

Parent and Carer Contract

Parent/Carer Contract

Child's Full Name	
The name that you would prefer staff to use for your child.	
Child's Date of Birth	
Child's Address (including postcode)	
Gender	
Ethnic Origin	
Religion	
Date of Birth verified (for funding)	Medical Card/ Birth Certificate/Other
2. Family Details	
Main Parent/Carer's name	
Relationship to Child	
Address (if different from above)	
Contact Telephone Numbers: Mobile	Home Work E-mail
D.O.B. (for funding purposes)	National Insurance Number (For funding purposes)
Second Parent/Carer's name	
Relationship to Child	
Address (if different from above)	
Contact Telephone Numbers: Mobile	Home Work Email
D.O.B. (for funding purposes)	National Insurance Number (For funding purposes

3. Legal Contact and Parental Responsibility

The Department for Education (DfE) requires that providers must obtain necessary information from parents/carers in advance of a child being admitted to the provision, including information about who has legal contact with the child; and who has parental responsibility for the child. http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4002954

Name/s of who has legal contact?			
DfE has advised us that the policy intention in relation to 'legal contact' was to ensure that if a parent was legally banned from contact with a child, then a childcare provider would not let the child go with that parent.			
Name/s of who has parental responsibility?			
While mothers (birth) always have parental responsibility, fathers only have parental responsibility if: They were married to the child's mother when the child was born. They jointly adopt a child The parents jointly register the birth (so both names appear on the birth certificate) The parents have formed a parental responsibility arrangement			
They are given parental responsibility by co	urt order.		

4. Emergency Contacts / Collection Authorisation

Please provide details of up to 4 people that you authorise to collect your child from Elsecar Community Nursery **in addition** to those named on page 1.

To safeguard your child we WILL NOT let your child leave the nursery with anyone that we do not have details for or that you have not pre-arranged with us to collect.

	child to leave the nursery with a	nyone under the age of 16 years
ſ	1	2
Name of Contact		
Relationship to Child		
Contact Telephone Numbers		
Authorisation Agreed	Password / signature / photograph	Password / signature / photograph
Password or signature (staple photos to form)		
Γ	3	4
Name of Contact	•	·
Relationship to Child		
Contact Telephone Numbers		
Authorisation Agreed	Password / signature / photograph	Password / signature / photograph
Password or signature (staple photos to form)		

5. Medical Treatment

In the unfortunate event of an emergency or accident occurring we must ensure that your child receives the best and the most appropriate care and may need to seek medical assistance. As staff members are not the legal guardians of your child they cannot consent to treatment given by a medical practitioner. We will always inform you immediately of any such circumstances should they occur.

such circumst	ances should they occur.		
DECLARATION DECLAR	ON sion for prescribed medicati	on to be admii	nistered.
Yes□	No□		
•	sion for nursery staff, qualifi ase of an accident.	ied in first aid,	to administer first aid to my
Yes□	No□		
I give permis	sion for staff to seek emerge	ency medical a	ssistance where necessary.
Yes□	No□		
Name of Child		Date	
Name of Parent/Carer		Parent/Carer signature	

6. Medical Details/Other Agency Support

Please let Elsecar Community Nursery know of any medical conditions or agencies that your child has, or has had in the past that we may need to be aware of. This will enable us to ensure your child receives the most appropriate care.

Does your child have any allergies?	
Does your child have any special dietary requirements?	
Does your child have or previously had any medical conditions? Medical evidence is helpful so that we can meet your child's needs.	
Does your child have any individual needs?	
Does your child require an inhaler or epi – pen?	
Is your child using any long term medication?	
Are there any other Agencies involved with your child, for example Speech Therapist, Health Visitor, or Social Worker?	
Does your child have an Early Health Assessment-EHA? (Helps the early identification of children's additional needs and promote co-ordinated service provision to meet them).	

7. Doctor's/ Health Visitors Details

Name of Family Doctor (If known	1)			
Address of Surge	∍ry			
Contact Telepho Numbers	ne			
Name of Health (If known)				
Address of Surge	ery			
Contact Telepho Numbers	ne			
OTHER PERMIS	SIONS			
8. Photograph F	² ermiss	sion		
brochures, local Development File	on and media, es (inc t	Elsecar Community those of other children	Nursery webs en) and for nurs	my child being used in nursery ites, Facebook, Learning and ery display purposes.
I understand that	t any ph	notographs given mu	st NOT be circu	ulated under any circumstances
Name of Child			Date	
Name of Parent/Carer			Parent/Carer signature	
great importance Park, Heritage C	arning ex e for chil sentre or	xperience that Elsec ldren to be able to go r shops. When outing	o visiting our loogs gs are planned	Nursery provides we feel it is of cal area, for example, the Local your prior permission will be ine with the Outings Policy.
Name of Child			Date	
Name of Parent/Carer			Parent/Carer signature	

10. Permission to handle animals In association with nursery planning there are times when animals visit nursery, for example Guide Dogs for the Blind and a tortoise when learning about hibernation. Please give your permission for your child to handle visiting animals.

Name of Child	Date	
Name of Parent/Carer	Parent/Carer signature	

11. Sun Protection / Cream Permission

Parents/Carers are asked to supply sun protection/cream and apply it on their child before the child comes to Nursery; we ask that parents/carers also supply a sun hat for their child.

DECLARATION

I give my consent for Elsecar Community Nursery staff to apply sun cream to my child.

Name of Child	Date	
Name of Parent/Carer	Parent/Carer signature	

12. Sharing Information

On 25th May 2018, the new GDPR regulations came in to force. Elsecar Community Nursery is accountable for the information we hold on those we communicate with and those for whom we hold personal data.

