

Blindmans Lane, Cheshunt, Hertfordshire EN8 9DW

Tel; 01992 626123

Email: cocospreschool@yahoo.co.uk

Website: www.cocospreschool.co.uk

Please note this form must be completed in full before we can accept your child into nursery

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Child's Name:					
Child's Main Address:	Second address if par separately:	rents live		e fix a picture of	
Email:			Y	our child here	
Date of1st contact -Birth:Mobile Numb	Name, relationship to o er:	child &			
Gender: M/F Password:					
People authorised to pick up your child. Also contacts in case we are unable to contact you details for emergency use.			•		
Full Name:	Relationship to child	:	Telephor	ne numbers:	
2 nd					
3 rd					
4 th					
2yr old funding: y / N Offe	r Code:	Child's Nati	onal Hea	alth Number:	
30 hours funding: Y / N Offe	r Code:	(this can be obta	ined from v	bur child's red book)	
Monday Tuesday	Wednesday	Thursday		Friday	
Start: Start:	Start:	Start:		Start:	
Finish: Finish:	Finish: Finish:			Finish:	
Daily total Daily total	Daily total	Daily total		Daily total	
	you require each day - we wi	ill endeavour t			
Settling in dates 1 st	2nd		3 rd /Start	•	
I wish my child to attend all year ro	und Yes/No I want	my child to att	tend Term	Time only Yes/No	
Any dietary requirements (i.e. no pork, vegetarian): Any medical condition (past or present), that we should be made aware of (including allergies):					
Child's first language:					

	Parent/Carer 1	Parent/Carer 2
Title		
Forename		
Surname		
Date of Birth		
National Insurance		
Number		
National Asylum		
Support Service		
(NASS) Number (if		
applicable)		

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes.

I agree to Coco's Preschool using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery class.

Signature of Parent/Carer 1

Settling in information					
Does your child still sleep during the day?		Yes/No)/Sometime	25	
	Does your child have a comfo soft-toy)?	rter (e. <u>c</u>	g. dummy, bl	lanket,	
Please tell us anything that you think may help us settle your child during their transition into nursery, or if they ever become upset for any reason:					
Please tell us what your child enjoys playing with:					
Have they attended a nursery or setting before: if yes please state which one & do they still attend on days the					
To enable us to get an overview of your child's developmental progress and help us ensure that the experiences we offer to your child are developmentally appropriate and challenging enough, it is helpful if you can tell us about your child's development so far. This information, along with information gathered by talking to you and from observing your child during their settling in sessions, will give us a clearer understanding of your child's next steps and their best fit upon entry to Coco's.					
All about your child		Yes	Sometimes	Not yet	
Does your child turn the pages of a book by themselves?Does your child pretend objects are something else? For example, holdtoy banana to their ear and pretend it's a telephone					
If your child wants something they cannot reach, do they find a chair or box to stand on to reach?					
Does your child drink from a cup? Does your child copy activities you do, such as wipe up a spill, sweep, shave, or comb hair?					
When playing with a soft toy or doll, does your child cuddle it, pretend to feed it, put it to bed etc?					
Does your child respond to their name when you call them? For example, do they turn their head to look at you?					
Does your child give you eye contact when you talk to them?					
Does your child greet or say hello to familiar adults? Does your child have any toileting problems (need medication to go to the toilet)?					
Does your child let you know how they are feeling with words or gesture, for example, do they let you know when they are hungry, hurt, or tired					
Does your child try to show you things by poi	nting at them?				
Can your child follow simple instructions?					
Can you child look/listen to a book with a gro	wn up?				
Does your child have 20 audible words plus?					

Can you understand most of w explain.	hat your child	d is saying? If NO	, please		
Do you have any concerns with your child's behaviour? If yes, please explain:					
Does your child have any additional needs? If yes please explain:					
Speech & Language Yes/No	Occupational therapist Yes/No		Educational Psychologist Yes/No		
Do they have a CAF?					
Please give details and any repor	ts/letters tha	t are relevant to voi	ur child's lear	ning	
	<u> </u>	<u> </u>			
Has your child or their siblings e If yes, please give further infor			etters	Yes/No	
Do you or your child have a socia				Yes/No	
If yes please give further inform		ies of any reports/le	etters		
If you have answered yes to <u>a</u>				he section below giving	
us permission to share with oth	•	• •	•		
I the parent/carer hereby give/	•		s staff to con	ntact other professional	
and gather relevant data i.e. info	rmation/repor	ts to assist my child	d's education	and wellbeing.	
Name: Signature:		Date:			
	Family &	Personal information	on		
Does your child have siblings/or	a step family d	& what is their posit	ion in the far	nily (ie youngest)	
Family home is: Flat House		Caravan	van Hostel		
Does your child have access to an open area, such as a garden: Yes/No					
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1 Does your child live with both ba	rents:	Yes/No - if no do [.]	they visit :	Yes/No	
	rents:	Yes/No - if no do · Health visitor	they visit :	Yes/No	
Doctor address	rents:	Health visitor		Yes/No	
Doctor address & Phone number		Health visitor Address & phone		Yes/No	
Doctor address & Phone number Consent/authorisation - please	complete in f	Health visitor Address & phone ull and sign			
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u>	complete in f <u>give</u> Signe	Health visitor Address & phone ull and sign		Yes/No date	
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving	complete in f <u>give</u> Signe any	Health visitor Address & phone ull and sign			
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving medical treatment which is urger	complete in f <u>give</u> Signe any	Health visitor Address & phone ull and sign d			
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving	complete in f <u>give</u> Signe any ntly	Health visitor Address & phone ull and sign d			
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving medical treatment which is urgen necessary	complete in f <u>give</u> Signe any htly Printe	Health visitor Address & phone ull and sign d		date	
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving medical treatment which is urgen necessary I the parent/carer <u>do not give/</u>	complete in f <u>give</u> Signe any htly Printe <u>give</u> Signe	Health visitor Address & phone ull and sign d			
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving medical treatment which is urgen necessary I the parent/carer <u>do not give/</u> <u>my consent</u> for photographs to b	complete in f give Signe any itly Printe give Signe	Health visitor Address & phone ull and sign d		date	
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving medical treatment which is urgen necessary I the parent/carer <u>do not give/</u> <u>my consent</u> for photographs to b taken for the use of my child's ju	complete in f give Signe any htly Printe give Signe be burnal,	Health visitor Address & phone ull and sign d ed		date	
Doctor address & Phone number Consent/authorisation - please I the parent/carer <u>do not give/</u> <u>my consent</u> to my child receiving medical treatment which is urgen necessary I the parent/carer <u>do not give/</u> <u>my consent</u> for photographs to b	complete in f give Signe any htly Printe give Signe be burnal,	Health visitor Address & phone ull and sign d ed		date	

