

Contract and Registration form



A copy of the statement of purpose and the operational plan accompanies the contract and registration form given to parents/carers.

A copy of the contract and registration form is kept by both provider and the parents/carers.

All policies and procedures are available for parents to read and are available on request.

Name and address of provision: Teilo Tots, St Teilo's School, Green Hill Road. Tenby. Pembrokeshire.

Contact details: Sarah O'Neill.

School: 01834 843995

Mobile

teilotots2019@gmail.com

Information recorded here is kept confidential – see confidentiality policy

Child's personal details:

Full name of child:	
Gender:	Date of birth.
Child's home address:	
Postcode:	
Telephone:	

Parents'/carers details:

Full names:	Parent/Carer 1	Parent/Carer 2
Relationship to child:		
Home address:		
Postcode:		
Home telephone:		
Work telephone:		
Mobile:		
Email:		

Details of persons authorised to collect child or who can be contacted in an emergency:

Full name:	Contact 1	Contact 2	Contact 3	Contact 4
Relationship to child:				
Home address:				
Postcode:				
Home telephone:				
Work telephone:				
Mobile:				
Email:				

Please can we have a password _____ This is for other people pick up your child. If the person does not know the password your child will not be able to leave the premises until we have contacted Parent/carer for confirmation.

Child's medical information/individual needs:

Name of doctor:	
Name of health visitor:	
Doctor's surgery and address: Postcode:	
Doctor's telephone number:	
Known medical conditions, allergies, special dietary, and health needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
Details of any medication being used:	
Any other relevant information we should be aware of?	

Please see medication and asthma policy.

Child's preferred language:

<input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Bi-lingual Welsh - English <input type="checkbox"/> Other spoken language	<input type="checkbox"/> British Sign Language <input type="checkbox"/> Makaton <input type="checkbox"/> Other communication
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Child's ethnicity:

<input type="checkbox"/> White	<input type="checkbox"/> Black/Black British
<input type="checkbox"/> Mixed/multiple ethnic groups	<input type="checkbox"/> Another ethnic group
<input type="checkbox"/> Asian/Asian British

Arrangements in the case of sickness and/or any emergency: *Teilo Tots* does not accept children who are unwell, and we expect parents/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us, we contact the parent/carer at the earliest opportunity. Staff at *Teilo Tots* has undertaken appropriate training to deal with an emergency. **(Please also refer to our health and hygiene, admissions, and medication policies.)**

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to *Teilo Tots* taking such action in your absence:

I _____ give my consent to <i>Teilo Tots</i> administering basic first aid (of which a written record will be kept).	
Signature of parent/carer:	Date:
I _____ give my consent to <i>Teilo Tots</i> signing any written form or consent required by hospital authorities if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.	
Signature of parent/carer:	Date:

Photographs and videos: from time-to-time staff may take photographs and or videos of the children during activities/outings, these may be used for display/training purposes within the provision. If photographs are to be used for external publicity purposes, separate consents are asked for.

<input type="checkbox"/> I give permission for my child to be photographed	<input type="checkbox"/> Videoed
Signature of parent/carer:	Date:

Outings: from time-to-time children will be taken on outings in the locality. (Please refer to our outings policy.)

I give permission for my child to be taken on outings in the locality.

Signature of parent/carer:

Date:

Settling in: *Teilo Tots* works with parents / carers to help their child settle happily.

Tell us about anything that will help us understand the needs of your child more fully, such as your child's preferred name, comfort object, and daily routine:

Teilo Tots welcomes requests from parents/carers to discuss how best to introduce their child to this provision. (Please refer to our admissions, arrivals, and collections, settling - in and failure to collect children policy and procedure.)

Fees: *Teilo Tots*.

All day 8.30 am till 3.10 pm £ 20 per day children will need a packed lunch.

Morning session 8.30 am till 11.55 am £9.50 per session

Afternoon session 1.00 pm till 3.15 pm £7.50 per session.

Fees need to be paid *half termly or weekly - in advance. If this is a problem, please speak to Mrs Sarah O'Neill.*

Fees are payable if a child is absent without notice or for a short period of sickness/family holiday.

Parents/carers are advised to speak to Mrs Sarah O'Neill about payment of fees in cases of prolonged absence.

A child's continued place at *Teilo Tots* is dependent on continued payment of fees.

Sickness:

Agreement between parent(s)/carer(s) and *Teilo Tots*:

<ul style="list-style-type: none">● I understand that by completing and signing this contract and registration form I agree to meet the terms and conditions of <i>(name of provision)</i>.● I will inform the provision of any changes in circumstances relating to the Above or anything that may affect my child.● I have read and understood and agree to the policies and procedures of the Provision.	<p>Name of parent/carer 1: Signature of parent/carer: Date:</p> <p>Name of parent/carer 2: Signature of parent/carer: Date:</p> <p>Name of person in charge Sarah O’Neill on behalf of Marie Zeraschi (responsible individual): Signature on behalf of <i>Teilo Tots</i>: Date:</p>
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Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for *Teilo Tots*.

<p>This contract and registration form were passed for use in <i>Teilo Tots</i></p> <p>On: 24-5-2022</p> <p>By: _____ Position: PIC</p> <p>Date of planned review: 24-5-2023</p>