Transitions to another setting can be a very stressful time for both children and their families. Elsecar Community Nursery believes effective communication between all relevant parties is important to support your child to have a positive experience during times of transition.

Please confirm your consent for Elsecar Community Nursery to send email communications and to share relevant information with outside agencies when required.

E.G. Child development / transition reports, attendance records, 2 yr. health checks, existing injury / accident forms and others relevant to your Childs Health, Education & Welfare

DECLARATION

I give my consent for Elsecar Community Nursery staff to share information about my child learning, progress and development with other relevant agencies as above

Name of Child	Date	
Name of	Parent/Carer	
Parent/Carer	signature	

PRIVACY STATEMENT

Any information regarding you and your family is kept confidential and will not be passed to organisations outside of Elsecar Community Nursery partners without your consent, unless it is of a child protection nature, in which case the information will be shared with appropriate agencies. Elsecar Community Nursery undertakes to keep all information provided securely and it will only be processed under the terms of the Data Protection Act 2018

AGREEMENT / CONSENT TO SHARE PERSONAL INFORMATION

To help your child access the correct level of support to help them with their individual needs, it may be necessary to share information with other external professionals and agencies.

(Please tick ONE of the following)	
I agree that personal information about my chil other professionals on a 'need to know basis.	d may be shared with other agencies and with
I do not agree that personal information about professionals. I understand that this may affect the provis	
Information may be shared without to do so to support a child in reprotection, or the protection of	need, or a child in need of
Child's FULL Name:	Date of Birth:
Parent / Carer Signature	
Date:	
Staff Signature	
Date:	

13. Start Date / Sessions of Care Required

Please supply as much information	as possible in	relation to t	the dates /	times you	ı wish yo	ur
child to access Elsecar Community	Nursery.					

This will enable us to identify if we can meet your needs.

What date would you like your child to start attending Elsecar Community Nursery?

Preferred Start Date	_
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Paid Sessions

Sessions	8.45am – 11.45am	12.45pm – 3.45pm	Full Day 8.30 – 4.00 pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please tick the session you require each day.

Funded Sessions Only

EEF / TYE	8.45 am - 11.45am	12.45pm – 3.45pm	Full Day (30 Hr EEF) 8.30 - 4.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please tick the sessions you require (up to 15 hours per week, unless on the 30hr offer)

14. Further Information

If there is any other information or details that you would like to share with us regarding your child, please use the space below and if required use additional sheets. Each sheet should clearly show your child's name.

Childs first language Languages spoken at home	
Please identify the most useful media for us to communicate with the family.	
Is an interpreter needed to communicate with home?	
Faith: Any special requirements? Diet, Festivals observed, Holy Days etc	
Does your child have any other nursery/ childcare experience?	

15. Policies and Procedures

There are guidelines to help Elsecar Community Nursery operate smoothly and to ensure the highest standards are maintained at all times.

All of the childcare staff are conversant with the policies and procedures and ensure that they are followed at all times.

A parent/families copy of the policies and procedures is available in the reception for you to access.

Please ask a member of the staff team for further information.

DECLARATION

- 1. I wish to apply for admission of my child to Elsecar Community Nursery
- 2. I have read and understood this Parent / Carer Contract and am aware of Elsecar Community's Nursery Policies and Procedures and agree to comply with them.
- 3. I agree to pay fees by cash, **one week in advance**, on the <u>first attendance of each</u> <u>week</u>. Applicable □ not applicable □
- 4. I understand that the information I have provided will be kept on file (including the Elsecar Community Nursery database) to ensure that I receive relevant programme information and for Elsecar Community Nursery statistical monitoring and evaluation purposes. I understand that Elsecar Community Nursery may contact me and will send me information on services and events.
- 5. I understand that if the home address of the main parent/carer is different to that of the partner that I give permission for this information to also be held on all relevant Elsecar Community Nursery databases.
- 6. I declare that all the information I have provided is true to my knowledge.

Name of Child	
Name of Parent/Carer 1	Signature / Date
Name of Parent/Carer 2	Signature / Date
Name of Elsecar Nursery Staff	Signature / Date

FOR STAFF USE ONLY

16. Parent/Carer Induction to Policy Checklist

Please make sure that you discuss the following with parent/carer as part of their induction.

Policy Name	tick
Settling in Policy	
Key Person Policy	
Parental Responsibility	
Payment (how to pay)	
Holidays (Term Time Only)	
Late collection	
Changing session's	
Open Door Policy	
Confidentiality Policy	
Fire Procedure	
Reporting of accidents	
Existing injuries record	
Outing procedure	
Name of any person not allowed to collect your ch	nild.
(Please provide evidence).	

Name of Elsecar Community Nursery Staff	Signature / Date

FOR OFFICE USE ONLY

	Date	Staff Signature
Parent / Carer Contract issued		
Completed Parent / Carer Contract received		
Legal Contact checked & completed		
Is there anyone who has been banned from contact with the child? Yes/No Please take copy of evidence & file.		
Parental responsibility checked & completed		
What evidence has been seen? (please circle the number & copy for file)		
 Marriage certificate predating birth of child. Adoption certificate showing child adopted jointly. Birth certificate with both names on. Parental responsibility arrangement. Parental responsibility court order. 		
Parent / Carer Induction of Policies and Procedures completed		
Copy of 1. Medical Card, 2. Birth certificate, 3. Other child immunisation records seen. (please circle the number & copy for file)		
Date(s) & times of Child's Induction 1st 2nd 3 rd Any extras needed (Check dates are okay and recorded in the office diary.)		
Nursery Term for Review of Parent / Carer Contract		
1 st term review-		
2 nd term review-		
3 rd term review-		
4 th term review-		
5 th term review-		
6 th term review.		
(written on office wall calendar)		