

## **Contract between Parent and Setting Cynfran Pre-school**

### **OUT OF HOURS**

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.....  
Address.....  
.....  
Postcode.....Tel. No.....

Parent/Carer's Name(s).....  
Tel No (Home).....Tel.No (Work).....  
Email address.....  
Agreement to start on .....

#### **Booking days**

**Days Agreed:**    **Mon**                      **Tues**                      **Wed**                      **Thurs**                      **Fri**

#### **Time agreed**

Arrival.....3.00 -3.15pm.....Departure.....

**Session: OUT-OF-HOURS**

**(\*Please circle the days 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).***

***All booked sessions are guaranteed***

***WE CANNOT GUARANTEE PLACES IF THEY'RE NOT PREBOOKED. THIS IS DUE TO STAFF RATIOS***

The National Minimum standard (15.12) states the minimum staffing ratios for day care to be · One adult to four children aged 2 years. · One adult to eight children aged 3 - 7 years. · One adult to ten children aged 8 – 12 years.

#### **Fees/Funding**

- I agree fees are payable weekly @ **£6.50p** (3pm-4pm) or **£15.00 per 3pm/5.30pm**. 2 hour session is **£12.00 per session** (3-5pm).

**All booked days MUST be paid for in advance.**

Signed Parent / Carer .....

- I agree to the terms of the 30 hour funding offer. I understand that Cynfran Pre-school only offer the provision during **term times only**.

Signed Parent / Carer.....

#### **Cancellation of days**

- **We require 24 hours' notice to cancel any booked days or a cancelation fee of £6.50 will be charged.**

## Financial information

- I understand my financial information will be held at the Treasurer's address as well as at Cynfran Pre-school, and the bank statements will include mine and my child's name as reference.  
Signed Parent / Carer.....
- I consent to Cynfran Pre-school passing financial information to set up a Parent Pay account in Ysgol Cynfran, I understand Ysgol Cynfran will have full access to any payments made to Cynfran Pre-school.  
Signed Parent / Carer.....

## Collections from Pre-school

- I agree to my child being collected at the designated time by myself or by those I have specified on the registration form. I understand that Cynfran Pre-school staff will not release my child to anyone other than who is authorised to collect and I understand they will need a password and ID. **I agree a late payment charge will be charged if I am 10 minutes later than the designated time (charged at £6.50).** I agree to inform **anyone picking up my child in my absence will have to bring photographic ID and be provided with a password. *Please note we do not allow under 16's to collect children.***  
Confidential PASSWORD is .....  
Signed Parent / Carer.....
- I consent to Ysgol Cynfran staff collecting my child to or from Ysgol Cynfran  
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. *Please note we do not allow under 16's to collect children.***
- Confidential PASSWORD is .....  
Signed Parent / Carer .....
- 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](http://www.cynfranpreschool.org.uk) Hard copies available on request.

Signed Parent / Carer .....Date.....

Signed Parent / Carer .....Date.....

Signed Supervisor .....Date.....

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

**Amended 18 March 2025**

## **Personal Details Record**

Child's Name.....Date of Birth..... Male / Female.....

Home Address .....

.....

.....

Telephone Number .....

Parents Name & Address .....

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Place of work (mother) ..... Telephone Number.....

Place of work (father) ..... Telephone Number.....

Who to contact in an emergency? (Full name, relationship to child & contact number)

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Name of the person who will collect the child (Name, relationship to child & contact number)

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.....

Password.....

Child's Doctors Name & Address .....

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Telephone Number.....

Allergies / Medication.....

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Allergies(Food)/Dietary Needs.....

Religion..... Language of the home.....

Other relevant information.....

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# General Data Protection Regulation/Privacy Consent Form

I have ***read and consent/ do not consent\**** 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

<b>Children's records</b>	<b>Retention period</b>	<b>Status</b>	<b>Authority</b>
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)
<b>Personnel records</b>	<b>Retention period</b>	<b>Status</b>	<b>Authority</b>
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
<b>Pay</b>			
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
<b>Health &amp; Safety</b>			
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
<b>Financial records</b>	<b>Retention period</b>	<b>Status</b>	<b>Authority</b>
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.		
<b>Administration records</b>	<b>Retention period</b>	<b>Status</b>	<b>Authority</b>
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**

### **Please complete if applicable**

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 [CIW minimum standards](#) and the [All Wales Guidance for Infection Prevention and Control for Childcare Settings \(0 – 5 years\)](#).

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

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.....

#### **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 I 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.

Childs Name.....

D.O.B.....

Doctors Name.....

Surgery.....

Telephone number .....

Food Allergy.....

Dietary need.....

Detailed information on the food your child CANNOT eat.....

.....

.....

.....

Emergency Contact Name .....

Telephone number.....

Emergency procedure to use if an allergic reaction occurs.....

.....

.....

.....

Any medication / dosage.....

.....

Parental consent .....

I understand I will also need to fill out a medication consent form

Parent /Carer signed.....

Any further information

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