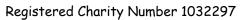


CHILDS FULL NAME		DATE OF	Date Application	Allergies/Care
and preferred name		BIRTH:	form completed:	Plan:
to be used in the			, and a second	1 101111
setting				
Address inc.	-	- · · ·		
postcode		Religion		
		Ethnicity		
		Gender		
Who has parental resp (e.g. Mum, Dad, Other	-			
Are there any language which your child uses of	es other than English	ו		
Child's doctors Name:		•		
Surgery address and Co	ontact number:			
Does your child have any medical conditions or allergies that Playtimes should be aware of? <b>YES/NO</b>				
Does your child have religious or cultural heliefs you fool Playtimes should be aware of?				
Does your child have religious or cultural beliefs you feel Playtimes should be aware of? <b>YES/NO</b>				
And the one are considered because an excitation alternative of the formation of the constitution of the c				
Are there any medical, home, or social background information which could be relevant to Pre-school? <b>YES/NO</b>				
Door your child have any hirthmarks or distinguishing score? Ver / No /places sirele) If yes				
Does your child have any birthmarks or distinguishing scars? <b>Yes / No</b> (please circle) If yes please provide a description and location				
If you have answered yes to any of the above questions, places sive details in the same below				
If you have answered yes to any of the above questions, please give details in the area below. Continue reverse if needed:				
At Playtimes we use email for internal communications and invoicing. Please provide your				
preffered email address below:				





# **Parent/ Guardian contacts**

These people will primarily be contacted regarding information concerning the above child:

Parent/ Guardian name: Relationship to child:	Name: Mobile: Work:	Email address:
Place of work:		
Any other information you feel we should know:	Preference of communication:	In case of an emergency which number is best to use:





# Parent/ Guardian contacts

These people will primarily be contacted regarding any information concerning the above child:

Parent/ Guardian name: Relationship to child:	Name: Mobile: Work:	Email address:
Place of work:		
Any other information you feel we should know:	Preference of communication:	In case of an emergency which number is best to use:

Emergency contacts and registered collectors		
These persons will only be contacted if the persons above are not available:		
Name:	Home no:	Mobile no:
Relationship to child:	Work no:	Place of work:
	child This applies to those alloweremergency – must be over 16 years.	d to collect the child at the end of a ars of age.
<b>Password for non-registered collectors:</b> Any person authorised to collect the child on a regular basis should be introduced to the playtimes staff. If the person collecting the child is not known to playgroup staff, the following procedures should be adhered to:		
$\cdot$ They should introduce themselves to playtimes staff, stating who they have come to collect.		
· They should provide a unique pa (as indicated below)	assword, which has been pre-arra	nged with the child's parent/guardian



Name:	Home no:	Mobile no:
Relationship to child:	Work no:	Place of work:
Persons authorised to collect the child This applies to those allowed to collect the child at the end of a normal session, rather than in an emergency – must be over 16 years of age.		
<b>Password for non-registered collectors:</b> Any person authorised to collect the child on a regular basis should be introduced to the playtimes staff. If the person collecting the child is not known to playgroup staff, the following procedures should be adhered to:		
· They should introduce themselves to playtimes staff, stating who they have come to collect.		
· They should provide a unique password, which has been pre-arranged with the child s parent/guardian (as indicated below)		



Name:	Home no:	Mobile no:
Relationship to child:	Work no:	Place of work:
Persons authorised to collect the child This applies to those allowed to collect the child at the end of a normal session, rather than in an emergency – must be over 16 years of age.		
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· They should introduce themselves to playtimes staff, stating who they have come to collect.		
· They should provide a unique password, which has been pre-arranged with the child s parent/guardian (as indicated below)		



## Dear Parent/Carer,

When you first start at Playtimes and at the start of each academic year we need you to complete the attached document updating us with your details. You will also be asked for any updates to any information on this registration form at the start of each term.

It is very important that we have a written record of anyone who regularly collects your child from Playtimes. It is a requirement of OFSTED and it forms part of our safeguarding children's policy and procedures.

# If there is a change from the normal routine and a signed letter from you must be sent to Playtimes advising of this change.

In an emergency situation where you have to contact us by telephone, staff members may ask a security question e.g. your child's date of birth. If we do not recognise your child's collector, staff will ask their name and a security question, for example the use of a password, that has been recorded on the 1<sup>st</sup> page of the registration form.

### No child will be able to leave with an unregistered person without you informing us first.

Please complete and sign the attached forms returning it to the administrator before you next session at Playtimes.

Thankyou

**Playtimes** 



## **Contract of Agreement**

#### <u>Terms</u>

I have read the Prospectus and the policies under which Playtimes operates and accept them.

Agree	Disagree

#### **Medical**

I will inform Playtimes of any known medical conditions or allergies my child has.

Agree	Disagree

I will keep my child away from Playtimes for the appropriate infectious period if they are poorly (These are displayed on the parents noticeboard).

Agree	Disagree

I give permissions for staff to apply plasters to my child if they feel it necessary.

Agree	Disagree

I understand my child will receive no medication at Playtimes without written consent and supported by a doctors note.