I the parent/carer <u>do not give/ give</u> <u>my consent</u> for my child to being taken out on short outing with staff	Signed Printed	date	
I the parent/carer understand that my child's hours are pre-booked and that I need to collect them on time.	Signed Printed	date	
I also understand that failure to do this without prior permission will cost me extra fee's in late charges.			
I the parent/ carer am aware that all Coco's policies are available in the lobby to be read at any time. These	Signed	date	
policies include Safeguarding Children.	Printed		
I the parent/carer understand that I must give 4 weeks' notice if I no longer require a place for my child or charges	Signed	date	
will be incurred.	Printed		
Please make sure that if there are any changes to the information that you have provided you notify a member of staff immediately to help us keep your data up to date.			

Data Privacy

Section A - for Parents of children aged 24 to 36 months only

This section is for parents of children aged 24-36 months only:	Signed:
I the parent/carer give permission for staff to carry out a 2- year check.	
In line with EYFS requirements a progress check will be carried out 6 to 8 weeks after your child starts nursery. This check is to highlight areas where your child is progressing well and areas that they may need extra help or support.	Print Name:
Your child's key person will then meet with you to discuss their findings and you will then be asked for your input. These checks are for you to share with your health visitor at the 2 year old "Health and development review". Please note if your child has already had their check, we are still required to carry out the EYFS two year old check.	Date:
The progress check is a statutory requirement of the EYFS.	

Section B - for all children

From time to time, we are required to share data with local authority and other professionals. Please
see listed below.Transition RecordThis is information provided by us to your child's new school/setting to help
support your child's transition and give the school information regarding their
age and stage.2 to 4 year-old funding
dataWe are required to send data on all children in receipt of 2-year funding. This
data is used by the DfE statistics on Education for children under 5 to
calculate their progress by offering them early fundingEYPP (early years pupil
premium)This data is shared with the local authority to make sure that it is used
towards the individual children education/support

I the Parent/carer give consent for the data I have provided	Signed:	
on my child/family in this form and associated forms to be		
held by Coco's Preschool Centre Limited until such time as my	• • • • • •	
child no longer attends the setting.	Print Name:	
	Date:	

Coco's Preschool Centre Ltd

Rules and Conditions Full Day Care & Nursery places

CHILDS NAME_

- 1. Coco's is open all year round 8.00am 6.00pm except for Public Holidays for which there is no charge.
- **2.** Fees are payable four weeks in advance and must be paid by their due date. Failure to do so may result in the loss of your child's nursery place.
- **3.** No refunds are given under any circumstances and fees are payable in your child's absence, which includes holidays and sickness.
- **4.** An administration fee of £30.00 for 2yrs and £15 for 3yrs and over is payable to secure your child's place. Upon acceptance, this money will be used to cover settling in and provide your child with a library bag and book.
- 5. Once an agreed date has been set for your child to start it is expected to be fixed and not be moved unless by agreement with Coco's management. <u>Failure to attend Coco's within the first 4 weeks following the agreed start date will result in the loss of your child's place.</u>
- 6. After starting at Coco's, if your child will not be attending nursery for any reason we request that you telephone to inform us as soon as possible. <u>If parents/carers do not inform the office, places will only be held open for a total of 4 weeks from your child's last attendance and your child will then automatically lose their place.</u>
 - a. Children with sickness and/or diarrhoea must be kept away from the nursery for 48 hours after the last episode to avoid cross infection.
- **7.** If your child is given antibiotics, they should <u>remain at home for the first 24 hours</u> to make sure there is no allergic reaction to the medication, it can then be administered at Coco's.
 - a. Only medication prescribed by a doctor, with your child's name and dosage can be given by Coco's staff.
- **8.** We MUST be notified if anyone unknown to ourselves will be collecting your child. We will NOT allow your child to leave the premises unless we have been notified.
- **9.** If you wish to leave Coco's <u>we require a minimum of 4 weeks' notice in writing</u>. Failure to do so will incur a charge equivalent to 4 weeks fees.
- **10.** Late collection of your child without previous agreement of Coco's management will incur a late collection fee.
 - a. Failure to collect your child by 18:00 (6pm) will incur a late collection fee of £6.00 for the first 10mins and thereafter £8.00 per additional 10 minutes.
 - b. If a child is not collected and no contact has been made by parents/carers by 19:00 (7pm), the senior member of staff on duty will put the child protection measures into place and contact the children and family services, along with the duty social worker.
- **11.** Extra days/extending hours must be agreed with Coco's management prior to the date(s) required and will be charged at an hourly rate and must be paid <u>on the day</u> as it is not separately invoiced.

I have read and understood the above conditions and agree to comply with them:

Name:	Signature:	Date:

Please note that until your registration fee is paid any days discussed/requested cannot be held