Clwb Penmorfa

Allergies: Trips: Y / N

Password: Sunblock: Y /N

Consent for Media: Y / N

Consent for info sharing:

For office use only



NAME:

D.O.B.

START DATE:

FOR OFFICE USE ONLY

Parent/Guardian Agreement

**COMPLETION NOTES:**

**Complete all of the details on pages 3 and 4.**

**There are also 7 sections for you to read/complete before returning the form to Clwb Penmorfa:**

**1. Sessions and fees**

**2. Medical Information (including medication and sunscreen)**

**3. Policies and Procedures**

**4. On and Off site visits**

**5. Photographs**

**6. Booking forms**

 **6a Playgroup**

 **6b After School Club**

 **6c Holiday Club**

**7. All About Me**

** Agreement**

Between the following parties and effective from the date of the signatures until you no longer use the facility or until this agreement is amended and replaced by either party.

Clwb Penmorfa

Ysgol Penmorfa

Dawson Drive Prestatyn Denbighshire LL19 8SY

# AND

(Please use pen and block capitals and update if there are changes)

Parent/Carers name

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

……………………………….…………………………………………………..

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

Home telephone number: ………………………………………………….

Mobile number: ……………………………………………………………….

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

(We use email to communicate with you) Signed by parent/guardian Date

………………………………………. …………………………………… Signed on behalf of manager/registered person

………...…………………………… Date :...…………………………

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

Sex ………………………………………………………………………………

Date of birth …………………………………………………………………...

Home address (if different from above)

………………………………………………………………………………………

………………………………………………………………………………………

# Emergency contact numbers

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

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

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

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

# Who will be collecting your child

***(No person under the age of 16 years is allowed to collect a child)***

Please list below the names of parents/guardians/family who you nominate to collect your child.

1. ……………………………….. Tel no ………………………………….

2. ……………………………….. Tel no ………………………………….

3. ……………………………….. Tel no ………………………………….

4. ……………………………….. Tel no ………………………………….

5. ……………………………….. Tel no ………………………………….

**Password:** ……………………………………(Important in case of emergencies)

# 1. Sessions and Fees

**Morning sessions** 9am – 11.30am

9am-12:30pm (Wrap around School)

**Afternoon sessions** 11:30-3pm (Wrap around School)

12.30pm – 3pm

**School day** 9am -3pm

**Afterschool Club** 3.05pm/3.15pm – 4.15pm

 3.05pm/3.15pm – 5.15pm

 3.05pm/3.15pm – 6pm

**Holiday club** 8am – 1pm (Morning)

 1pm – 6pm (Afternoon)

 8am – 6pm (Full Day)

# Session Fees (includes the cost of snack and school transfer)

**School day**

9 – 3pm £24.00

**2.5 hours**

9am – 11.30am £10.50

12.30pm – 3pm £10.50

**3.5 hours and Wrap around**

9am – 12:30pm

11:30 – 3pm £14.50

**Afterschool Club**

3.05/3.15pm – 4.15pm £3.50

3.05/3.15pm – 5.15pm £7

3.05/3.15pm – 6pm £9

**Holiday Club**

Morning £14.50

Afternoon £14.50

Full Day £26.50

# Fees

Fees are paid via ParentPay. I/we agree fees are to be paid at the beginning of the week or first session attended. I/we agree fees are still payable if my child is absent because of illness or holiday.

# Lateness

I/we agree to pick up my/our child at the agreed time.

I agree that if I/we am/are late at the end of an afternoon session we will follow our Uncollected Child policy (see excerpt in the text box below).

I/we agree late fee of £5 per 15 minutes will be charged to cover emergency staffing.

* No child is left unattended because a parent/carer fails to collect them and two members of staff remain to supervise the child.

• Every effort is made to contact the parent/carer or emergency contacts.

• A late fee of £5 per 15 minutes will be charged to cover emergency staffing.

• A child is not released into the care of any person without the written permission of the parent/carer. However, in an emergency situation, a telephone call from the parent/carer stating that another adult will collect the child may be accepted provided that the password given by this adult is correct.

• Clwb Penmorfa reserves the right to make additional checks on persons arriving to collect a child if considered appropriate in exceptional circumstances.

• If all attempts to contact relevant adults fail, the Social Services duty officer is contacted who will be asked to advise what action to take. The registered person/responsible individual is informed.

• If at any time when a child is collected there are concerns that to hand over the child may be placing them at some risk, the member of staff seeks advice from the manager who will speak to the parent/carer, and do what is reasonable in the circumstances to safeguard the child’s welfare. In certain circumstances, the manager may advise the parent/carer that following handover, they will call the social services duty officer or police or relevant agency, and that the Clwb Penmorfa’s Child Protection policy may be put into action. A record of the circumstances is made.

• A record of events when a child is not collected on time is kept. This records the date, time of collection, the name and address of any non-authorised person collecting the child, and any additional relevant in- formation. A copy is given to the parents/carers.

# Notice

I/we agree to give one months’ paid notice prior to my child leaving the playgroup sessions. I/we accept there will be a full charge for this period.

Signed by parent/guardian Date

…………………………………………………… ………………….

# 2. Medical Information

Child’s doctor …………………………………………………………………

Address ………………………………………………………………………..

Telephone number …………………………………………………………..

Health visitor ………………………………………………………………….

Telephone number……………………………………………………………

# Health Needs (please indicate if your child has any)

………………………………………………………………………………………

……………………………………………………………………………………….

………………………………………………………………………………………

# Allergies (Please indicate any allergies here)

………………………………………………………………………………………

………………………………………………………………………………………

……………………………………………………………………………………….

**Other Dietary needs** (eg vegetarian, vegan, halal)

………………………………………………………………………………………

……………………………………………………………………………………….

……………………………………………………………………………………….

**Medication** (if your child requires medication during their session please indicate here and arrange to meet our Person in Charge to complete the appropriate forms along with clearly labelled in date medication)

………………………………………………………………………………………..

# Immunisations

Please tick to indicate which vaccinations the child has had

* The 6-in-1 vaccine
* [Pneumococcal (PCV) vaccine](https://www.nhs.uk/Conditions/vaccinations/Pages/pneumococcal-vaccination.aspx)
* [Rotavirus vaccine](https://www.nhs.uk/Conditions/vaccinations/Pages/rotavirus-vaccine.aspx)
* [MenB vaccine](https://www.nhs.uk/Conditions/vaccinations/Pages/meningitis-B-vaccine.aspx)
* [Measles, mumps and rubella (MMR) vaccine](https://www.nhs.uk/Conditions/vaccinations/Pages/mmr-vaccine.aspx)
* [Hib/MenC vaccine](https://www.nhs.uk/Conditions/vaccinations/Pages/hib-men-C-booster-vaccine.aspx)
* [Children's flu vaccine](https://www.nhs.uk/Conditions/vaccinations/Pages/child-flu-vaccine.aspx) (annual)
* [4-in-1 pre-school booster](https://www.nhs.uk/Conditions/vaccinations/Pages/4-in-1-pre-school-dtap-ipv-booster.aspx) Other vaccinations (please list)

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

Infectious illnesses e.g. chicken pox

……………………………………………………………………………………

I understand that if my child has experienced sickness or diarrhoea, I must wait 48hrs after the last episode before returning to Clwb.

# Sunblock (please tick one)

I agree to provide clearly labelled sunblock for my child and consent for the suncream to be applied to my child in the summer months if they are playing outside.

 **Or**

I agree to pay £3 towards the costs of providing ‘Lacura SPF30 Moisturising Sun Lotion’ and consent for the staff to apply this.

Signed by parent/guardian Date

…………………………………………………… ………………….

Signed on behalf of manager/registered person Date

…………………………………………………………… …………………..

# Behaviour Policy

Behaviour management is essential to ensure the smooth and safe running of our provision.

