

HAPPY LITTLE PEOPLE
SESSION 2019- 2020

Happy Little People After School Care is committed to supporting children and ensuring their wellbeing at all times. The following information is required to ensure that we meet the individual needs of the children within our care. **Although the information will be reviewed on a 6-monthly basis, if any details change between reviews, please let us know immediately.**

IMPORTANT NOTE: The information requested is required through legislation and regulation and we thank you for your understanding. Please be assured that this information is stored in a locked filing system and will be treated confidentially.

CHILD'S INFORMATION

DATE STARTED:

Child's full name			
Date of birth			
Nationality		Ethnicity	
Religion		First language	
Any additional languages			
Please state any religious/cultural requirements			
Please state any dietary requirements			
Is your child allergic to any of the following? (Please tick any/all which apply)			
Celery <input type="checkbox"/>	Cereals containing gluten <input type="checkbox"/>	Crustaceans <input type="checkbox"/>	Eggs <input type="checkbox"/>
Fish <input type="checkbox"/>	Lupin <input type="checkbox"/>	Milk <input type="checkbox"/>	Molluscs <input type="checkbox"/>
Mustard <input type="checkbox"/>	Nuts <input type="checkbox"/>	Peanuts <input type="checkbox"/>	Sesame seeds <input type="checkbox"/>
Soya <input type="checkbox"/>	Sulphur dioxide (sometimes known as sulphites) <input type="checkbox"/>	NONE <input type="checkbox"/>	
Does your child have any other allergies?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a recognised disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state what this is.			

**HAPPY LITTLE PEOPLE
SESSION 2019- 2020**

Does your child have any medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state what this is/these are.	
Doctors information	
Doctors Name:	
Doctors Telephone Number:	
Doctors Address:	
Signature:	Date:

SCHOOL INFORMATION

School & contact telephone	
Primary class & teacher's name	
Named Person	

CHILD'S RESIDENCE

Child's main residence address	
Any additional residence address	

MAIN CONTACT- PARENT/CARER

Parent/carer name	
Parent/carer relationship to child	
Mobile telephone number	
Home telephone number	
Work place and telephone number	
Email	
Do you have any disability /communication requirements we should be aware of?	

**HAPPY LITTLE PEOPLE
SESSION 2019- 2020**

Parent/carer name	
Parent/carer relationship to child	
Mobile telephone number	
Home telephone number	
Work place and telephone number	
Email	
Do you have any disability /communication requirements we should be aware of?	

ADDITIONAL EMERGENCY CONTACT

Name	
Relationship to child	
Telephone number	

Acknowledgement of Policies and Procedures

By signing this registration form I have access to and I am aware of the policies and procedures in operation within Happy Little People, including The Child Protection and Fee Policy.

COLLECTION INFORMATION

Please state the name and relationship of any individuals additional, to the main and secondary contact persons, who may collect your child.

Name		Relationship to child	
Name		Relationship to child	
Is there anyone who is not allowed to collect or have contact with your child?			
Name		Relationship to child	
Name		Relationship to child	

Main carer's signature		Date	
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6 MONTHLY INFORMATION REVIEW

I confirm that I have reviewed all the information in this registration form and that it is all currently correct. <input type="checkbox"/>
I confirm that I have reviewed all the information in this registration form and that it is not currently correct, and I have completed an updated form. <input type="checkbox"/>

Main carer's signature		Date	
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HAPPY LITTLE PEOPLE

CHILDREN'S CARE PLAN

(To be completed by parent/carer)

Child's name:..... DOB:..... Start date:.....

School:..... Class:..... Teacher:.....

GP Name:..... Address:..... Tel No:.....

Allergies:.....

Special dietary requirements

Medical conditions:.....

Medication:.....

Is this medication long term: Yes/No

When did your child start using this medication:.....

Additional support needs (if applicable):.....

Additional parties with an interest in your child's care and development:.....

.....

.....

Child's likes/dislikes/fears/aspirations:.....

.....

.....

.....

How the staff and management at Happy Little People will support your child's individual learning

and development:

HAPPY LITTLE PEOPLE
CARE PLAN CHILD'S SHEET
(To be completed by your child)

Name

I like:

.....

.....

I dislike:

.....

.....

.....

.....

My special friends are:

.....

.....

.....

If there is anything you would like to add or suggest that we at the after school care could do to make your time here better then please add it here:

.....

.....

.....

.....

Childs' signature: Date:

Staff members signature: Date:

Happy Little People Childcare Contract 2018 - 2019

CHILD'S NAME:

DATE OF BIRTH:

ADDRESS:

I request After School Care for my child starting from

I request Breakfast Care for my child starting from

The days that I require each week are (Circle as appropriate)

Mon Tue Wed Thur Fri

I have been given a copy of the fee policy, and **have/have not** been provided with an estimate for the Inland Revenue (IR). Where applicable the estimate given was £ per week for term time. It is my responsibility to ensure that when I make changes that I notify the IR of this as soon as possible.

