Contract between Parent and Setting Cynfran Pre-school

Name of Group: Cynfran Pre-school Address: C/O Ysgol Cynfran, Dolwen Road, Llysfaen, Colwyn Bay Postcode: LL298SS Tel. No: 07821120933 Email: cynfranpreschool@hotmail.com Facebook: Cynfran Pre-school Messenger: Cynfran Pre-school Name of Leader/Supervisor: A Knight & T Barrett-Chalk Child's Name......DOB......DOB.... Address...... Postcode.....Tel. No......Tel. No.... Parent/Carer's Name(s)..... Tel No (Home)......Tel No (Work)...... Email address..... Agreement to start on Days Agreed: Mon Tues Wed Thurs Fri Time agreed Arrival......Departure.......Departure..... Session: Morning Afternoon **Full Daycare** (*Please circle the days/sessions you wish your child to attend) Number of sessions agreed to per week (You will be charged for these sessions each week whether your child attends or not) **GPDR/Privacy** I have read and consent/ do not consent* to Cynfran Pre-school retaining information about my child:...... and myself (parent/carer)..... Signed Parent / Carer..... Photographs/Children's Work I agree to photographs of my child being taken during my child's time at pre-school. I understand that the photographs taken of my child could be used as evidence for educational agencies and displayed within the pre-school setting. I understand and agree that my child's image maybe included on group pictures and used in leavers book or used in Ysgol Cynfran's newsletters. And once the images leave Cynfran Pre-school, I understand Cynfran Pre-school is not responsible for how they are used once handed to the parents. Signed Parent / Carer..... I agree to Cynfran Pre-school displaying my child's work in the setting. I understand that my child's work could be used as evidence for educational agencies. Signed Parent / Carer...... Observations and information sharing I consent to Cynfran Pre-school staff observing and recording my child progress and sharing my

child's progress with Ysgol Cynfran Nursery and any other relevant agencies.

Signed Parent / Carer.....

Seesaw

se to en	onsent to Cynfran Pre-school setting up a Seesaw account for my child. I understand that this is a cure digital portfolio accessible by password only, which only staff and parents will haveaccess. I understand that photographs of my child will be accessible via Seesaw. I agree to provide my nail address
Sig	gned Parent / Carer
Financial in	nformation
Pro	e-school, and the bank statements will include mine and my child's name as reference. gned Parent / Carer
Ys _i Pro	consent to Cynfran Pre-school passing financial information to set up a Parent Pay account in gol Cynfran, I understand Ysgol Cynfran will have full access to any payments made to Cynfran e-school. gned Parent / Carer
Fees/Fund	ling
i ees/i uiiu	ing .
se : da 5.3 o u	agree fees are payable weekly @ £21.00 per session (9am-12.30 / 11.30-3pm) or £15.00 per session (9.00am-11.30am / 12.30-3pm). 2 hour session is £12.00 per session (9am-11am). School by session (9.00am -3pm or 11.30-5.30pm) is £36.00 per session. Full daycare session (9.00am-30pm) is £50 per session. Fees are charged for any sickness or absences including holidays and attings. All booked days MUST be paid for in advance.
the	agree to the terms of the 30 hour funding offer. I understand that Cynfran Pre-school only offer e provision during term times only . Igned Parent / Carer
ch te i	gree to the terms of Flying Start funding of 2.5 hours per day. Any additional hours to this will be arged at standard fee rate. I understand that Cynfran Pre-school only offer the provision during rm times only gned Parent / Carer
ho	understand the 10 hours early education funding is 2 hours education per day, and any additional burs will be charged at full fee rate . Igned Parent / Carer
Collections	s from Pre-school
the an <u>I a</u> ag be	Igree to my child being collected at the designated time by myself or by those I have specified on e registration form. I understand that Cynfran Pre-school staff will not release my child to be syone other than who is authorised to collect and I understand they will need a password and ID. In the series a late payment charge will be charged if I am 10 minutes later than the designated time. I gree to inform anyone picking up my child in my absence will have to bring photographic ID and the provided with a password. In the series of the seri
	gned Parent / Carer
• I c	onsent to Ysgol Cynfran staff taking or collecting my child to or from Early Years class or After hool club (if available) in Ysgol Cynfran.

Outings • Lagree to the pre-school taking my child on short outings outside the pre-school grounds within

the local area Signed Parent / Carer
Behaviour
 I agree to a member of staff picking up my child if they are demonstrating behaviour that may injure themselves, property or others. I agree to the staff member taking my child outside to self regulate in these circumstances Signed Parent / Carer
Medical/Sickness /Emergencies
 I agree not to send my child to pre-school if unwell and to inform pre-school promptly. In cases of vomiting and diarrhoea, children must be free of symptoms for 48 hours before re-attending pre- school.
Signed Parent / Carer
 I agree to collect/make arrangements for my child to be collected from pre-school immediately if I am informed that s/he is unwell. I agree to inform anyone picking up my child in my absence will have to bring photographic ID and be provided with a password. Confidential PASSWORD is
I give permission for my child to be given emergency medical treatment which may be necessary Signed Parent/ Carer
I give permission for my child to be administered liquid paracetamol in the event that my child becomes unwell during session. Signed Parent/Carer
I understand that the completed registration forms part of this contract and has been signed. Signed Parent / Carer
 I understand it is my responsibility to notify the pre-school of any change in circumstances relating to the above or which may affect my child. Signed Parent / Carer
I am aware of */ have received copies of */ read and fully understand */ the policies and procedures of the pre-school. *please delete as necessary. Available at www.cynfranpreschool.org.uk Hard copies available on request. Signed Parent / Carer
Signed Parent / CarerDate
Signed SupervisorDate
Review Date, annually or sooner if a parent notifies the group of change, changes must be made in writing.

