

Cobtree Playschool for Special Children

Maidstone Mencap Charitable Trust Ltd

Admission Form

Cobtree Playschool relies on the information on this form, so please take the time to ensure that it is up to date and accurate in all respects.

Child's first Name(s) <small>as on their birth certificate</small>	Surname:
Date of Birth:	
Gender:	
Address:	
Postcode:	
<small>Disabled children's services:</small> District:	
Child's NHS number:	
Diagnosis:	
Please give brief details of how the diagnosis effects your child and family, and the level of care and support needed:	
Disability Category: please highlight... <ul style="list-style-type: none"> • <i>Physical disability:</i> <i>medical needs:</i> • <i>ASD emotional behavioural social emotional mental health</i> • <i>Multi-sensory impairment deaf / blind hearing impairment hearing / visual impairment</i> • <i>Specific/ moderate/ severe/ or profound multiple learning difficulty</i> • <i>Speech/ language communication needs</i> 	
Religion:	Nationality:
Ethnicity:	Place of birth:
Name of Parent/ Carer: 1	Language:
Address if different from above:	Contact details:
	Home Tel:
	Mobile:
	Work:
	Email:
Name of Parent/ carer: 2	Contact details:
Address if different from above:	Home Tel:
	Mobile:
	Work:
	Email:
Emergency contact name:	Contact details:
	Home Tel:
	Mobile:
	Work
Start date required:	Sessions required :
	Mon Tue Wed

Password: (Please provide a password for the collection of your child to ensure that all staff can confirm your identity)	
Other principal Carers: (i.e., foster parents, social services, Family support Worker) Name: Relationship to child:	Contact Details: Telephone: Email:
Other principal Carers: (i.e., foster parents, social services, Family support Worker) Name: Relationship to child:	Contact Details: Telephone: Email:
Is there any guardian that should not collect your child from playschool: Name: Reason:	Court order details: Further details are in the Playschool's policies a procedures: statement and policy for Legal Contact. The original order will need to be seen.

Is your child attending another Setting: Name: Address: Telephone: Email:	Manager: Key person: SENCO: Specialist teacher contact: in receipt of SENIF: Y / N if Yes number of hours DAF application made: Y / N
Days and Session Times Attending: Hours of free entitlement claiming Working parent entitlement:- 9 months to 4 years 11-digit eligibility code= Free for Two funding (FF2) 6- digit Eligibility code: To support declarations for funding: main carer: full name: DOB: National Insurance no.	

What is your child's first Language:	Are there any religious or cultural requirements ou would like Playschool to respect:
Are there any religious events or cultural festivities that may offend, or you wish your child to be excluded from:	Event: Reason:

MEDICATION (as per our Policies & Procedures)

Medication given at home:

Parents/Carers must keep the management team of Playschool, informed of any medication given to the child at home and of any changes to the child's regular medication. The Playschool must also be informed of any possible side effects of any medication given at home.

Medication administered at Cobtree Playschool:

If medication (routine or emergency) needs to be administered at our Playschool your written permission, with full instructions about the dosage, must be given to authorise a member of staff to administer the medication (medication care plan forms will be provided).

The Manager must be notified in writing of any changes to the medication shown below, also notified of any possible side effects. All medication must be sent in the original container with the dispensing label and instruction leaflet. Over the counter medicines must be supplied in the original purchased container. Instructions on the labels must be clear. All medication must be clearly marked with the child's name and handed to the Supervisor. Please note that your child's medication must be sent in and taken home each day as we are not allowed to store it at Cobtree Hall.

Name of Child:	
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Routine/ Regular Medication	
Is your child given routine medication at home ?	YES / NO
Please list medications given at home: time: and any possible side effects:	
Will your child need us to administer routine regular medication during Playschool hours 10am – 1pm	YES / NO
If you have answered YES, you will need to complete a Care plan form to record details of medications to be given. This Form gives trained staff consent to administer the medication.	

Emergency medication	
Does your child have medication which we would need to use in the event of an emergency e.g., Diazepam for seizures?	YES / NO
If you have answered YES, you will need to complete a ' Emergency Medications ' form which gives trained staff consent to administer the medication.	
Allergies and Intolerances	
Does your child have any allergies?	YES / NO
Please give full details of any allergies your child may have, how the child is affected and what action should be taken. Please share BSACI allergy action plan for allergies and anaphylaxis if appropriate	

PERSONAL CARE NEEDS

Describe any needed accommodations your child will need in their daily activities and why.

Childs name:	DOB:
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Toileting and self- care	
Is your child in pads/nappies?	YES / NO
Does your child have a toilet routine? Please give details:	YES / NO
If your child is clean and dry does, he/she need support when using the toilet? Please give details:	YES / NO
<p>We require your written permission for intimate care routines and to change nappies below. Nappies, pads, wipes, nappy bags, a change of clothes & a carrier bag for dirty clothes should be provided in a named bag.</p> <p>CONSENT – I give permission for staff to change my child’s nappy as necessary:</p> <p>Signed..... Date:..... (Parent/ Carer</p>	

Mobility	
Does your child need support with Mobility?	YES / NO
Please advise how they move around e.g. do they use a wheelchair/ need use of a hoist.	
Do they have need of specialist equipment?	
OT contact:	
If your child has a spinal disability support with mobility or postural aids, or we need consent form their doctor for our first aid trained staff to be able to administer abdominal and backs thrusts in response to an emergency choking incident.	
Doctors Name:	
Consent: Yes No	Date:

Lunch and Snacks	
We will provide access to light snacks and drinks throughout their session with us:	
Is your child if able to eat and drink by themselves. If not, please give full details of any support required.	YES / NO
Please advise of any dietary accommodations needed to be met:	

All About your unique child

We are really pleased to be involved with your family in providing care and support whilst at our Playschool. In addition to the care from our 1:1 helpers your child has a special key member of staff from our managing and supervisory team who will ensure that your child's specific needs and interests are met. Naturally, this can be done much more effectively if we understand what fascinates and interests your child at home and within other environments. It is also equally important to know what your child dislikes or has difficulty with.

Childs Name:	DOB:
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Personal social and emotional interactions

E.g. Describe: how confident your child is to try new activities, why they may like some activities more than others.

How confident they are in familiar peer groups, how they can play co-operatively, i.e. taking turns with others. How sensitive and aware are they to the needs of others, and how they able to form positive relationships with peers and adults.

How confident are they to choose activities, resources or communicate when they need help or not? How do they manage their feelings and behaviour, how do they understand that some behaviour is unacceptable? How are they able to adjust their behaviour to different situations, are they able to take changes to routine in their stride.

If your child already has a behaviour support plan in place, please include a copy with this application.

If your child may have any behavioural difficulties, please complete **A behaviour support plan** (a copy will be given.) this will help ensure their happiness and safety whilst in our care.

Communication

Describe how your child communicates, how they express themselves.

E.G. do they have clear speech, use sign language, use PECS, have an electronic aid. Do they use gestures or vocalisations?

Describe techniques and strategies used to help support everyday their routines and interactions.

How are their listening and attention skills, are they able to respond to direction, are they able to respond to questions with relevant actions....?

Any other Information

Please give us as much information as possible to assist us to care for your child and keep them happy and busy. Some of the Staff and Helpers will be meeting your child for the first time.

Please include any specific likes and dislikes

Cobtree Playschool for Special Children

Permissions

Child's Full Name:	DOB:
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Photographs

With your permission, we would like to make a photographic record of your child's time at the Playschool.

These photographs will be used for internal display purposes and to share with families the activities of the children. Please sign below to indicate whether you agree to your child being photographed for this purpose.

***I give permission / I do not give permission** for my child being photographed whilst at Cobtree Playschool.

Maidstone Mencap Charitable Trust Ltd supports all our clubs by fundraising opportunities and by awareness in our local community. We have our website and social network pages that help towards supporting these goals. Images of the children and young people we provide care, social and leisure opportunities for, can be used to help further the work of Maidstone Mencap.

***I agree/ I do not agree** to photos of my child being used for display or publicity purposes

All images taken on or on behalf of Maidstone Mencap Charitable Trust Ltd will be kept in accordance with the key principles as identified under the Data Protection Act. All photographs taken will be suitable and used for the purpose for which they are taken.

