

NURSERY/PRE-SCHOOL INDUCTION PACK

Date completed _____

All About Me

This information will help your child's key person in Liden Academy Nursery and Pre-School to gain some background knowledge about your child which will help in the smooth transition into our setting.

My name is: _____

I like to be called: _____ **My date of birth is:** _____

Important people in my family are: _____

My allergies and/or dietary needs are: _____

My medical needs are: _____

Any Parent worries or concerns about medical or development needs?

When I'm tired or sad I like to be comforted with my (dummy, blanket, teddy etc)

My favourite toy is: _____

My favourite book is: _____

My favourite TV programme or film is: _____

My favourite activity/ties are: _____

I prefer to play: **Indoors** **Outdoors** (please tick as appropriate)

I like / do not like loud music **YES / NO**

My favourite food is: _____

I do not like to eat or drink: _____

Things that make me happy are: _____

Things that make me sad are: _____

I live with: _____

My pets are: _____

At home we speak (please name languages used): _____

Are there any special festivals/celebrations that your family celebrate and what are they?

I use my own words to talk, they are: _____

Please answer the following by ticking if appropriate

I can join 2 together eg mummy, home I use 3 or 4 word phrases

I'm used to playing with other children I talk in complete sentences

I can use a 2 handled open cup I use a sippy cup with a lid

I can feed myself with a spoon I can brush my own teeth with aid

I like to nap in the daytime (specify below) I can help get dressed (specify below)

What time? _____ How long? _____

What comforts me? _____

My toileting needs are (eg nappy, potty) : _____

I ask to go to the toilet by: _____

To climb the stairs I (please tick as appropriate): **Crawl** **Walk placing 2 feet on the step**
Use alternative feet to climb

I have had my 2 year check with the Health Visitor **YES / NO**

If anything has come from the 2 year check please provide details below:

If any outside agency have been involved, please give details below eg speech & language, nurse, health visitor, health specialist:

I have attended previous childcare: **YES / NO**

If you have answered yes to the above, please name, address and contact details below:

For children under 2 years old only:

Please state if your child has milk during the day, what kind of milk it is (formula, breast, cows etc.)

How often is this given to your child and what quantity?

Weaning: Please tell us what stage your child is at with weaning

Parental Permissions

In order for us to provide your child with the best care and early years education we will require parental permission for some day to day activities. Please read through the list below and please tick as appropriate then sign to give your consent. Please also refer to our school policies, particularly **Intimate Care**. If you have any queries regarding any of these please ask a member of nursery staff. These permissions are in addition to those specified on the Data Collection forms.

- I/We give permission** for my child's nappy to be changed when required
- I/We give permission** for my child's clothes to be changed if and when required (e.g. wet clothing)
- I/We give permission** for wet wipes to be used on my child, and for nappy cream (supplied from home) to be applied if needed.

- I/We give permission** for sun cream to be re-applied during the afternoon session. (sun cream must be supplied from home). It is your responsibility to ensure that your child has sun cream applied before they come to nursery and your child must have a suitable sun hat with them
- I/We give permission** for plasters to be applied
- I/We give permission** for photos/video's to be taken for use in nursery and in my child's Learning Journey.
- I/We give permission** for photos and videos to be taken and displayed in other children's Learning Journey and shared with other parents, when taken as part of a group.
- I/We give permission** for Liden Academy Nursery to share information about my child with other settings that they attend, have previously attended or may move to.
- I/We give permission** for my child to be taken on walks around the local environment of Liden.
- I/We give permission** for my child's photo's to be used on the nursery website.
- I/We give permission** for Liden Academy to check/apply for any Early Years Pupil Premium available through Government Funding. **I/We** have provided dates of birth and National Insurance numbers on the Admissions Form to facilitate this.

Signed Parent/Guardian: _____ **Date:** _____

Parent/Guardian Name: (please print)_____

Liden Academy Nursery and Pre-school Medical and Outside Agencies Form

Child's Name:		Child's Date of Birth:	
Parent/Guardian Name (1)		Relationship to child:	
Parent Guardian Name (2)		Relationship to child:	
Immunisations / Vaccinations your child has had (please tick as appropriate)			
Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Polio <input type="checkbox"/> Measles <input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Whooping Cough <input type="checkbox"/> HIB Meningitis <input type="checkbox"/>			
Any Other Immunisations/Vaccinations your child has had (please give details)			

Name and Address of Child's Doctor:
Telephone Number:
Name and Contact Details of Child's Health Visitor:
Telephone Number:

Is your child allergic to plasters?	YES / NO
Are we allowed to use a plaster on your child if needed?	YES / NO

Does your child have any Food Allergies?	YES / NO
Details are:	

Does your child have any special Dietary requirements?	YES / NO
Details are:	

Does your child have any other Allergies?	YES / NO
Details are:	

Does your child have any Health Problems?	YES / NO
Details are:	

Does your child take any regular medication?	YES / NO
Details are:	

Does your child have any Development delays that you are aware of? Or do you have any concerns?	YES / NO
Details are:	

Does your child have any special needs or requirements? Details are:	YES / NO
Does your child have any special requirements to move around nursery safely? Details are:	YES / NO
Any Additional Information relating to your child's health? Details are:	YES / NO
Are there any other professional/s presently involved with your child or family? Has there been any previous involvement eg, speech and language therapist, social worker, family support, mental health. Details are:	YES / NO

First Aid – refer to *Excalibur Academy's First Aid Policy*, and *Liden Academy's First Aid and Medical Needs Policy*

- In the event of a medical event, a trained 1st aider will administer first aid to your child
- In a severe medical emergency our first contact will be 999, we will then contact you.
- In the event of an ambulance arriving before you and your child needing to be taken to hospital immediately a member of staff will accompany your child in the ambulance.
- Only medicines prescribed by doctors can be administered within nursery, in line with our policies above.