^{*}All information must be completed

^{**} Please circle required option

Parental Permission Form

Some children attending the provision may have additional learning needs, physical disabilities, or are placed here by referring agencies. Their plan of care will be developed through consultation between the pre-school, the parents and supporting agencies so that the best possible care can be provided.

Occasionally while staff are caring for the children in their care, they may detect a problem (such as a hearing loss or sight deficiency). This will always be discussed with the parent.

This form gives pre-school staff permission to discuss certain information to other relevant agencies, for help and/or support should the need arise, or to liaise with referring agencies to enable us to provide the best care we can for your child.

Name of Child:-		
Gender:-	Male / Female	
Address:-		
Telephone Contact:-		
Date of Birth:-		
I, the parent of.	give permission to	to liaise
with relevant su	upporting agencies to enable the Pre-school to provide the most suitable care	e for my
Signed	:	
Print Name	:	
Date	:	

Personal Details Record

Child's Na	me		Date of	Birth		Male / Female
Home Add	dress					
Telephone						
Parents N	ame & Address					
Place of w	ork (mother)				Telephone Number	
Place of w	ork (father)				Telephone Number	
Who to co	ontact in an em	ergency? (Full	name, relatio	nship to	child & contact numbe	r)
Name of t	he person who	will collect the	e child (Name	, relation	ship to child & contact	number)
Password.						
Child's Do	ctors Name & /	Address				
Health Vis	itor				Telephone Number	
_						
Allergies(F	ood)/Dietary N	Needs				
Immunisa	tions (please ti	ck the box to i	ndicate the ch	nild has ha	ad the vaccine)	
	DPT, Polio and	HIB (2 month	s)			
	DPT, Polio and	HIB (3 month	s)			
	DPT, Polio and	HIB (4 month	s)			
	☐ MMR (12-15 months)					
	Meningitis C					
	Other Infectio	us Illness				
	Chicken Pox					
Religion			Language	e of the ho	ome	
Other rele	vant informati	on				

General Data Protection Regulation/Privacy Consent Form

I have <i>read and consent/ do not consent*</i> to Cynfran Pre-school retaining information about my
child:
and myself (parent/guardian*):
to be used as stated in the GDPR and privacy policies. I understand that all information retained by
Cynfran Pre-school is kept for the time periods stated on the Data Retention Chart and that I can
request to look at any records held at any time.
Signed
Date

Data Retention Chart

Children's records	Retention period	Status	Authority
Children's records	3 years	Requirement	CIW
Photographs	3 Years	Requirement	
Registers, medication record books and accident record books pertaining to the children	Until the child reaches the age of 21 - or until the child reaches the age of 24 for child protection records	Recommendation	Early Years Wales Insurance Providers
Records of any reportable death, injury, disease or dangerous occurrence	3 years after the date the record was made	Requirement	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (as amended)
Personnel records	Retention period	Status	Authority
Personnel files and training records (including disciplinary records and working time records)	6 years after employment ceases Senior management records are kept for life.	Recommendation	Chartered Institute of Personnel and Development
Pay			
Wage/salary records (including overtime, bonuses and expenses)	5 years	Requirement	Taxes Management Act 1970
Statutory Maternity Pay (SMP) records	3 years after the end of the tax year to which they relate	Requirement	The Statutory Maternity Pay (General) Regulations 1986
Income tax and National Insurance returns/records	At least 5 years after the end of the tax year to which they relate	Requirement	The Income Tax (Employments) Regulations 1993 (as amended)
Redundancy details, calculations of payments, refunds, notification to the Secretary of State	6 years after employment ends	Recommendation	Chartered Institute of Personnel and Development
Health & Safety			
Staff accident records (for organisations with 10 or more employees)	3 years after the date the record was made (there are separate rules for the recording of accidents involving hazardous substances)	Requirement	Social Security (Claims and Payments) Regulations 1979
Records of any reportable death, injury, disease or dangerous occurrence	3 years after the date the record was made	Requirement	The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 (RIDDOR) (as amended)
Accident/medical records as specified by the Control of Substances Hazardous to Health Regulations (COSHH)	40 years from the date of the last entry	Requirement	The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Assessments under Health and Safety Regulations and records of consultations with safety representatives and committees	Permanently	Recommendation	Chartered Institute of Personnel and Development	
Financial records	Retention period	Status	Authority	
Accounting records	3 years from the end of the financial year for private companies, 6 years for public limited companies	Requirement	Companies Act 2006	
	6 years for charities	Requirement	Charities Act 2011	
ParentPay	School keep ParentPay records for the duration your child is at the school. This information can be deleted on request.			
Administration records	Retention period	Status	Authority	
Employers' liability insurance records	40 years	Recommendation	Child Minding and Day Care (Wales) Regulations 2010 (as amended)	
Public Liability Insurance records	21 years 4 months	Requirement	Child Minding and Day Care (Wales) Regulations 2010 (as amended)	
Minutes/minute books	10 years from the date of the meeting for companies	Requirement	Companies Act 2006	
	6 years from the date of the meeting for Charitable Incorporated Organisations	Requirement	The Charitable Incorporated Organisations (General) Regulations 2012	
	Permanently	Recommendation	Chartered Institute of Personnel and Development	