Signed Date.....
(parent/carer)

Printed.....

Outings

Being in the grounds of Mote Park, we would like to have your permission to take the children out within this environment and utilise its facilities for the children's enjoyment as part of our daily routine provision.

Please sign your consent to enable your child to be included on these trips outside of the Cobtree Hall premises.

Signed Date.....
(Parent/ Carer)

Outings and alternative day trips may also be provided as part of our Playschool provision. Information and consent forms for these day trips will be sent separately.

Early Years Partnerships:

From time to time the Playschool seeks professional assistance from outside Early Years Partnerships. This is to ensure that we comply with all new developments and relevant changes that may affect the overall standard of the playschool. Examples would be Foundation Curriculum, Special Educational Needs, Health Education, Quality schemes and Ofsted. All persons advising on improvements to working practice in the playschool are subject to our normal confidentiality policies and procedures. Children may be observed during their visits, but no child's name is used in any of their reports or recommendations.

Do you give consent to these early years partnerships to observe your child during these visits?

YES / NO

Physiotherapist. Speech Therapist. Occupational Therapist. Visual Impairment Support.
Specialist Teaching support Hearing Impairment Support

YES / NO

Medical:

In the case of an emergency or sudden illness, do you give your permission for our Staff, with a current Paediatric First Aid certificate, to consent to the administration of necessary medical / emergency treatment?

YES / NO

In the case of an emergency do you give your consent for your child's medical details to be passed onto an appropriate party?

YES / NO

Medical and Therapy Support

Child's name:	DOB:
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Diagnosis:	
Birth/ delivery details:	e.g. was delivery premature
Doctors Name: Surgery Address:	Contact Details: Telephone:
Childs Specialist / Consultant: Name: Hospital: Details of specialist support:	Telephone: Email:
Childs Specialist / Consultant: Name: Hospital: Details of specialist support:	Telephone: Email:
Therapy Support team: Name: SALT: OT: Physio: hearing/ vision:	Contact Details: Telephone: Address:
Family support worker: Name:	Contact Details:
Portage: Name: level of support e.g. home visits/group sessions	Contact details:

Please give details of your child's medical history:

Hearing difficulties:	
Visual impairments:	
Convulsions: seizures	
Has your child ever been hospitalised:	
What illnesses has your child been immunized from:	
Is there any other relevant information the playschool should know about your child?	

Terms and Conditions.

In these terms and conditions "Playschool" means Cobtree playschool for Special Children. "We" or "our" refer to Cobtree Playschool for Special Children and includes all Cobtree Playschool Staff. "You" refers to you the client and means the parent or carer of the child who is placed in our care in accordance with these terms and conditions.

Reservation of a place.

In order to be placed onto the waiting list for a place at our playschool you must complete the application form in full. Hours and days are reviewed termly to support the demand of children on our waiting list.

A settling in period of up to 2 weeks is recommended at the start of the arrangement. During this time, no notice period or notice payment will be required if either party wishes to end the agreement but all other areas of the contract are applicable.

Hours.

Our service is provided from 10.00am to 1.00pm Monday, Tuesday, and Wednesday during term time only. Our term times are within guidelines of the standard school years of the Kent County Council, we offer care 38 weeks of the year.

You must advise us by 9.00am on any day if your child will be unable to attend on that day for whatever the reason.

We reserve the right to send any child home if we consider that this is in the best interests of the child or of other children at Playschool.

Additional sessions may be able to be arranged for a child if we have spaces available. These will be charged for at the current rate and must be paid for on the day.

Admission form

When completing the admission form you must ensure that you advise us of all relevant details relating to the health or welfare of your child, including (but without limiting the generality of this clause) any special requirements of the child relating to health, diet, activity, clothing or any other matter at all which might be relevant to caring for the child, whilst he / she is with us.

We cannot accept any responsibility whatsoever if you fail to provide that information with us.

You must inform us immediately if there is any change to any of the information you have provided to us in the admission form, including for example, arrangements for collection of any child or a change of address or contact telephone number.

Permission.

