YMCA MAIDSTONE

Please provide a password to enable collection of your child.

Password

Please supply red book and birth certificate

Maidstone YMCA Nursery and Preschool

Child's Information

Child's Name		Male ☐ Female ☐
Child's address		
Date of Birth		
Child's Nationality		
Country of Birth		
Please tick sessions required *(Sessions requested are not guaranteed)*	Mon: 7.30-9.00am ☐ 9am-1pm ☐ 1pm-5pm ☐ 5pm-6pm ☐ Tue: 7.30-9.00am ☐ 9am-1pm ☐ 1pm-5pm ☐ 5pm-6pm ☐ Wed: 7.30-9.00am ☐ 9am-1pm ☐ 1pm-5pm ☐ 5pm-6pm ☐ Thur: 7.30-9.00am ☐ 9am-1pm ☐ 1pm-5pm ☐ 5pm-6pm ☐ Fri: 7.30-9.00am ☐ 9am-1pm ☐ 1pm-5pm ☐ 5pm-6pm ☐	
Baby & toddler room Pre-School room	.... *Please add perferred start date - including month and year*	
Attends another Setting	Yes ☐ If yes name and contact details of setting:..... No ☐	
Religion	Christian ☐ Catholic ☐ Islam ☐ Hindu ☐ Buddhist ☐ Sikhism ☐ Judaism ☐ Other ☐	
Ethnicity	**White:** White British ☐ White Irish ☐ White other ☐ **Dual heritage:** White/Black Caribbean ☐ White/ Black African ☐ White/Asian ☐ **British Asian/ Asian:** Indian ☐ Pakistani ☐ Bangladeshi ☐ Other ☐ **Black British/ Black:** Caribbean ☐ African ☐ Other ☐ **Chinese or other** Chinese ☐ Other: ☐	
What languages are spoken at home?		
Special Needs	No ☐ Yes ☐	
Are there any cultural celebrations you practise? What/When		
Where did you hear about us?.....		

visit www.childcarechoices.gov.uk to find out how many hours you can claim

YMCA MAIDSTONE

YMCA

Parent/Guardian Information

Mother/Guardian Name	Date of Birth	National Insurance Number

Religion	Christian ☐	Catholic ☐	Islam ☐	Hindu ☐
	Buddhist ☐	Sikhism ☐	Judaism ☐	Other ☐

Ethnicity	**White:**	White British ☐	White Irish ☐	White other ☐
	Dual heritage:	White/Black Caribbean ☐	White/ Black African ☐	White/Asian ☐
	British Asian/ Asian:	Indian ☐	Pakistani ☐	Bangladeshi ☐ Other ☐
	Black British/ Black:	Caribbean ☐	African ☐	Other ☐
	Chinese or other	Chinese ☐	Other: ☐	

What languages are spoken at home?	

Address if different to child

Postcode.....

Occupation	
Place of work	
Email Address	
Tel No. Home	
Tel No. Mobile	
Tel No. Work	

Parent/Guardian Information

Father/Guardian Name	Date of Birth	National Insurance Number

Religion	Christian ☐	Catholic ☐	Islam ☐	Hindu ☐
	Buddhist ☐	Sikhism ☐	Judaism ☐	Other ☐

Ethnicity	**White:**	White British ☐	White Irish ☐	White other ☐
	Dual heritage:	White/Black Caribbean ☐	White/ Black African ☐	White/Asian ☐
	British Asian/ Asian:	Indian ☐	Pakistani ☐	Bangladeshi ☐ Other ☐
	Black British/ Black:	Caribbean ☐	African ☐	Other ☐
	Chinese or other	Chinese ☐	Other: ☐	

What languages are spoken at home?	

Address if different to child

Postcode.....

Occupation	
Place of work	
Email Address	
Tel No. Home	
Tel No. Mobile	
Tel No. Work	

Payments

- Our setting is open for 50 weeks of the year. Two additional weeks fall outside the funded entitlement of 48 weeks. These two weeks will be chargeable at our standard rates and spread over your monthly invoices.
- Invoices are created on the 15th month and must be paid by the 1st of the following month. This means invoices are paid a month in advance.
- I accept that these fees are payable if my child is absent for any reason. This includes additional extras such as meals/snacks.
- I agree to pay the settings late payment fee if incurred.

Print Parents/Guardian Name	
Signature of Parent/Guardian	

Funding

- If you believe you are entitled to funding for your child, please visit **www.childcarechoices.gov.uk** to apply.

Birth History

Premature Yes ☐ No ☐

Notes.....

.....

Parental Responsibility

All information regarding child will be shared with both parents mentioned on this form.

Parental responsibility of the child: Mother ☐ Father ☐ Both ☐

Date.....Signature.....

Emergency Contact

Please provide 2 emergency contacts for your child (not parents already listed on the previous page).

To enable us to identify the person you have allocated to collect your child, please provide a photo prior to any arranged collections.

Emergency Contact Name	
Tel No.	
Relationship to child	
Emergency Contact Name	
Tel No.	
Relationship to child	

If your child is leaving nursery for a visit to another child's home and their parent/guardian will be collecting at the end of nursery make sure the supervisor is aware before you leave.

I hereby give consent that people known to nursery staff because of previously collecting my child.

I hereby confirm the above named emergency contact has seen the nursery privacy notice (available on email, paper copy, added to our online platform).

YMCA MAIDSTONE

YMCA

Medical/Allergy

Please add any other helpful or essential information, for example does your child suffer from any medical condition or allergy or anything that your child cannot eat for religion/family reasons.

.....

.....