Adults involved in the group are to be made aware of their role in promoting acceptable behaviour and will:

* Understand age/stage appropriate behaviour.
* Provide a social environment where activities are stimulating and appropriate for them.
* Development stage of the children.
* Act as a good role model by showing consideration, respect and good manners to and for others.
* Work with parents and carers to promote and encourage acceptable behaviour.
* Be positive, constructive and fair, by rewarding and praising acceptable behaviour.
* Encourage children to develop self-discipline.
* Be able to differentiate between deliberate and accidental occurrences.
* Be aware there may be underlying problems when unacceptable behaviour occurs and always respond appropriately respecting confidentially.
* Use appropriate language and establish eye contact when talking to the children.
* Adults will never use any form of physical intervention e.g. holding, unless it is necessary to prevent personal injury to the child, other children, an adult or serious damage to property.
* Record serious incidents and inform parents on the day.
* Intervene as soon as possible after incident.
* If behaviour is ongoing (daily) the behaviour will be monitored, recorded and shared with parents. Where appropriate the information will be shared with relevant professionals after permission has been given from the child’s parents.

# Bullying

* Bullying is defined as a deliberate action that is persistent, violent, humiliating, intimidating, shaming, ridiculing, threatening or leave a child feeling undervalued.
* Children who appear to be bullying other children will be dealt with appropriately.

# 3a. Policies and procedures

I/we understand that the policies are available in the foyer area and on our website.

I/we give permission for emergency treatment to be given and the application of plasters if needed

I/we understand the procedures for administering medicine

I/we understand the procedure for complaints

I/we have read and accept the Parent/Guardian Information Booklet (Statement of Purpose)

I/we agree with Clwb Penmorfa’s discipline and behaviour policy

**3b. Playgroup only**

I/we agree that during the playgroup sessions, my child’s development can be recorded and passed

on to the:

 **Please circle**

Nursery school Yes/No

Local authority Yes/No

Family Link Team Yes/No

(Family Link ask us to provide a Nutshell for each child going into school, which is a snap shot of your child including information such as their date of birth)

I/we understand that my child needs to come dressed to play in play clothes

I/we agree to label all clothes/hats and wellies

Signed by parent/guardian Date

…………………………………………………… ………………….

Signed on behalf of manager/registered person Date

…………………………………………………………… …………………..

# 4. On and Off Site Visits

I/we agree that my/our child can attend visits and walks within the Ysgol Penmorfa site during a playgroup session.

I/we agree that my/our child can attend walking visits within the local area during any sessions.

Signed by parent/guardian Date

………………………………………… …….………………………

Signed on behalf of manager/registered person

……………………………………………… Date: .……………………

# 5. Photography

**Playgroup only**: I/we agree that my/our child may have their photograph taken for nursery records.

 Yes/No

**All:** I/we agree that my/our child may have their photograph taken for it to be used in:

 please tick:

 local press

 school website

 newsletter

 school’s social media

Signed by parent/guardian Date

…………………………………………… ……………………………….

Signed on behalf of manager/registered person

……………………………………… Date…………………………

# Complaints Policy

If you have any concerns or complaints regarding our service, please, in the first instance, arrange to have a chat with the Person in Charge. If you are not satisfied with the outcome of this informal chat you can then put your complaint in writing to:

Clwb Penmorfa

Ysgol Penmorfa

Dawson Drive

Prestatyn

LL19 8SY

The complainant will be notified, in writing, of the outcome of the investigation within 14 days of receiving the complaint. With the agreement of the complainant the period for resolution may be extended by up to a further 14 days if necessary. Please see our Complaints policy for further details.

**The role of CIW in the complaints process:** CIW is happy to receive information about any social care service but is not a complaints agency and has no statutory powers to investigate individual complaints between people and their service providers. They cannot make judgments on behalf of people or decide who is right or wrong. When CSSIW receives information about a service they will consider it, inform the complainant and take the actions outlined in our complaints policy.

Contact details: C.I.W.