If I have chosen not to receive an estimate and I have quoted my term costs as my weekly costs on my Tax Credit application, then I am required to notify the IR that the term is finished, and that I no longer pay Happy Little People any childcare fees. Happy Little People may also opt to do this to ensure that there is no fraudulent activity.

By entering into this childcare contract with Happy Little People I have agreed to abide by the organisations policies and procedures, including their fee policy. I will give 2 weeks clear notice of any changes/service cancellation i.e. if I notify Happy Little People on a Wednesday, then the notice will be that week, plus the following 2 full weeks. I am also aware of my responsibility to contact the IR regarding changes to the fees that I pay, and that a new estimate may/will need to be submitted. Happy Little People may share my childcare cost details with the IR, and they will/ may also decide to contact the IR regarding my payments at any time.

I agree to contact the service direct when my child is off school or on holiday during term time. Childcare fees will still be liable at these times.

Parents Name.....NI No.....

Signed.....Date.....

Staff SignatureDate

Happy Little People
Letter of Agreement

1. I will complete all necessary forms before my child attends the service. I will notify HLP of any changes in registration information (e.g. address, phone number, email address, place of employment, etc.).
2. I understand and agree to pay the following fees in order for my child to attend HLP:
 - REGISTRATION FEE: The £20 registration fee, due at the time of application, is non-refundable and is due per academic year.
 - CHILDCARE FEES: Fees are due and payable in advance only. Please refer to the fee policy.
 - LATE PICKUP FEE: If a child is not picked up by 5:45 PM a late fee of £10 per 15 minutes will be assessed beginning at 5:45 PM. If a child has not been picked up by 6:00, and attempts to contact the parents and emergency contacts have been unsuccessful, the Police and/or Children's Services may be called.
 - ABSENSES: HLP must be informed whenever a child will not attend on his or her booked days. It's not the schools responsibility to inform the service it is the parents/cares. This notification can be made to a staff member verbally, or by telephone or text to the HLP site before 2:00 PM. Continuous failure to inform the service may lead to withdrawal of the service for your child.

Prior to the end of the school year, I will give notice to HLP by **4th May** to withdraw from the service or to change days of attendance for the following academic year. If I go on holiday before the end of the school year the service will have to be paid until the end of the school year.

I will accompany my child into the Breakfast club and sign in each day. When picking up my child from After School Care I will sign him or her out of the program.

I understand that my child may bring appropriate personal belongings to HLP and I will not hold HLP responsible for replacement or repair of any items that may be lost, stolen, or broken.

I understand that if my child is posing a serious or recurrent behaviour issue, he or she may be suspended or dismissed from the service and that payment is due for the time a child is suspended. If my child is dismissed from the program for any reason I will not seek entrance in future years.

HAPPY LITTLE PEOPLE
SESSION 2019- 2020

I will inform HLP in writing if I do not want photographs of my child participating in the service to appear on the internet, or in newspapers, newsletters, videos, or other publicity materials.

I agree to read the Parent Handbook, which contains detailed information on the service. Policies and procedures are available on-line, as well as displayed in the service. (Hard copies are available upon request.) I will keep myself informed of any modifications noted in the HLP newsletter or at the parent table or communicated by email.

I agree to abide by the requirements listed above as well as all rules set forth in the Parent Handbook, and any modifications

PARENTS NAME:

CHILD'S NAME:

Happy Little People

We are seeking consent from both children and parents to give permission for photographs or videos to be displayed on our website, social media site and our wall display. I give permission for the above:

Child's Name.....

Child's Signature.....

Parent's Signature.....

Date.....

Sunscreen Application Consent

We would request that all parents and carers provide their child with their own sunscreen. Prior to attending the service we request that all parents and carers apply sunscreen to their child and that their child carries their own sunscreen with them.

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS

My child has no known allergies and I give my consent to the service allowing my child to use their cream or any available cream when they do not have their own. I am aware that the staff will supervise children putting their cream on and will ask them to team up with a friend to help them apply it.

Child's name _____

Parent's Signature _____ Date: _____

HAPPY LITTLE PEOPLE

SESSION 2019- 2020

INTERNET AND ELECTRONIC DEVICES POLICY CONSENT FORM

I consent to my child using the computers and Internet access provided by the service.

I accept that the club is making all reasonable efforts to make sure that the Internet is being used safely and responsibly, and that games played on the computer are appropriate for my child.

My child and I accept the undernoted Code of Conduct. This conduct states that my child:

- Will always ask before I use the Internet.
- Will not give my, or anyone else's, name, address or telephone number to anyone on the Internet.
- Will not post pictures or video of myself, or anyone else, on the internet.
- Will never agree to meet someone that I have spoken to on the Internet.
- Will not attempt to access inappropriate websites or content.
- Will not download programs or bring programs on disk, memory stick or CD Rom from home into the club.
- Will not use my phone/iPod/device in a way which disturbs others.
- Will not use my mobile phone to take photos in the club.
- Will not photograph or record any child in the service
- Will not photograph or record any staff member or visitor to the service

Child's Name _____

Name of Parent/Carer: _____

Parent's Signature: _____

Date: _____

Child's Signature: _____

Date: _____