Tolerates penicillin Yes ☐ No ☐

2 Year Old Check

		Has this been carried out? Yes ☐	No ☐
Outcome	On Target ☐	Below Target ☐	Medical Intervention ☐
(Please give details)			
Health visitors name			
Tel No.			
My child has had a hearing test Yes ☐	No ☐		

Doctors Details

Dr Name			
Surgery Name			
Tel No.		Email	

Consent Form: Medical Treatment

	Yes	No
I give my permission to the staff at Maidstone YMCA Nersery and Preschool to seek medical advice about my child should they feel it necessary.	☐	☐
I give permission for my child to be hospitalised if necessary.	☐	☐
I give permission for my child to be administered general anaesthetic if an emergency should arise.	☐	☐
I give permission for a member of staff to administer a plaster if needed?	☐	☐

Parent/Guardian Signature	.....
Print Name	.....
Date	.....

Dentist

Name			
Surgery Name			
Tel No.		Email	

Immunisations

	Yes	No
Diphtheria, Tetanus and Polio, Whooping Cough x 3, Hib, Meningitis	☐	☐
Measles, Mumps and Rubella (MMR)	☐	☐

Sunscreen Policy

As part of the welfare requirements of the Early Years Foundation Stage, the nursery is expected to provide access to outdoor play as much as possible.

To keep children safe from the risk of sunburn, nursery staff will apply sunscreen as required, unless the sunscreen disclaimer is signed. We use children's high factor, usually SPF 50.

Parents may supply their own sunscreen if preferred, please mark the bottle clearly with the child's name, and indicate on the form below.

Please tick one box only.

	Yes	No
Option One I give my permission for staff of Maidstone YMCA Nursery and Preschool to apply sunscreen as required.	☐	☐
Option Two I give my permission for staff of Maidstone YMCA Nursery and Preschool to apply the sunscreen supplied by me to my child. This sunscreen will be clearly marked with my child's name. I understand that if I do not supply sunscreen my child may not be allowed outside if the staff consider them at risk of sunburn.	☐	☐

Parent/Guardian Signature	.....
Print Name	.....
Date	.....

Has the child or family been under any form of social services involvement?

.....

.....

Photographic & Video Records

Children at Maidstone YMCA Nursery and Preschool take part in many different activities throughout the year, and we need to record these for our Ofsted inspections by taking photographs or videos. These shall only be used by us and will not be available to anyone else.

In order for us to obtain parental permission with respect to photographing and videos of your children, please complete the following information.

If you give permission for the YMCA Maidstone Preschool to take photographs and videos please confirm for which or all of the following.

	Yes	No
For display material in the nursery.	☐	☐
To promote the Preschool, including in the media i.e. newspaper articles and the YMCA Maidstone Website.	☐	☐

Photos will still be taken as part of their learning journals even if you say no to promotional photos.

Parent/Guardian Signature	
Print Name	
Date	

Outing Permission

We also plan to take the children on nature walks and/or visits during the year. These walks/visits will be on pedestrian pavements/unmade country footpaths. Ratios will be followed to ensure the children's safety during the walks/visits.

To avoid us having to send out permission letters every time we plan a walk/visit, please complete this permission slip and return it to nursery where it will be kept with your child's enrolment records.

I DO ☐ I DO NOT ☐ give permission for my child, to take part in supervised walks/visits as outlined above.

Parent/Guardian Signature	
Print Name	
Date	

Professional Consultation

From time to time, we may need to consult other professionals, including your child's teacher during their transition to or from another setting/school. We will also need to work jointly with the key person of the other setting if we share care.
We will always feedback any information to you.
We will also be making contact with health visitors to follow up 2 year old check.
Please complete the form below to give your consent for this:-

I do ☐ I do not ☐ give permission for my child to access professional consultations

Parent/Guardian Signature	
Print Name	
Date	

Learning Journal

We use an online Learning Journal to keep track of your child's learning, development and progress while they attend our preschool. We use Learning Journals which allows us to plot their learning in the present and their needs in the future which will help in maintaining their early learning goals.

Agreed guidelines for accessing and using Learning Journals

As a parent I will agree to:

- Not publishing any of my child's observations, photographs or videos on any social media site.
- Keep the login details within my trusted family.
- Accept that my child's photograph/video may appear on their friends learning journal account and I may see pictures/videos of my child's friends on my child's personal account.
- Speak to a member of staff if I experience any difficulties accessing my child's learning journey.
- The above guidelines.
- Complete All About Me each term.

Please note that if you do not agree or abide by these guidelines then access to your child's learning journey will not be provided, but will be active for your child's key-worker to use.

I agree to the guidelines:

Signature	
Print Name	
Name of Child	
Date	

Consent Form: Another Area

I give permission for a member of the Preschool staff to take my child into another area of the YMCA building for small group work or one to one activities. Yes ☐ No ☐

Parent/Guardian Signature	Date

Notes / Any other information

.....

.....

.....

.....

Staff Use Only

Birth Cert Number ☐ _____ or Passport Number ☐ _____

Free for 2 approved Yes ☐ No ☐ FF2 Code _____

Fee paying ☐ Fully funded ☐ EYPP ☐

Working parent entitlement Yes ☐ No ☐ Unique code _____

Start Date _____

Red book seen ☐ By Whom _____

Home Visit Risk Assessment

Date of visit _____ Time of visit _____

Staff on visit _____

Have any risk been identified _____

Are there any dangers / hazards associated with the property _____

Are there pets in the household _____

Any areas of concern _____

Actions to eliminate risk _____

Are you confident all safety measures are in place _____

YMCA enables people to develop their full potential in mind and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.

Charity number: 1110087