

TIDDLYWINKS PRE-SCHOOL

PARENTS INFORMATION



Tiddlywinks pre-school,

The Village Hall, Tilton on the Hill, Leicestershire, LE7 9DB

preschooltiddlywinks@yahoo.com

Nicola Merry-Taylor t. 0116 2597363 m.07960298751

Louise Betteridge t. 07894229250

TIDDLYWINKS IMPORTANT INFORMATION

HOUR OF OPENING

- MONDAY 9:15am -12:15pm LUNCH 12:15pm - 12:45pm
- TUESDAY 9:15am -12:15pm LUNCH 12:15pm - 12:45pm AFTERNOON 12:45pm - 2:45pm
- WEDNESDAY 9:15am -12:15pm LUNCH 12:15pm - 12:45pm
- THURSDAY 9:15am -12:15pm LUNCH 12:15pm -12:45pm AFTERNOON 12.45pm - 2.45 pm

FEES

The current fees are £12.00 per child per morning, lunch club £2.00 and the afternoon £8.00 from the term following a child's 3rd birthday they are entitled to 15 hours FEEE funded any additional hours will be charged at the rate of £4.00 per hour. Fees can be paid weekly, monthly by half or full term and must be paid for on the first session of the period for which you are paying.

One month's notice is required if you wish to cancel your child's place, and if arrears of a month's fees may result in your child losing their place until payment is settled. Payment can be made either by cash or cheque. Cheques should be made payable to 'Tiddlywinks Pre-School'. Please note that **payment will still be required if your child misses a session.**

CHILD COLLECTION

Tiddlywinks opens between the hours set out above Monday to Thursday during term time only. Please ensure that children are collected on time as our insurance is only valid between these hours, it is also possible that the hall may be being used for other purposes and others may require access meaning that we would not be able to ensure a safe environment, it can also be distressing for a child if no one arrives to collect them.

We will not allow any child to leave the premises with any unauthorised person unless prior arrangements have been made and the 'child collection' book completed. The use of a password system is available for any parents/carers that wish to use this method as extra security. **Please note that a full copy of our policies and procedures is available on request or can be viewed on our notice board.**

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Please complete, detach and return this part to Louise or Nicola to [Tiddlywinks Pre School, The Village Hall, Leicester RD,](#)

[Tilton on the Hill, Leicester, LE7 9DB.](#)

I/We would like our child to start Tiddlywinks on

the next available day(s) as indicated below

the next available day after..... (Please insert date)

Child's Full Name.....D.O.B.....

Contact Name.....Number.....

Preferred Sessions Please tick:

	Monday	Tuesday	Wednesday	Thursday
Session	9:15-12:15	9:15-12:15	9:15-12:15	9:15-12:15
Lunch	12:15-12:45	12:15-12:45	12:15-12:45	12:15-12:45
Afternoon		12:45- 2:45		12.45-2.45

If we find that we no longer need the place we will inform the pre-school as soon as possible, I understand that a fee will be charged if I do not cancel my child's space once allocated.

Signed:.....Date:..... Parent/Person with legal responsibilities

TIDDLYWINKS CHILD RECORD FORM

Child' Full Name.....

Known as (if different).....

D.O.B

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Ethnic origin.....Religion.....Language(s)Spoken.....

Home Address.....

.....Post code.....

Parent's Name.....

Contact Numbers.....Mobile.....work.....Email address.....

Parents Address (if different from above).....

.....Post code.....

Family Doctor (Name and address).....

.....Telephone number.....

Childs health visitor (Name and address).....

.....Telephone number.....

Any Regular medication being taken.....

Any Allergies, Medical physical conditions.....

Are all vaccinations and immunizations up to date.....

1st Emergency contact: Full name.....

Contact Numbers.....Mobile.....work.....

Address

.....Postcode.....

.Relationship to Child

2nd Emergency contact: Full Name.....

Contact Numbers.....Mobile.....work.....

Address

.....Postcode.....

.Relationship to Child.....

