

CLEE HILL NURSERY

ADDITIONAL INFORMATION FOR ADMISSIONS



Shropshire
Gateway
Educational Trust

CLEE HILL NURSERY

Childs Name: _____

DOB: _____

Required start date: _____

Please tick all of the sessions that you would like your child to attend.

	Morning Session		Lunch Club		Afternoon Session	
Monday	9.00 - 12.00		12.00 - 12.30		12.30 - 3.00	
Tuesday	9.00 - 12.00		12.00 - 12.30		12.30 - 3.00	
Wednesday	9.00 - 12.00		12.00 - 12.30		12.30 - 3.00	
Thursday	9.00 - 12.00		12.00 - 12.30		12.30 - 3.00	
Friday	9.00 - 12.00		12.00 - 12.30		12.30 - 3.00	

HOME TIME ARRANGEMENTS

Tick the appropriate statement. You may also include extra information in the space provided.

Is collected by parent/guardian from school.

Is collected by a childminder (give name) _____

Is collected by grandparents. (give names) _____

In order to ensure the correct person collects your child, please provide us with a password below. Please ensure anyone collecting your child knows this password. We cannot allow your child to go with someone who does not know this password.

Please inform the school office, or teachers, if your child is not going home in the usual way. We fully appreciate that there will be times when your children do something different to the normal home time plan. We ask that you inform us by phone call or a note. Both is best! We must know by 2.30pm so we can inform the teachers and the child. Please also tell your children to come back in to school if they are unsure about their home time plan.

Other Arrangements - add here

Please print full name of parents and signature

Signed _____

SUN SCREEN CONSENT

It is school policy that children have sun cream applied before they attend school in a morning. We feel that for children who attend **Nursery** all day it may be beneficial to reapply sun cream for the afternoon session, particularly on warm days.

If you wish your child to have sun cream applied on the days that they attend all day, please complete the form below and send your child with their sun cream every day that they may need it.

Please ensure that bottles are labelled with your child's name.

We advise that parents use factor 50+, long lasting lotion.

I wish my child _____ to have sun cream reapplied for the afternoon session, when they attend Nursery for a full day.

I will ensure that the sun cream is applied before they arrive in the morning and will send it in a named bottle.

Signed _____

EY-LOG REGISTRATION AND CONSENT

I hereby give my consent for my child to be photographed/videoed for observational purposes and for the use of Early Years Professionals at Clee Hill Nursery. I give permission for my child to be in **GROUP OBSERVATIONS** that may be shared with other parents/Carers within their child's eylog learning journal.

To protect and respect privacy, I agree not to use/upload/share the photographs, videos and audio recordings involving other children on public web-sites such as social media websites and may not utilise information from my child's learning journey for purposes other than understanding the development of my child.

By signing this consent I will receive an email message and will be able to log in and see observations of my child. These may include photographs, video clips or audio recordings.

Signed _____

HEALTH VISITOR CONSENT

Your child's overall development and well-being are really important to us. As part of the work we do in Nursery it is sometimes useful to undertake discussions with the local Health Visitor. The discussions we have help our children to achieve everything that they are capable of. We hope that you will support us by agreeing to this information sharing.

If at any time we feel that your child may need further assessment or support from the health visitor or any other professionals, we will of course discuss this with you.

Regards

Mrs Diane Harding
Clee Hill Academy Nursery Teacher and Manager

I agree/disagree to information being shared between Clee Hill Gateway Nursery and the Health Visitor.

Name of Health Visitor: _____

Telephone Number / Surgery Address:

Signed: _____

CHANGING CONSENT

If your child comes in to Nursery in a nappy please can you bring some spare nappies, wipes and clothing that can stay in the Nursery. We are aware that children can have allergies so by bringing in your own this will not be an issue.

If requested we will inform you at the end of a session if we have changed your child.
All changes are logged.

I consent for my child to be changed by a member of the Nursery staff when required

Signed _____

Dear Parent/Carer,

The Early Years Pupil Premium

From April 2015, nurseries, schools, childminders and other childcare providers will be able to claim extra funding through the Early Years Pupil Premium to support children's development, learning and care. We wanted to write to you to explain what the Early Years Pupil Premium is, explain who is eligible for this funding and, importantly, to ask you to fill out the enclosed forms so that we as a provider can claim the extra funding.