Signed Parent/Guardian.....**Date**:.....

STATEMENT ON THE SETTING'S CHILD PROTECTION RESPONSIBILITIES

Dear Parent / Carer

As a provider of nursery care registered with OFSTED, I am required to follow the child protection procedures agreed with the Local Safeguarding Children's Board (LSCB).

As a provider of childcare involved in the care/education of your child, I will endeavour to share with you any concerns I may have regarding injury or specific issues of concern at all times. I will keep a record of such incidents and share this with you. I do have a duty to refer to social services if I suspect your child is at risk of child abuse. I will inform you if I make a referral to social services, unless to do so would place your child at increased risk of significant harm. My first concern will always be the welfare of your child.

We abide by the Excalibur Trust Child Protection and Keeping Children Safe in Education procedures and use written guidance on a day to day basis. A copy of this is available for you to see if you wish.

I(name of person with parental responsibility) have read and understood the above statement and agree with procedures outlined to safeguard my child.

Signed Parent/Guardian: _____ **Date:** _____

Parent/Guardian Name: (please print)_____

Parental Contract

The Role of the Parent

- I/We will ensure that my child will arrive and be collected on time for every session they attend at Liden Academy Nursery
- I/We will support/encourage my child to follow the Liden Academy Nursery behaviour guidelines.
- I/We will read and support the Nursery's policies (provided on the school website)
- For health and safety reasons I/we will ensure that our child is in our care until I/we leave the premises.
- I/We will adhere to the Fees and Funding policy.

The Role of the Nursery/Pre-school

- We will put your child's care and welfare first.
- We will inform Parents if we have any concerns or problems that affect their child.
- When the child is due to move onto primary school we will pass on the child's records to your chosen school.
- We will keep parents informed of any events that may take place at nursery via email through newsletters or notices.
- We will work with your child to help them to develop and progress their development through the Early Years Foundation Stage curriculum.
- We will provide progress meetings for parents with their child's key worker.
- We will use positive strategies to support your child with their personal and social development.

This contract is between:

**Parent/Guardian of(Child's Name)
and Liden Academy Nursery and Pre school.**

Signed Parent /Guardian.....Date:.....

Parent/Guardian Name (please print)

Signed on behalf of Liden Academy Nursery

Name of Staff Member (please print):Date:

Fees and Funding Policy

Late fees / Non-payment of fees

If payment has not been received after two weeks of an invoice being issued a reminder will be sent detailing the amount due and asking for prompt payment.

- If payment still has not been received 7 days after the invoice reminder has been issued then a second reminder will be issued.
- If payment is still not received 7 days after the second reminder then we will write to you to let you know your child has lost their place at the nursery. (If a child is in receipt of the Government funding and their fees are for additional sessions then the additional sessions will be cancelled).

Nursery relies on prompt payment in order to be able to operate; if a parent continually makes late payments then they will be asked to pay in advance. We appreciate that sometimes families may be having difficulties paying their child's fees. Please come and discuss this with the School Office to avoid your child's place being cancelled.

Snacks

Bumblebee class are provided a fruit or veg snack as part of the government provided snack for early years. However for Duck and Ducklings, and Hatchlings a 'healthy' snack should be provided if you require your child to have one. A list of acceptable suggestions are available on our website.

Breakfast Club

Liden Academy run a breakfast club from 7:30 to 9:00am with breakfast provided. The costs are as follows:

Under 2 years old - £12 per day

2 year old - £8.00 per day

3+ years old - £6.00 per day

This is bookable in advance on MCAS and is shown as Wraparound Care.

Late Collection of Child

We understand that there may be times when, through no fault of your own, your child is collected late from the nursery. Please phone the school office to let us know so that we can ensure your child and staff are advised and arrangements made. However, if late collection becomes frequent or there is no explanation for the late collection, we reserve the right to charge £5 for each ten minutes your child is not collected.

Cancellation of Sessions

Parents are required to give four weeks' written notice to nursery to cancel any of their child's sessions; this relates to both self-funded and Government funded sessions. If insufficient notice is given, you are liable to cover any shortfall in fees either by payment or, if Government funded, through our continued claim of funds until the notice period ends. You will be unable to claim this funding at any another setting until notice has been served at Liden.

I / We the Parent/Guardian of:

have read the Fees and Funding Policy and agree to adhere to it.

Signed: Date:

Parent/Guardian Name (please print)