providers are required by the Department for Education (DfE) to collect information on a child's ethnic background. Please select (tick) the child's ethnicity from the list below.

White			
English	Scottish	Greek Cypriot	Gypsy
Welsh	Cornish	Roma	Other Gypsy/Roma
Other White British	Irish	Kosovan	Portuguese
Traveller of Irish Heritage	Albanian	Turkish	Turkish Cypriot
Bosnian-Herzegovinian	Croatian	White Eastern European	White Western European
Greek	White Other		

Asian or Asian British			
Indian	Bangladeshi	Sri Lankan Sinhalese	Sri Lankan Other
Pakistani	African Asian	Sri Lankan Tamil	Other Asian
Nepali			

Mixed/Dual Background			
White/black Caribbean	White/black African	Asian/Other	Black/Other
White/Pakistani	White/Indian	Chinese/Other	White/Any Other
White/Any other Asian background	Other mixed background		

Black or Black British		
Caribbean	African	Any other black background

What is the main religion in your family?
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in at home and that you would like acknowledged and celebrated whilst they are 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/No (delete) If yes, please speak freely to staff who will support your child when settling in.

Sign	Date
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To assist us in looking after your child and helping your child to develop, please can you tell us about your child's:

Communication & Interaction:
Behaviour in general:
Physical, hearing, speech, vision:
Concentration, ability to learn:

Does your child have/use a comforter or pacifier?
How would you describe the best way to comfort your child when they are upset?
Is your child toilet trained? Yes / No Let us know if you are in the process of toilet training and how we can help.

List fully any special dietary needs that your child has:	
Water is available for the children throughout their sessions with us and they are given the choice of Milk or water at snack. If your child cannot drink Milk, please tick here	
	NO MILK <input type="checkbox"/>

Names of professionals involved with your child:

Name:	Role:
Telephone:	Agency:

Name:	Role:
Telephone:	Agency:

Do we have your permission to contact them with regards to the health, well-being and development of your child if we think it's necessary? Yes/No (delete)

Does your family have an Early Help or Social Care worker for any reason? Yes/No (delete)

Name:	Based at:
Telephone:	Agency:
What is the reason for the involvement of the Early Help/Social Care Department with your family?	

NB: IF THE CHILD HAS A CHILD PROTECTION PLAN, MAKE A NOTE HERE, BUT DO NOT INCLUDE DETAILS. ENSURE THESE ARE OBTAINED FROM THE SOCIAL CARE WORKER NAMED ABOVE AND KEEP THESE SECURELY IN THE CHILD SAFEGUARDING FILE.

Sign	Date
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Photographic consent:

In view of the legislation regarding children, it is not our policy to photograph and display pictures of children in our care unless we have the parents/guardians permission. Photographs provide important evidence of your child's development journey and provide a record that supports this. Their photographs can be used on Tapestry profile, in learning journey and provide evidence of learning and activities.

Photographs of my child can be used on Tapestry	I DO / DO NOT give permission
I understand that my child may appear in other photographs with other children or in the background of another child's photograph	I DO / DO NOT give permission
Photographs of my child may be used as evidence required by OFSTED, enabling them to confirm that we are fulfilling their requirements	I DO / DO NOT give permission
Photographs of special events help to promote and help publicise the work of the Preschool	I DO / DO NOT give permission
Photographs can be used for on-going training purposes	I DO / DO NOT give permission
Photographs will only be taken on 'Official' Preschool equipment and all material will remain the property of the Preschool and kept in a secure environment	I DO / DO NOT give permission
Photographs to be used in Media including Parish magazine will be shown to me first, and I will be consulted	I DO / DO NOT give permission
Photographs to appear on Preschool website	I DO / DO NOT give permission

I give permission for my child, (name) _____, to be photographed and for the pictures to be used ONLY for the above purposes.	
Signature:	Date:



Outings and Visits into the Community:

I give permission for my child to be taken out for supervised walks and play sessions. This includes using playground equipment in Play Park, Visiting Library, Visiting shops and other area within local community. I understand that appropriate risk assessments will be undertaken, and risk will be evaluated on each occasion an outing is planned or as a spontaneous experience.	
Signature:	Date:



Sign	Date
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Recordings and Observations

In view of the legislation regarding children, it is not our policy to record and observe children in our care unless we have the parents/guardian's permission. In addition, preschool requires your permission to share your child's information with other professionals in order to safeguard your child, this includes health and development, child protection, special educational needs and additional needs such as behavioural concerns. These records will also be used to contribute to your child's transition documents which will be passed on to the next early years setting or school.

I give permission for my child to be observed and records kept and used ONLY for the above-mentioned purposes.

I hereby give all consents necessary for my child's records to be shared with other professionals for the benefit of my child, without liability, such as Health Visitor, Early Years Education Advisor, Social or Family Workers.