By engaging Cobtree Playschool, you give us permission to take your child off the premises for any excursion or activity which is arranged for the children. If you wish for your child to be excluded from any particular activity you must inform us in writing.

Advanced written notice will be given to parents of any off-premises outings.

Upon acceptance of a child into playschool, we will act in Loco Parentis for the duration of the time your child is in our care, both on and off the premises, until you or your representative collects the child. It is essential that all children are collected from us at 1.00pm when sessions ends.

If a child's family does not inform the playschool of their expected late arrival and after all their emergency contact numbers have been called, we reserve the right to arrange for the child to be taken into the care of the local authority.

In the case of any illness, accident or emergency affecting a child we have a right to take any such action we deem necessary, including for example first aid or arranging for the hospitalisation of your child, even if we have not been able to contact you first. In this event you consent to any emergency treatment as may be necessary, including the use of anaesthetic and, if any costs are incurred as a result of our taking this action you will fully indemnify us for those costs, which may be recovered from you as a debt.

We will not accept children into playschool if they are suffering from any notifiable infectious disease. Parents must inform the Playschool if their child has any symptoms of ill health.

Fees:

Our fees are payable termly in advance. You will receive an invoice during the first working week of each term. Payment must be made within 14 days of the date of the invoice. We accept payment by cash, cheque, direct payment, or childcare vouchers.

There is no deduction of part of the fees if the child is unable to attend playschool for any reason whatsoever, including time off for illness or family holidays. It is at the discretion of Playschool management to refund fees for long term absence.

Our fees are reviewed annually for the 1st of September each year. If fees are to be increased, we give you 4 weeks' notice of our intention to do so.

If you wish to reduce a child's attendance at the playschool, we require a minimum of 4 weeks' notice in writing. If you wish to increase a child's attendance, please speak to management who will inform you of the availability of spaces.

In the case of non-payment of fees, any costs incurred by playschool to recover the debt will be charged to you.

Playschool will charge you a 10% fine, on the total of outstanding fees due at the end of each term. Please inform the Playschool Manager if there are concerns regarding the full payment of your termly fees.

Notice periods do not apply to those children on a totally free government funded place.

Our fees do not include such additional items as the provision of nappies, which you must supply. If it is necessary for us to supply such items for a child, we will ask for full reimbursement of these costs.

Once your child is accepted into playschool either party may terminate the arrangement at any time by giving one month's written notice of the intention to do so. If the child is withdrawn before the expiry of this notice period, we remain entitled to charge you fees for the balance of the period.

Funding: details available in our parent pack

We are registered to be able to offer delivery of free funded education for all 2, 3- and 4-year-olds in line with government policies, and will extend to be able to those eligible from 9 months from sept 2024. Staffing ratio's and adult support available will impact on the numbers of children we will be able to support.

We are open and offer 38 weeks, in line with school term dates published by KCC.

We are currently Offering a maximum of 9 hours over 3 sessions 10-1, and will look and review sessions to extend opportunities for those on our waiting list.

Liability:

Cobtree playschool will strive to ensure the safety of all children in its care, but save for liability for death or personal injury, hereby excludes all liability for any loss which might otherwise arise from any cause to the fullest extent as permitted by law.

Suspension or termination of agreement.

In addition to our other rights, we reserve the right to suspend or terminate any child's place at Cobtree Playschool, if...

- Any fees or other invoiced sums remain unpaid for more than 14 days after falling due.
- there has been a breach by you of any of these terms and conditions.
- there has been a failure by you to comply with a specific request made by us concerning a child.
- the child's presence at playschool has been, or is likely to, in our absolute discretion, become disruptive to other children or to playschool staff.
- There is any reason which we consider, in our absolute discretion, to warrant the suspension or terminating of the child's place either in the interests of the child, the other children or the management of Cobtree Playschool.

I certify that the information given is accurate in all respects and that I will notify you immediately should any information given subsequently require amendment, or our child's circumstances change.

Cobtree Playschool requires main parents/ carer to agree to these terms and conditions.

I agree to these terms and conditions.

Signature: _____ date: _____

Print name: _____

Signature: _____ date: _____

Print name: _____