

**Parent Registration Pack**

Dear Parents/Guardians,

Welcome and thank you for expressing interest in Little Companions Pre-School. We aim to provide a learning environment to inspire and nurture children, whilst catering for your child’s individual needs.

Please take some time to read the information provided in this pack. We also encourage you to read the Pre-school’s policies which are accessible at the setting when your child starts. If there are any policies in particular you would like to view beforehand please contact us and we will be happy to send those to you via email.

Little Companions Pre-School aims to give your precious young ones an experience of independence before they start school through a warm and safe environment designed by highly qualified graduate early years practitioners. The children will be encouraged to develop their learning and confidence through the Early Years Foundation Stage Curriculum while gently being guided and supported by the practitioners. Children’s backgrounds and lifestyles will be respected and a foundation with an emphasis on manners and values will be the basis of their holistic learning. Our generous staff ratios will allow us to implement an excellent quality of care and supervision. Children will have daily access to our outdoor area and have both the indoor and outdoor incorporated into their learning environment.

Each child is allocated a key worker who will help your child to settle as well as maintain a strong partnership with you to ensure individual needs are met. Key workers observe and assess the children to plan activities based around their needs and interests and build each child’s record of development. Parents/guardians may request to view their child’s developmental record at any time. Once registered, we will send you a welcome pack for your child; this will contain essential information for you as well as an ‘All about me’ form which we would like you to fill in prior to your child starting the Preschool.

The Little Companions team look forward to welcoming you and your child into our setting. If you require any further information please do not hesitate to contact us via email or telephone and one of our team members would be happy to answer your questions.

Kind regards

Naazish Haq and Reema Juttla

Co-Managers.



**Little Companions Pre-School Application Form**

Name of Child...........................................................................................................................................

Gender (Delete as appropriate) Male/Female

Child’s Date of Birth (Day/Month/Year) ......................./..................................../....................................

Ethnic background....................................................... Religion...............................................................

Home Language........................................................................................................................................

Home Address...........................................................................................................................................

..................................................................................................................................................................

Home Telephone Number........................................................................................................................

Parent/guardian1 Name and Mobile Number/Work Number.................................................................

..................................................................................................................................................................

Occupation...............................................................................................................................................

Email address............................................................................................................................................

Does this parent have Parental Responsibility? (Delete as appropriate)Yes/No

Parent/Guardian Mobile 2 Name and mobile Number/Work Number...................................................

..................................................................................................................................................................

Occupation................................................................................................................................................

Email address............................................................................................................................................

Does this parent have Parental Responsibility? (Delete as appropriate) Yes/No

Emergency Contact number 1-.........................................Relationship to Child.....................................

Emergency Contact number 2-.........................................Relationship to Child......................................

(**Please notify us to any changes to address and emergency phone numbers)**

Date you would like your child to start Little Companions............................./.................../....................

Please tick the sessions you require:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday(am) 9.00-11.30 | Monday(pm)11.30-2.00 | Tuesday(am)9.00-11.30 | Tuesday(pm)11.30-2.00 | Wednesday(am)9.00-11.30 | Wednesday(pm)11.30-2.00 | Thursday \*(pm)11.30-2.00 | Friday(am)9.00-11.30 | Friday(pm)11.30-2.00 |
|  |  |  |  |  |  |  |  |  |

 \*Thursday am session is an open parent and tots group, however if you would like your child to \*attend Thursday am please do let us know and we can accommodate this with ease- Many thanks

**Please note that children will have a mid-morning snack which we provide. If your child is doing an afternoon session he/she will require a healthy packed lunch.** **We can offer a 9.00 till 12.30 session charging an extra £6 for the hour. This can be discussed once your little one starts the preschool. We are currently trialling a 3.00pm finish ( Monday – Wednesday only ).**

**Sports sessions are held one afternoon of the week by a specialist sports coach, please inquire in person when these are if you would like your child to attend ( There is an extra charge for this session £14 per month, however the preschool will provide support to any families with financial challenges to ensure inclusivity for all our children)**

**Photography**

Photographs may be taken of your child for developmental purposes and to be used in your child’s record of achievement to track progress and make assessments. In all other circumstances we seek the parent’s permission to take photographs of the children.

*Please delete as appropriate:* **I do/do not give consent for photographs of my child to be taken for display and assessment purposes.**

**Website -** Photographs may be used for our website gallery. If you do not want your child’s photo shown, please delete as appropriate: **I do/do not give consent for photographs of my child to be taken for the Little Companions’ website- www.littlecompanions.org.uk**

**Local Walks**

On occasions the children may be taken on interests walks in their local area around the preschool. These trips will have a high staff to child ratio and carried out in small groups and you will be informed of these via the newsletter. The outdoor trips risk assessments will be carried out before proceeding on the walk with the welfare and safety of the children will be paramount. Any larger outings we will seek parent’s consent accordingly.

**Terms and Conditions:**

All fees are due in on a monthly basis in **advance** at the beginning of the month. The preferred method of payment is via direct bank transfer. Monthly cash or cheque payments will also be accepted. **The charges are £16 for half sessions and £32 for the full day (2.00 finish) £38 (3.00 finish on MONDAY- WEDNESDAY ONLY)- odd extra hours will be charged if required at £6 when requested and under management’s discretion.**

All late payments will incur a late fee surcharge of £20. Late collections will be charged at £5 for half an hour with immediate payment.

For those eligible for the 2 or 3 year old funding we would require you to bring in your birth certificate for us to view during the first week and we will require you to fill in the forms when you come.  Please note any information filled in are kept confidential as required under the Data protection act and only shared with the relevant funding bodies when requested. We are also now required to see your child's red book so please do bring that in with you during the course of the first week. Funding starts the term after the children turn 3 years old and we apply on your behalf.

If your child for ill health or any other reason is unable to attend, we request you call to inform the pre-school. You will still be charged for their session. A written notice of cancellation of the pre-school place is required **1 month** in advance.

For the specialist sports sessions with an external preschool sports coach, we request a small fee for this attendance, however should this fee be a concern for any family who is in the funding category, the preschool will provide support and ensure inclusivity for all children regardless of payment. Please do speak to the management in confidence should financial support be required.

**Emergency treatment:** In the case of an emergency I give consent to the setting in the administering of emergency treatment by a medical team should the emergency contact be unavailable.

*I understand that the offer of a vacancy is subject to availability and I abide by the regulations of the Preschool.*

Signature…………………………………………………..Date………………………………………

**Payment information and methods**

**Please enclose a £50 sustenance charge (non-refundable) which will secure your child’s place. (Please note if your child is on the 2-year-old funding scheme, this charge is exempt) (If your child is on the 3-4 year old funding scheme, this charge is an appreciated donation, however not required for the registration of your child’s space)**

Preferable payment process- transfer direct to our account. We kindly request you put the child’s name as the payment reference if doing direct transfer. We will give you a receipt on knowing payment has been processed. Cash is also accepted.

**Details are- Name: Little Companions Limited**

 **Account Number: 01431560 HSBC Bank**

 **Sort Code: 40-39-13**

Please return this form to the following address or via email to **info@littlecompanions.org.uk**

**Flat16, The Thomas More Building**

**10 Ickenham Road,**

**Ruislip,**

**Middlesex, HA4 7BA**

****

**MEDICAL AND DIETARY INFORMATION**

Name of child............................................................................................................................................

Date of Birth(month/day/year)............................./......................................./.........................................

Any allergies the child may have.............................................................................................................

.................................................................................................................................................................

If ‘yes’ please write down any appropriate medication and dosage.......................................................

.................................................................................................................................................................

Does your child suffer from asthma? If ‘yes’ please describe any particular triggers which may onset your child’s asthma as well as level of severity.......................................................................................

..................................................................................................................................................................

Child’s medication required for asthma and dosage, which must be kept at the playgroup...................

....................................................................................................................................................................................................................................................................................................................................

Child’s dietary requirements (for example no meat/ no gelatine, etc)...................................................

....................................................................................................................................................................................................................................................................................................................................

Does your child have any special educational needs? .............................................................................

..................................................................................................................................................................

Any other information regarding the medical/dietary needs of the child................................................

..................................................................................................................................................................

Doctor’s Name: ........................................................................................................................................

Practice Address: .....................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Signed parent/guardian: .................................... Date: ............../................/...............

Relationship to child: ................... Please bring your child’s red book on the first day of Pre-School – Red book seen ………….. (Signed by Manager)