



Application form and contract

St Padarn's Playgroup, Llanbadarn Rd, Aberystwyth, SY23 1EZ
Tel: 01970 623289 Email: stpadarnsplaygroup@btinternet.com

Fully registered for full day care by the Care Standards Inspectorate for Wales. Quality Assured by Wales Pre-school Playgroups Association

Personal Information

Child's name (in full).....Preferred Name.....

Date of birth:.....Age at entry..... M / F

Parent(s)/name(s).....

Email address.....

Address.....

.....

Postcode

Telephone Numbers

Name:.....Relationship to child.....

Home:.....Mobile:.....Work:.....

Name:.....Relationship to child.....

Home:.....Mobile:.....Work:.....

Person/s responsible for collecting child from playgroup (if different).....

Doctor's name and surgery phone number:.....

Please let us know of any family circumstances that would help us to help your child (E.g. recent move of house, loss of a close relative, dietary needs, cultural background, first language, ethnicity, emotional issues or medical arrangements).

Getting to know your child

Childs position in the family (e.g. middle, eldest etc.)

Names of other family members?.....

.....

Do you have any concerns about your child's health?.....

Does your child have any special interests?.....

.....

What language does your child speak at home?.....

Does your child have any particular favorite rhymes or songs?.....

What are your child's favorite activities?.....

.....

Do you have any concerns about your child's development?.....

.....

.....

Emergency information

If it is not possible to contact a parent or guardian in the case of an emergency please provide alternative contacts.

1. Name of emergency contactTel. Number:.....

2. Name of emergency contactTel. Number:.....

Place of work of parent (if regularly away from home).....

Please state any allergies that your child has if you can:.....

Any Medication they are on.....

Any other relevant medical information.....

Sessions to be attended

Please state your preferred start date for your child:(Subject to availability)

Please tick the sessions you would prefer your child to attend:

Mornings (08.30 -12.00): Monday () Tuesday () Wednesday () Thursday () Friday ()

Lunch club (12.00 -13.00): Monday () Tuesday () Wednesday () Thursday () Friday ()

Afternoons (13.00 -16.00): Monday () Tuesday () Wednesday () Thursday () Friday ()

Fees

This contract is for the school year. All fees must be paid monthly in advance on receipt of an invoice. Full fees are payable for all absences such as illness or holidays taken during term time. If you wish to terminate your contract, you must provide one month's written notice, otherwise full fees will apply.

Funding is available from the National Assembly for Wales for all children from the start of the term after their third birthday until school entry the term after their fourth birthday. The funding covers the first two hours per day only. (i.e. the remainder of the session must be paid for by the parents.).

Please see playgroup treasurer or play leader for more details.

Parents must refund the Playgroup for any bank charges in relation to uncleared funds. Please see the treasurer as soon as possible to arrange flexible installments Payments can be made via BACS details of which will be found on the invoice. We also are registered with www.kiddivouchers.com and www.childcarevouchers.co.uk. For further information please ask at playgroup.

Sessions can only be changed termly in advance. Such sessions are subject to availability and will be on the basis that payment is made beforehand. Such sessions may be withdrawn for non-payment or in the event that that place is no longer available.

If you have exceptional circumstances regarding the payment of fees, please write to the Chairperson of St. Padarn's Playgroup

School

Do you hope to send your child to St. Padarn's Primary School after Playgroup? Yes () No ()

If 'yes', please arrange to see the head teacher as soon as possible.

If 'no', which school do you hope to send your child to?.....

When will he/she be starting at the above school?.....

Declaration

The following declaration applies to the child named on this application and contract form.

I/we give permission for my/our child to be taken on local outings. Permission for outings involving transport will be sought on each occasion.

If I/we find the place is no longer needed, I /we will *inform the group as soon as possible*.

I/we have completed the attached immunization record.

All parents are associate members of our Charity and as **such I/we agree to become involved with group activities including fund-raising events.**

Signature of Parent/s: 1..... 2.....

Signature of Play leader:

Date:.....

Consent signatures

Please sign alongside the following statements you wish to give your consent for.

I am happy for the photographs may be used in any of the media used by St Padarn's Playgroup for promotion including newsletters, leaflets, and posters and on their website. I am happy that my child be photographed by the local media at events organized by the playgroup or be at events the playgroup attends.

Signed.....

I grant my permission the playgroup to administer basic first aid and when necessary to seek medical attention for my child.

Signed.....

I am Happy for my child to be taken on impromptu outings local to the playgroup without specific written consent. All trips involving transport will have additional letters of consent

Signed.....

I confirm that ALL my child's immunizations are up to date including MMR.

Signed.....