North Wales Region Government Offices Sarn Mynach

Llandudno Junction LL31 9RZ

Telephone: 03000625609

**6a. Booking Form for Playgroup**

Name of child: ……………………………………………………..…………

Date of Birth: ……………………………………………………...………….

**Days and sessions required (Please circle):**

Beginning week commencing …………………………………..

Monday  AM PM AM Wraparound PM Wraparound Full day

Tuesday AM PM AM Wraparound PM Wraparound Full day

Wednesday AM PM AM Wraparound PM Wraparound Full day

Thursday AM PM AM Wraparound PM Wraparound Full day

Friday AM PM AM Wraparound PM Wraparound Full day

If sessions will vary from week to week please complete this form for the first week then inform us by each Thursday of your requirements for the following week.

Please note any funding your child is entitled to:

Early Education Flying Start Childcare Offer Supported Funding

If you have selected any of the above, have you registered and selected Clwb Penmorfa?

Yes No

(Please note if you haven’t registered you will be charged the full amount)

Please pay directly via ParentPay. You will be issued with a username and password once we receive this form.

**6b. Booking Form for Afterschool Club**

Name of child: ……………………………..…………………………………….

Date of Birth: …………………………………………………………………….

**Days and sessions required (Please circle):**

Beginning week commencing……………………………….

Monday  3.15 – 4.15pm 3.15 – 5.15pm 3.15 – 6pm

Tuesday 3.15 – 4.15pm 3.15 – 5.15pm 3.15 – 6pm

Wednesday 3.15 – 4.15pm 3.15 – 5.15pm 3.15 – 6pm

Thursday 3.15 – 4.15pm 3.15 – 5.15pm 3.15 – 6pm

Friday 3.15 – 4.15pm 3.15 – 5.15pm 3.15 – 6pm

If sessions will vary from week to week please complete this form for the first week then inform us by each Thursday of your requirements for the following week.

Please note any funding your child is entitled to:

Childcare Offer

Other – please give details:

If you have selected any of the above, have you registered and selected Clwb Penmorfa?

Yes No

(Please note if you haven’t registered you will be charged the full amount)

Please pay directly via ParentPay. You will be issued with a username and password once we receive this form.

**6c. Booking Form for Holiday Club**

Name of child: ……………………………..…………………………………….

Date of Birth: …………………………………………………………………….

**Days and sessions required (Please circle):**

Beginning week commencing :…………………………………………………

Monday 8:00am-1:00pm 1:00pm-6:00pm 9:00am-6:00pm

Tuesday 8:00am-1:00pm 1:00pm-6:00pm 8:00am-6:00pm

Wednesday 8:00am-1:00pm 1:00pm-6:00pm 8:00am-6:00pm

Thursday 8:00am-1:00pm 1:00pm-6:00pm 8:00am-6:00pm

Friday 8:00am-1:00pm 1:00pm-6:00pm 8:00am-6:00pm

Please note any funding your child is entitled to:

Childcare Offer

National Savings Scheme

Other – please give details:

If you have selected any of the above, have you registered and selected Clwb Penmorfa?

Yes No

(Please note if you haven’t registered you will be charged the full amount)

Please pay via ParentPay. Children who are not yet on role at school will be given log in details and information on how to pay and access the account once we receive this form.

Thank you so much for choosing Clwb Penmorfa.

We will email you to let you know if you have the place you have requested.

# Contact details

**Registered Person** Sharon Davies

**Person in charge:** Lisa Oldroyd

**Telephone number:** 07783 003071

**Address:** ClwbPenmorfa

Ysgol Penmorfa

Dawson Drive Prestatyn LL19 8SY

**Email:**

OldroydL5@hwbcymru.net

Sharon.A.Davies@denbighshire.gov.uk

**Website:**

[www.clwbpenmorfa.co.uk](http://www.clwbpenmorfa.co.uk)

(Please complete the following page with your child.)

**7. All about me**

My name

My date of birth \_

How old am I \_

A picture of me

Who is in my family

Language/s spoken at home \_

Religion

(eg no religion/Christian/Muslim) \_

Things I like to do \_

Things I don’t like