Agree	Disagree

In the event of illness or any accident requiring medical treatment of my child, I authorise a member of staff to take my child to a doctor or hospital.

Agree	Disagree

I give permission for staff to apply sun cream. I will provide this in a named bottle, however if there is none of my own available, I give permission for staff to use Playtimes own supply.

Agree	Disagree



## **Leaving Site**

I give permissions for my child to leave the Playtimes site on a supervised outing within the village.

Agree	Disagree

## **Training**

- (i) I give permission for my child to be observed for use in staff training projects submitted to educational establishments. I understand my child will not be named.
- (ii) Photographs may also be used for training purposes.

	Agree	Disagree
(i)		
(ii)		

## **Photography**

I give permission for photographs of my child to be taken and used:

	Agree	Disagree
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

- (i) During events run by Playtimes
- (ii) Displays within Playtimes
- (iii) Used on the website
- (iv) In staff course work
- (v) In key working files
- (vi) To use on our facebook page

## **Keywork**

I give permission for my child to take part in the key working system

Agree	Disagree

Signed:				
Jigiicu	Signadi			
	Jigiicu.	 	 	

V	<b>200</b>
	Playtimes
4	Spaldwick

Relationship to	child:	
Date:		

# **Starting Details**

Date you would like your child to start:....

What are your preferred days and times (please circle the table below)

Day	Pick up time	
Monday	4.30 pm	
	5.30 pm	
	6pm	
Tuesday	4.30 pm	
	5.30 pm	
	6pm	
Wednesday	4.30 pm	
	5.30 pm	
	6pm	
Thursday	4.30 pm	
	5.30 pm	
	6pm	
Friday	4.30 pm	
	5.30 pm	
	6pm	



## \*Prices

4.30 pm pick up: £5.70

5.30 pm pick up: £8.00

6pm pick up: £9.00

# **Help us to help Playtimes**

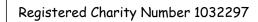
Your
name
1. Do you work for or know of a business/ company that would support our fundraising or sponsor events?
Гуре and company
name
Does your company match any funds you raise for charity Yes/No
2. Does your family have any skills that would assist Playtimes?
Poster Design
Proof Reading
Legal Advice
Gardening
Plumbing
Electrical
General DIY
Computer ICT skills
Sewing
Other



3.Committee meetings are held once per half term on a weekday evening for about 2 hours. Would you be interested in joining our committee (please circle yes/ no) Yes/No

Can you offer support at daytime fundraising events e.g. manning a stall or making tea and coffee?

Yes
Yes, for some events
No
Comments
4. What sort of events should we organise? Tick all the option you would support/
attend?
Sponsorship
Christmas Fayre
Summer Fete
Stalls at Pre- School
Dressing up days at pre- school
Car boot sale
Catalogues: Early Learning Centre
Christmas
Photographs
Children made personal gifts
Family BBQ
Family night out
Kids tea time disco
Other





Spaldwick

Posters on notice board

Flyers/ letter
E-mail
Whiteboard
Facebook
Other
6.Do you have any other ideas for raising funds?
7. Have your say with any other comments:
•••••••••••••••••••••••••••••••••••••••
•••••



#### **Playtime's Privacy Notice**

**Playtimes Building** 

Ferriman Road

Spaldwick

PE28 OTQ

Tel no: 01480 890077

Email: contact@playtimesplaygroup.co.uk

#### Introduction

We are committed to ensuring that any personal data we hold about you and your child is protected in accordance with data protection laws and is used in line with your expectations.

This privacy notice explains what personal data we collect, why we collect it, how we use it and how we protect it.

#### What personal data do we collect?

We collect personal data about you and your child to provide care and learning that is tailored to meet your child's individual needs. We also collect information to verify your eligibility for free childcare as applicable.

#### Personal details that we collect about your child include:

o your child's name, date of birth, address, health and medical needs, development needs, and any special educational needs

Where applicable we will obtain child protection plans from social care and health care plans from health professionals.

We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal details that we collect about you include:

o your name, home and work address, phone numbers, emergency contact details, and family details

This information will be collected from you directly in the registration form.



If you apply for up to 30 hours free childcare, we will also collect: your national insurance number

Safeguarding and Welfare Requirement: Information and Records Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met.

Autumn Term	Change 1	Change 2	Change 3
Date and Parent/			
Carer Signature			
What was the change?			
Date and Parent/			
Carer Signature			
What was the change?			
Date and Parent/			
Carer Signature			
What was the change?			

In line with the General Data Protection Regulation (GDPR) we ask you to check the details on your child's registration form and make any adjustments/ changes as needed each term.

Spring Term	Change 1	Change 2	Change 3
Date and Parent/			
Carer Signature			
What was the change?			
Date and Parent/			
Carer Signature			
What was the change?			
Date and Parent/			
Carer Signature			
What was the change?			



Summer Term	Change 1	Change 2	Change 3
Date and Parent/			
Carer Signature			
What was the change?			
Date and Parent/			
Carer Signature			
What was the change?			
Date and Parent/			
Carer Signature			
What was the change?			