This chart was sourced from the Pre School Alliance - Retention Periods for Records Aug 13.pdf

Useful information

Guide to the General Data Protection Regulation (GDPR) - https://ico.org.uk/media/for-organisations/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf

This Data Retention Chart was passed for use in Cynfran Pre-school

On: May 2018

By: Jennifer Haven Position: Responsible Individual

Date of planned review: October 2023

Nappy Changing Consent Form

Parents need to provide nappies and wet wipes for their child and nappy rash cream if required. Cynfran Pre-school will provide aprons, gloves, hand sanitiser, spatula's, changing mat and a suitable changing area in compliance with <u>CIW minimum standards</u> and the <u>All Wales Guidance for InfectionPrevention and Control for Childcare Settings (0 – 5 years).</u>

All staff have enhanced DBS checks.

When your child needs their nappy changing, they will be taken to the changing area in the toilet area of the pre-school. If your child has nappy rash staff can administer cream to the area but a medical consent form must be signed each day cream is needed **BEFORE** staff can apply.

All soiled nappies will be disposed of hygienically in provided yellow bags as per compliance with Conwy County Borough Council Environmental Health recommendations regarding the disposal of trade waste. Children will never be left unattended when on the changing station. The changing station and mat are thoroughly cleaned each time a child is changed.

I give staff at Cynfran Pre-school permission to change my child......nappy. I

understand that staff may phone me in the event that my child refuses a nappy change.
Signed
Please provide any additional information below
IF YOUR CHILD SOILS THEIR CLOTHES AND UNDERWEAR DURING PRE-SCHOOL
I give staff at Cynfran Pre-school permission to change my son/daughters clothing. I understand that if
don't provide a change of clothes staff at Cynfran Pre-school will phone for me to collect my child.
I understand that if my child is fully potty trained and having frequent accidents then staff at Cynfran
Pre-school may phone me to collect or change my child.
If clothing is heavily soiled, I am happy to accept the soiled clothing.
Signed
I would like the soiled clothing to be thrown away.
Signed

Dietary Needs / Food Allergies Form

I understand I must complete the form below and give as much detail as possible, if my child isn't allowed any specific foods or has a food allergy/special dietary needs.

"Learning through play"

Ysgol Cynfran Dolwen Road Llysfaen Colwyn Bay Conwy LL298SS PRE-SCHOOL

Charitable Incorporated Organisation (CIO) Registered charity no. 1174061

Dear Parents:

Email

Address:

Cynfran Pre-school uses Seesaw (http://seesaw.me), a secure online journal where the children can document and reflect on what they are learning in their sessions. Your child will be able to add the things we work on (including photos, videos, worksheets, drawings and voice recordings) to their Seesaw journal and we can share them privately with you and other family members to view and comment on throughout the year. You will need to download the app (available on Apple and Android devices) to access your child's work.

In order for your child to use Seesaw, the app needs your child's name in order to be able to associate work like their photos, videos or voice recordings with their account. Seesaw only uses this information to provide the service and doesn't advertise in Seesaw, create profiles of students, or share or sell your child's personal information or journal content. You can read more about their strong privacy promises here: https://web.seesaw.me/privacy.

Under the General Data Protection Regulation (GDPR), in order for your child to use Seesaw, Cynfran Pre-school must get your consent. For more information on GDPR, please refer to our policy or visit https://ec.europa.eu/info/law/law-topic/data-protection/reform/rights-citizens.

Cynfran Pre-school hopes that your child will enjoy using Seesaw to document and share their learning this year. Please sign below and return this permission slip so that your child can use Seesaw.

Please sign below and return the form.

6	
I give consent for my child, listed below, to use	Seesaw for Pre-school activities.
Child's Name:	
Parent Printed Name:	
Parent Signature:	Date:

All About Me - Children's Input

Please fill out the below form so we can get to know your child a little before they come to the setting.

The	
My new teacher's name	All Ab Things I'd like to know
	/>
My name is	4
// My birthday is	1
	1
>> My age is	
My brothers and sisters are called	
//	~
	A pict
My favourite colour is	My 3 best frien
	!
	2
My favourite food is	3
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Out-of-school
My favourite toy or game is	
//	