Any Other Information that maybe helpful/relevant.....

.....I

f in the event of failed collection of this child and where none of the above can be contacted and it is not possible to remain at the village hall I give permission for either Louise Betteridge or Nicola Merry-Taylor to take the child named above home with them where further attempts of contact will be made. I understand that if contact attempts continue to fail then the Central duty team service (01163050005 or Police (0116 222 2222) will be contacted.

Signed..... (Parent/Person with Legal responsibility)

TIDDLYWINKS CHILD SECURITY FORM

Child's Full Name.....Date.....

D.O.B

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Please list below those people who have your authorisation to collect your child from pre-school.
Please ensure that those nominated adults authorised to collect your child have signed next to their names.

Full Name.....

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

Relationship to the Child.....

Address.....Postcode.....

Contact Number.....Mobile.....Work.....

Full Name.....

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

Relationship to the child.....

Address.....Postcode.....

Contact Numbers.....Mobile.....Work.....

Full Name.....

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

Relationship to the child

Address.....Postcode.....

Contact Numbers.....Mobile.....Work.....

Please note that any person who attempts to collect your child who is not on this list WILL NOT be able to take your child unless prior arrangement has been made. We may ask for identification.

Parent/Person with legal responsibility to sign below

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Date.....

TIDDLYWINKS CHILD PERMISSION FORM

Child's Full Name.....Today's Date.....

D.O.B

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Name of Parent/Person with legal responsibility..... *I agree to the the registered person in the provision taking the necessary steps to ensure that my child.....(name of child) receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision or whilst on an authorised outing. I understand that every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to hospital in the event of a serious accident in my absence. I give permission for the registered person to authorise hospital staff to administer essential treatment until my arrival.

Signed..... (Parent/Person with legal responsibility)

*In order to make full use of the facilities in our community the children may be taken on short walks around the village and to venues such as the shop, library van, tennis courts.

I give permission for my child..... (Name of child) to visit venues in the community with a responsible adult from Tiddlywinks as part of day to day activities.

Signed..... (Parent/ Person with legal responsibility)

*I give permission for the pre-school to take photographs of my child..... (Name of child) for use on displays and throughout their folders, I understand that photographs of my child may appear in other children's folders such as in small and large group act activities. Also in promoting tiddlywinks in their local environment and press.

Signed..... (Parent/ Person with legal responsibility)

*During summer months I shall apply sun block before my child's session begins and in order to provide maximum safety in the sun, I give permission for the pre-school staff to reapply sun block to my child's exposed skin as and when they feel necessary to do so. I shall supply my child's own clearly labelled sun block and leave it in their bag or give to my child's key worker.

Signed..... (Parent/ Person with legal responsibility)

*I authorise the staff at the pre-school to administer a plaster to my child if necessary.

Signed..... (Parent/ Person with legal responsibility)

*I give my consent for my child's folder (story) to be shown to OFSTED if required and to be passed on to the school/pre-school they will attend when leaving Tiddlywinks.

Signed..... (Parent/ Person with legal responsibility)

*I give consent for the pre-school to liaise with other providers and outside agencies, health visitor etc. with regards to your child's care and well-being.

Signed..... (Parent/Person with legal responsibility)

*I do / do not give permission for my ChildPhotographed to appear on our Tiddlywinks pre-school website

Signed..... (Parent/Person with legal responsibility)

*I do / do not give permission for my child photograph to appear in any press coverage in order To promote tiddlywinks.

Signed..... (Parent/Person with legal responsibility)



TIDDLYWINKS EARLY CONTACT SHEET

CHILD'S KEY WORKER.....

TODAYS DATE.....

My full name:
I like to be known as:
My date of birth:
People I live with and their relationship to me:
Other people who are important to me:
My pets:
My special comforter(s):
My favourite toy(s):
My favourite stories:
My favourite television programme/DVD:
My favourite food and food I dislike:
My nappy/toilet training stage:
Any routine I go through daily/weekly:
Any other information that may be useful/helpful:

