

# All About Me

To help your child settle with me, please complete as fully as possible.

Child's

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Food: Are there any food he/she likes, dislikes or allergies that I need to be aware of, what sort of drinks does your child have, are there regular mealtimes, are there any special words they use? \_\_\_\_\_  
\_\_\_\_\_

Toileting and Training: do they wear nappies all day or just when they sleep, how often do you normally change their nappy, and do they need any special creams or routines? If your child is out or changing out of their nappies, do they use a potty/toilet, do they need any aids such as a step or seat, do they use any special words that indicates they need to go to use the potty/toilet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dressing: does your child need help or support when changing their clothes, or when putting on their coats or shoes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sleep: does your child need a sleep every day, where do they prefer to sleep – cot, sofa, bed, push-chair (etc, etc). How do they settle – do they need a comfort object? When waking up, do they need a cuddle, or do they like to be left alone? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Likes and Dislikes: are there any objects or things that make your child distressed or fearful? Do they have a favourite book, television programme, song, game, activities? \_\_\_\_\_  
\_\_\_\_\_

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Normal daily routine: to help me meet your child's needs, please include an idea/timetable of the activities and timings on a normal day.

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## Child Record Form

Child's Name:

\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_

Tele-  
phone: \_\_\_\_\_

\_\_\_\_\_

### Details of Parents/Guardians

**Mother**

**Father**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home tel: \_\_\_\_\_ Home tel: \_\_\_\_\_

\_\_\_\_\_

Work tel: \_\_\_\_\_ Work tel: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contact**

**Please name one other person who may be contacted to collect the child in the event of an emergency (if parents are not available).**

Name:

\_\_\_\_\_

Relation to child:

\_\_\_\_\_

\_\_\_\_\_ Home tel:

\_\_\_\_\_

\_\_\_\_\_ Work tel:

\_\_\_\_\_



\_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_

**Child's Doctor** \_\_\_\_\_ Name \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_  
\_\_\_\_\_

**Allergies/Special Diet/Health Problems/Childhood Ill-  
nesses** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunisations/Vaccinations – Please tick box.**

Diphtheria  Whooping Cough  Tetanus  Polio  Measles  Mumps  Rubella  Hib  Meningit

**Signature of parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_



**Child's name**  
**months**

**Age in**

**This is about what your child can do - if they are old enough, they can help you to complete it.**

My Favourite toy(s) and/ game(s) are:

My favourite song(s) and/ rhyme(s) are:

If we speak more than one language at home, what are they:

I use these words:

I have brother(s) and/ sister(s) – if yes, then please list full names and ages:

Places I have been to and other activities I do:

If we have pets, then what are they:

I can recognise these colours:

I can recognise these numbers:

I can count to what number;

I can recognise these shapes:

Any special requirements/ developmental needs:

Parent name: \_\_\_\_\_

Date: \_\_\_\_\_

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*JHc*



*Every child is a star*

## Care Plan

<b>Name</b>	<b>DOB</b>
<b>Address</b>	<i>Photo of Child here</i>
<b>Medical diagnosis or condition</b>	<b>Date Completed</b>
	<b>Review Date</b>

### Family Contact

<b>Mother's Name</b>		<b>Father's Name</b>	
<b>Phone (mobile)</b>		<b>Phone (mobile)</b>	
<b>(work)</b>		<b>(work)</b>	
<b>(home)</b>		<b>(home)</b>	

<b>What training is required to effectively meet the needs of child</b>	<b>Date completed/ name(s)</b>
<b>Clinic/ Hospital</b>	<b>Contact details</b>
<b>GP</b>	<b>Contact details</b>



<b>Name of professionals working with child</b>	<b>contact details (e.g. health visitor)</b>

Describe medical need and give details of child's symptoms:

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Daily care requirements: (e.g. physical exercise or at lunchtime)

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What is an emergency for the child, and what procedure do you need to follow:



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### Follow up care

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Named persons responsible for the care of child in an emergency (Staff who have been trained, please state if different for off-site activities)

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Form completed by health professional (name in full and position held)

Name and position	Sign	Date
Parent/ Guardian	Sign	Date
Manager Name	Sign	Date


## Child Registration Form (Confidential)

Child's Full Name	DOB	Age
1.		
2.		

School Attending
Name of Teacher

**Term time (Breakfast/ After school) – Starting Date:**

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Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick					

If one-hour collection or pay as you go is required, then please state

**Holiday – Starting Date:**

Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick					

If one-hour collection or [pay as you go](#) is required, then please state.

### Full day care - Starting Date

Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick					

If one-hour collection or [pay as you go](#) is required, then please state.

<b>Name of Parent/ Guardians</b>	<b>Name of Parent/ Guardians</b>
<b>Relationship to child</b>	<b>Relationship to child</b>
<b>Do you have legal responsibility for the child</b>	<b>Do you have legal responsibility for the child</b>
<b>Address</b>	<b>Address</b>
<b>Home Contact</b>	<b>Home Contact</b>
<b>Mobile Contact</b>	
<b>Mobile Contact</b>	<b>Work Contact</b>

<b>Email Address</b>	<b>Email Address</b>
<b>Contact Name for emergency use</b>	<b>Contact Name for emergency use</b>
<b>Emergency contact home number</b>	<b>Emergency contact home number</b>
<b>Doctor's Name</b>	<b>Doctor's Name</b>

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<b>Doctor's Address</b>	<b>Doctor's phone number &amp; address</b>
<b>Does your child have any allergies? If yes, then please list them</b>	<b>Does your child have any special needs or learning difficulties? If yes, then please name them</b>
<b>Does your child have any special dietary requirements? If yes, then please name them</b>	<b>Does your child need any medication? If yes, then please ask member of staff for additional form</b>

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## Collection Details

<b>Name of designated person to collect child (1)</b>	<b>Name of designated person to collect child (2)</b>
<b>Home Contact</b>	<b>Home Contact</b>
<b>Work Contact</b>	<b>Work Contact</b>
<b>Mobile Contact</b>	<b>Mobile Contact</b>
<b>Relation to Child</b>	<b>Relation to Child</b>

**Signature of Parent:**

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**Date:**

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## Parent's Questionnaires

1) **Does your child attend nursery?**                      Yes    No

If yes, please provide contact details.

Settings name & address \_\_\_\_\_

Manager's name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

2) **Is this your child's first nursery/childminder?**                      Yes

No

If No, please provide previous settings details.

Setting's name & address \_\_\_\_\_

Manager's name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_



3) Reason for leaving \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's contact details: \_\_\_\_\_ Date: \_\_\_\_\_

Sign: \_\_\_\_\_

## CONTRACT AGREEMENT

Child's name:

Date:

I encourage that parents must read and complete all the necessary paperwork before their child(ren) can attend the setting and pay the relevant deposit and administration fee.

•Permanent place (to include Term Time only or Holidays only contracts):

## Opening hours and booking fees

### Monday –Friday 8am-6pm

Please tick boxes as appropriate:

- Hourly rate \_\_\_\_\_ £8.00
- Full time, Mon-Fri, 8am-6pm \_\_\_\_\_ £60.00 per day
- Part time, 20 hours or less a week \_\_\_\_\_ £8.00 per hour
- Under 2 year olds \_\_\_\_\_ £10 per hour
- Before 8am and After 6pm \_\_\_\_\_ £12 per hour
- Bank holidays: CLOSED or \_\_\_\_\_ £15 per hour

Once booked, if a child does not attend for any reason, you will still be charged for this place. If you wish to cancel the place altogether, 3 weeks' notice in writing is required.

### •Temporary

I will accept temporary or occasional bookings as long as there are places available. If a temporary place has been booked and is no longer required, the setting must be given 24 hours' notice. If notice is not given, the place will still be charged for.



Fee structure and administration cost.

## **After School Club:**

Fees are charged per child at £18.00 per day for permanent places. £8.00 p/h per child for pay as you go,

A £100.00 deposit must be paid prior to your child starting to hold your space.

The setting recognises that childcare can be costly, so eligible parents or carers are encouraged to claim the childcare element of the Working Tax Credit. We are also registered to accept government funding.

Delete or modify the following payment terms as applicable.

- Fees are payable **monthly in advance**.
- Fees can be paid by bank transfer, standing order or cash.
- There is a charge of £1.00 per child per minute for late collection, which will be issued as an invoice if requested.
- Fees are charged for booked sessions whether the **child attends or not**. I offer a 10% discount for siblings.

## **Payment of fees**

Fees are reviewed annually by the registered person. The setting will consider requests for variation to payment terms on an individual basis. Anyone making these requests should contact the manager at the earliest opportunity. Any queries regarding fees should be directed to the manager.

If fees are not paid, the setting will write to the parent or carer, requesting payment. If the parents or carers are having difficulty making the payment on time, I recommend that they arrange a meeting with me (the manager) as soon as possible.

Where there is no explanation for repeated late payment, the manager will contact the parents or carers to discuss payment options. The manager may issue a formal warning to the parent or carer informing them that continued late payment will result in their child's place at the setting being withdrawn.

If the fees remain unpaid after all the above options have been explored, the setting may have to cancel the child's place.

**Meals:** We provide breakfast, lunch, dinner and snacks. All meals and drinks are FREE as they are part of the childcare cost.



**Please tick boxes as appropriate:**

- ( ) **Breakfast**; your child must be with me at least by 8:30 am
- ( ) **Lunch**; your child must be with me at least by 11.50 am
- ( ) **Dinner**; no dinner is offered if your child is collected before 4.30pm
- ( ) **Snack**

Days	No. Of hours	Total charge
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Charges for Holidays, absents and sickness.**

Due to parent/child's sickness: As hourly rate

Due to childminder's sickness: No charge

Parent/child's occasional day off: As hourly rate

Parent's annual holiday: As hourly rate

Childminder's holiday and occasional days off: No charge

Statutory public /bank holidays Setting will be **closed**.

**Payday is the first day of every month in advance unless otherwise agreed.**

Please sign to indicate you understand and agree to all the above.

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Parent/carer's Name

Signature:

Date

Childminder's Signature

Date