**Safeguarding Statement**

SS Peter & Paul Nursery Kidsclub are committed to safeguarding and promoting the welfare of children and expect all staff and volunteers to share this commitment. Anyone using SS Peter & Paul Nursery and Kidsclub will accept these principles. In the event of any concerns, advice from appropriate agencies will be sought.

Date to start ………………………………………….……………….……………D.O.B………………………………………………….

Class………………………………………………………………………

**Sessions Required (Please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club |  |  |  |  |  |
| After School Club |  |  |  |  |  |

Child’s full name: ………………………………………………………………………………………………………….……….……………………………

Child’s preferred family name: ……………………………………………………………………………………………….………………………

Child’s first language: …………………………………………………………………………………………………………………………………….…

Child’s religion: …………………………………………………………………………………………………………………………………………………

Child’s ethnicity: ……………………………………………………………………………………………………………………………………………..…

(This information is voluntary)

**Parents’/Carers’ Details**

**Mother/Carer’s** full name: ………………………………………………………………………………… D.O.B………………………………

National Insurance Number: ………………………………………………………………………

Full address: ……………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

Postcode: ………………………………………………………………

Is this your child’s main address? YES / NO (Please circle)

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

**Father/Carer’s** full name: ………………………………………………………………………………… D.O.B………………………………

National Insurance Number: ………………………………………………………………………

Full address: ……………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

Postcode: ……………………………………………………………………………………………………………………………………………………………

Is this your child’s main address? YES / No (please circle)

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

**Parental responsibility**

Who has parental responsibility? …………………………………………………………………………………………………………………..

Who has legal contact? …………………………………………………………………………………………………………………………………….

**Emergency contact details No 1**

Full name: ……………………………………………………………………………………………………………………………………………………………

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

**Emergency contact details No 2**

Full name: ……………………………………………………………………………………………………………………………………………………………

Mobile Telephone Number: ………………………………………………………………………

Home Telephone Number: ………………………………………………………………………

**Collection details**

Who will be collecting your child? …………………………………………………………………………………………………………………

Password: …………………………………………………………………………………………………………………………………………………………….

**Doctor’s details**

G.P. Name: ……………………………………………………………………………………………………………………………………………………………

G.P. Address: ………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………….

Telephone number: ……………………………………………………………………………………………………………………………………………

**Health Visitor Details**

H.V. Name: …………………………………………………………………………………………………………………………………………………………

H.V. Address: ……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………….

Telephone number: ……………………………………………………………………………………………………………………………………………

**Criteria**: please tick relevant boxes

|  |  |  |  |
| --- | --- | --- | --- |
|  | Income Support |  | The Working Tax Credit 4 week run on (the payment you get when stop qualifying for Working Tax Credit) |
|  | Income-related Employment & Support Allowance (ESA) |  | Support through Part 6 of the Immigration & Asylum Act. |
|  | Income-based Job Seekers Allowance (JSA) |  | Child has current statement of SEN or an Education, Health & Care Plan (EHC) |
|  | Child Tax Credit & have an annual income not over £16,190 |  | Child attracts Disability Living Allowance (DLA) |
|  | Working Tax Credit & have an annual income not over £16,190 |  | Child is look after by the Local Authority |
|  | The guaranteed element of State Pension Credit. |  | Child has left care through special guardianship or through an adoption or residence order. |

**Food & Drink Choices**

Please list any likes / dislikes of food that your child has

|  |  |
| --- | --- |
| **Likes** | **Dislikes** |
|  |  |

**Parental Permission and agreement Form**

Please read carefully the following statements and sign the agreement below.

**If you do not wish to give your permission to some of these statements, please delete the appropriate ones.**

**Table of consent**

Please complete the following table of consent

|  |  |  |
| --- | --- | --- |
|  | **Please Tick** | **Comments** |
| Sun Cream to be applied to my child. |  |  |
| Plasters to be used on my child. |  |  |
| Photographs to be taken and used for displays / published in local paper / used on school website (no names will be printed) |  |  |
| WEB PUBLICATIONS – work to be published on school website |  |  |
| Take part in food tasting activities at school. (Please list any food your child has an allergy to – clarification from GP required) |  |  |
| Permission to walk children around the school grounds. |  |  |
| Permission to assist with toileting. |  |  |
| Permission required to change your child due to a toilet accident. |  |  |
| Permission to lift a child as and when required. |  |  |
| Permission to share information with other settings. |  |  |
| I give permission for the staff to administer basic first aid to my child. |  |  |
| I give permission for the staff to make written observations of my child to assist with planning for his/her individual needs. |  |  |
| I give permission for the staff to make written observations of my child for use in their ongoing training programmes. |  |  |
| I give permission for my child to take part in festivals that celebrate a variety of different cultures and religions. |  |  |
| I give permission for my child to have his/her photograph taken within the setting by staff for display within the room (no images will be stored after the end of the term in which they are taken). |  |  |
| I give permission for my child to have his/her face/hands/feet painted. |  |  |
| I give permission for my child to have his/her photograph taken by the local press for the use in newspaper publications.  |  |  |
| I give permission for my child to be photographed and videoed by other parents in events such as plays, sporting events etc. |  |  |
| I agree that in situations where my child may hurt themselves or other children ALL staff can remove your child by picking them up or by holding their wrist or hand. |  |  |
| I agree that during sunny weather that a member of staff can apply my child’s sun cream which is labelled with my child’s name on the bottle.  |  |  |
| All parents / carers will read and abide by our policies and procedures. |  |  |
| All sessions must be paid for in advance & ensure credit is applied to your child’s parentpay account.  |  |  |
| Parents are required to give 1 weeks written notice if they wish to cancel specific dates booked or withdraw their child from the BACS service. Failure to give notice will result in you still being charge for all sessions booked |  |  |
| A late charge of £6 will be charged if you do not collect your child promptly at 6pm |  |  |
| If you fall behind with your fee’s payment plans may be arranged by the Headteacher. |  |  |

**Allergies**

During your child’s time in Breakfast and After School Club a wide variety of play and learning opportunities will be on offer. Some of these will involve tasting, handling food and contact with animals. It is vitally important for your child’s safety that we have up to date information regarding any allergies.

……………………………………………………………………………………………………………………………………………………….………………………

…………………………………………………………………………………………………………………………………………………………….…………………

…………………………………………………………………………………………………………………………………………………………….…………………

**Special Educational Needs**

Does your child have any special educational needs? If so please share your information with us on the lines below:

……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**All information on this permission form is kept confidential in line with our Child safeguarding and Confidentiality Policies.**

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