However, I wish to be kept informed, unless the situation is deemed a child protection concern therefore by following the policies and procedures of the setting there will be no acknowledgement to me.

Signature:

Date:



Well-being and Care Commitment

I understand that Yalding (Twyford) Preschool is committed to the promotion of positive well-being and appropriate care actions for each child as an individual. My child's well-being directly affects their learning and involvement: therefore, impacts their development and future experiences.

I give my consent for a Yalding (Twyford) Preschool practitioner to:

1. Apply a hypoallergenic plaster to my child, if this will improve well-being and not induce an allergic reaction	Yes / No
2. Apply cream/spray that I will supply for nappy rash/ sunscreen	Yes / No
3. Enable my child to have a sleep or rest time during a session if they require	Yes / No
4. Change my child's: external clothing, underclothes, nappy, or pull-up; when necessary in the session	Yes / No
5. Check my child's hair if irritation is affecting their well-being or involvement in play. Possibly caused by sand, hair length, glitter, glue, head lice.	Yes / No

If the practitioner is ever concerned, then the parent/carer will be contacted.

Sign

Date



Fees & Funding

Unfunded sessions are charged at £5.25 per hour.

Invoices for unfunded hours are sent monthly, in advance. Payment terms is 30 days.

15 hours per week funding is available automatically for 3+ year olds for the new term starting AFTER their 3rd birthday.

There is funding available for 2 year olds, and extra hours funding for 3+ year olds subject to eligibility. Visit <https://www.gov.uk/childcare-calculator?step-by-step-nav=f237ec8e-e82c-4ffa-8fba-2a88a739783b>

You must complete a parent declaration form to receive funding.

Please tell us what sessions your child is available for, and what sessions you would prefer. We always try our best to accommodate preferred sessions when it is possible.

	Breakfast Club	Morning Session	Afternoon Session
Monday	08:00 – 09:00 (1 hour)	09:00 – 12:00 (3 hrs)	Closed
Tuesday	08:00 – 09:00 (1 hour)	09:00 – 12:00 (3 hrs)	12:00 – 15:00 (3 hrs)
Wednesday	08:00 – 09:00 (1 hour)	09:00 – 12:00 (3 hrs)	12:00 – 15:00 (3 hrs)
Thursday	08:00 – 09:00 (1 hour)	09:00 – 12:00 (3 hrs)	12:00 – 15:00 (3 hrs)
Friday	08:00 – 09:00 (1 hour)	09:00 – 12:00 (3 hrs)	12:00 – 15:00 (3 hrs)

(subject to change – estimated changes Sept 2021)

Desired start date:

OFFICE USE ONLY

- Government funding forms seen; including birth certificate.
- Proof of address
- Additional care plan/medication (if applicable)
- Parent email on mailing list
- Parent contact details on Quickfile/emailed to office (name, address, phone number, email address, child's name)
- Tapestry email sent
- Parent declaration form completed
- Child added to register/waiting list

Sign	Date
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All preschool children attending Yalding (Twyford) Preschool have a personal online Learning Journal which records photos, observations, and comments, in line with the Early Years Foundation Stage, to build up a record of your child's experiences during their time with us.



We use Tapestry, an online system, which is hosted on secure servers. The benefits to yourselves from Tapestry being online means you will have secure access (via a website or mobile app, which you can login to using your email address and a password) to your child's Learning Journal and, in addition to viewing our posts, we encourage you to add your own observations by uploading photos and comments or commenting on observations made by us. Yalding (Twyford) Pre-school have their own secure Tapestry website, which once you have provided us with an e-mail address, we will be able to set you up with an account. We will also give you detailed information on how to view/use your child's Learning Journal.

If you do not have access to e-mail your child is still able to have an online Learning Journey which you can access using the preschool's computer equipment during specific dates throughout the year. At the end of your child's time with us their Journal will become available for you to download and keep.

For us to enable you access to your child's Learning Journey, please give us your e-mail address.

E-mail address:

(Please note each parent only has access to their own child's Learning Journey)

If you have any questions or queries about the online Learning Journeys please do not hesitate to ask us

Many thanks, Abi Stern, Manager

If you do not have access to e-mail please tick this box and you will be able to view your child's learning Journey using preschool equipment during specific times throughout the year.

Sign

Date



Emergency Evacuation Form

Childs full name:	Childs D.O.B
Childs address	

Parent/carer name	Relationship to child
Telephone numbers	Address

Parent/carer name	Relationship to child
Telephone numbers	Address

Emergency contact name	Relationship to child
Telephone numbers	Password set for collection

Name of GP and surgery	Surgery contact number:
Allergy summary	Medical conditions
Permission for Emergency medical treatment:	Yes / No

Yalding (Twyford) Preschool

Sign	Date
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