National data and research tells that children eligible for free school meals tend to do less well, for example in 2014 45% of children eligible for free school meals achieved the expected level at the end of the early years foundation stage compared with 64% of other children. The Early Years Pupil Premium will provide us with extra funding to close this gap.

The Early Years Pupil Premium provides an extra 53 pence per hour for three and four year old children whose parents are in receipt of certain benefits or who were formally in local authority care but who left care because they were adopted or were subject to a special guardianship or child arrangements order. This means an extra £302 a year for each child taking up the full 570 hours funded entitlement to early education. This additional money could make a significant difference to us.

We can use the extra funding in any way we choose to improve the quality of the early years education that we provide for your child. This could include for example additional training for our staff on early language, investing in partnership working with our colleagues in the area to further our expertise or supporting our staff in working on specialised areas such as speech and language.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that a pupil premium has been available for school age children and it has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

Therefore we ask that ALL PARENTS/GUARDIANS fill in the attached form. This will allow us to claim the additional Early Years Pupil Premium.

If you have any questions, please contact the school office.

Yours faithfully,

Mrs C Little
Headteacher

**EARLY YEARS PUPIL PREMIUM (EYPP)
VOLUNTARY REGISTRATION**

We need information about you and your child to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled. Please complete this form and return.

DETAILS ABOUT YOUR CHILD/CHILDREN

Child's last name	Child's first name	Child's date of birth (YYYY/MM/DD)	Name of childcare provider

DETAILS ABOUT YOURSELF AS PARENT/GUARDIAN

	Parent/Guardian 1	Parent/Guardian 2
Last name		
First name		
Date of birth (YYYY/MM/DD)		
National Insurance (NI) Number*		
National Asylum Support Service (NASS) Number*		
Daytime Telephone Number		
Mobile Number		
Address		
	Postcode	Postcode

*Complete as appropriate

Early Years Pupil Premium (EYPP) is additional funding for eligible 3 and 4 year old children who are currently claiming their free education entitlement. Please confirm below that you are happy for the above information to be checked annually (Please place an X in the appropriate box)

YES NO

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family annual income over £16,190 per year? (Please place an X in the appropriate box).

YES NO

If you have confirmed **NO**, please place an X in this box if you are in receipt of any of the benefits listed below:

- Income Support
- Income-based Jobseekers allowance
- Income-related Employment and Support Allowance
- Universal Credit
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with a joint family annual income of no more than £16,190
- Working Tax Credit run-on

Please place an **X** in this box if you are not sure whether your joint family annual income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the Early Years Pupil Premium

If you have confirmed **YES** (above) you do not need to complete the next section and can go straight to the end of this form to sign the Declaration, unless any of the following circumstances apply to you in which case please place an **X** in the appropriate box below. Please provide evidence (copies of documents), and provide details of your Social Worker*

My child:	X
Has been looked after by the local authority for at least a day*	
Was adopted from care*	
Left care through special guardianship*	
Is subject to a child arrangement order (previously known as a residence order)*	
Is in receipt of Disability Living Allowance (child), or is subject to an Education Health & Care Plan	

Name of Social Worker

Signature of Social Worker Date

.....

Email address Tel

HOW THE INFORMATION IN THIS FORM WILL BE USED

The information you provide in this form will be used by Shropshire Council to confirm that you are in receipt of one of the listed welfare benefits. The council will check work benefit data provided by HMRC and DWP. We would like your consent to make this check. Once this is confirmed we can decide how much money your child's childcare provider will receive. You are free to withdraw your consent* so that you details are not used in future. Please note, whether you use this scheme or not will not affect any of the benefits you may be entitled to.

DECLARATION (A)

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to enable my child's childcare provider to claim Early Years Pupil Premium for my child.

Signature of parent/guardian Date

OR

***DECLARATION (B)**

I do not wish for my personal details to be used, and do not wish to apply for Early Years Pupil Premium for my child.

Signature of parent/guardian Date