



## REGISTRATION FORM & AGREEMENT SCHOOL HOLIDAY FUN SESSION

Parents/guardians/carers should notify the setting of any changes to the following details immediately.

### CHILDMINDER'S DETAILS

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**Setting's registered name:** CHILDMINDING BY LITTLE RASCAL

**Address:** 1 CUMBERLAND AVENUE, CLIFTON-SWINTON, MANCHESTER, M27 8HN

**Childminder of the setting:** Michaela Morysova

**Telephone number:** 01612582319

**Mobile number:** 07538563196

**Email:** childminder@littlerascal.net

**Website:** www.childmindingbylittlerascal.co.uk

**Facebook:** www.facebook.com/childmindingbylittlerascal

**Ofsted reference number:** EY547264

### CHILD'S DETAILS

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Child's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Home Address: \_\_\_\_\_

☒ Parent's/guardian's/carer's name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

☒ Parent's/guardian's/carer's name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

### GENERAL TERMS & CONDITIONS

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First day of child: \_\_\_\_\_ Last day of child: \_\_\_\_\_

### AGREED HOURS & CHARGES:

DAYS	STANDARD DAY & PRICE	DO I NEED EXTENDED DAY TO 5:30PM? (EXTRA £5.00 PER DAY)	TOTAL PRICE PER DAY
MONDAY	9:00am to 4:30pm for £20.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	£ _____
TUESDAY	9:00am to 4:30pm for £20.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	£ _____
WEDNESDAY	9:00am to 4:30pm for £20.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	£ _____
THURSDAY	9:00am to 4:30pm for £20.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	£ _____
FRIDAY	9:00am to 4:30pm for £20.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	£ _____
<b>AMOUNT OF DAYS REQUIRED:</b> _____		<b>TOTAL PRICE PAYABLE: £</b> _____	



**INVOICE DELIVERY AND PAYMENT METHOD**

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My invoice to be sent by email to the address: \_\_\_\_\_

Setting fees are always payable in advance before sessions booked.

Name of Bank: Lloyds Bank Bank Account Name: Childminding by Little Rascal Sort Code: 77-19-01 Account Number: 68942868 Payment reference: Child's Initials & DOB (example: SM03092013)
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**BOTH PARTIES AGREE WITH T&Cs:**

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- Packed lunch, snacks and drinks are required.
- Please label all clothing and items being brought to the setting.
- Suitable clothing for indoor and outdoor activities is required. We suggest packing spare clothes that you don't mind getting messy due to our outdoor play, art & craft activities.
- Please inform us of any medical or contact details that have changed since you last attended.
- When your Registration Form is accepted you must make a bank transfer of £50.00 deposit to secure and reserve a place for your child. A place is not reserved until deposit has been received and cleared to the childminder's account. This deposit is non-refundable if you cancel the child's placement less than 14 days from the date your child is meant to start.
- The rest of the amount to pay is required to be paid a one week before the date your child is meant to start.
- Sessions that are not attended are still charged.
- If you collect your child later than agreed time; there is a charge of £8 per 15 minutes for collections made after session booked. Children will not be accepted into the setting unless payment for late collection has been received.
- Any outstanding payment will be transferred to our Debt Collecting Agency. Charges will be added to the overdue amount plus costs incurred by us. We will proceed with legal action to recover payment owed.
- Parents will supply information regarding personal matters that may affect a child's behaviour so that childminder can appropriately care for the child.
- If a child's behaviour is or becomes such that the safety and well-being of other children in the setting are threatened, the setting may terminate the agreement without notice.
- In case of emergency parents understand that attempts will be made to contact me or my emergency contact as stated on Registration Form.
- The following procedure will be followed if parent/carer fail to collect their child about 15min later than agreed time:
  1. Childminder will attempt to call the home/mobile numbers listed on the registration form.
  2. The emergency contact will be called.
  3. The child will wait with the childminder until 6:00pm.
  4. A notice informing the parent/carer that the child is in the building will be displayed on
  5. Further attempts will be made to contact the parent/guardian/emergency contact.
  6. In the event that contact is not realized, Social Services will be contacted and given a copy of the child's registration form.
- THIS REGISTRATION FORM & AGREEMENT END WITH THE LAST DAY OF ATTENDANCE OF YOUR CHILD.

I have read and understood this Registration Form and I am aware of all information provided.

1st Parent's/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Parent's/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childminding signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD RECORD FORM

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Collection Arrangements** – other than parents who is authorised to collect your child

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(password must be known to the person if collecting the child due to security matters)

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

Relationship to the child: \_\_\_\_\_

Please provide a password. Anyone collection your child should be aware of this.

Password: \_\_\_\_\_

Authorised person collecting your child have given permission to shared and kept their details with the setting?  YES  NO  
They will also need to bring photo ID. Any person collecting your child must be over 16 years of age.

**Emergency contacts (to be contacted after the parents in the order below)**

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

Relationship to the child: \_\_\_\_\_

Child's emergency contacts have given permission to shared and kept their details with the setting?  YES  NO

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

Relationship to the child: \_\_\_\_\_

Child's emergency contacts have given permission to shared and kept their details with the setting?  YES  NO

**Medical information**

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Doctor's Name/Surgery: \_\_\_\_\_ Tel. number: \_\_\_\_\_

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

Special Diet/Allergies: \_\_\_\_\_

Health problems/ Childhood illnesses we should be aware of: \_\_\_\_\_

Long term medication: Yes  No

If yes, give details: \_\_\_\_\_

Anything else the childminder should know about your child e.g. likes, dislikes, fears, comfort items, habits etc.

1st Parent's/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Parent's/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION FORM

**Consent – Do you give the setting permission to:**

Consent to take photographs or video of your child and upload the photos and send it to you via social media for example What's up?  <small>Photographs or video are visible for parents only.</small>	YES / NO
Consent to take photographs or video of your child with other children and share them with other parents to see how they play together at the setting?  <small>Setting do not take any responsibility if parents share these photos or video with other people as family members, friends or display them somewhere else.</small>	YES / NO
Consent to share your information/invoices with accountant for Tax Return purposes?	YES / NO
Consent to use photographs or video on the setting facebook or website page?  www.facebook.com/childmindingbylittlerascal www.childmindingbylittlerascal.co.uk	YES / NO YES / NO
Consent for childminder assistant to look after your child and to be left in the sole care for no longer than 2 hours to assist with school drop offs, pick ups or appointments etc? Also agree to be cared for in a one off situations or in the event of an emergency? (required by the EYFS)	YES / NO
Consent to share information with other settings and / or professionals as HMRC, school, Local Authorities for funding purposes etc. (required by the EYFS)	
Consent to administer medication? (required by the EYFS)	

**Please, be aware that it's your right that you can withdraw your permission at any time.**

Notes:

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Please read the following points carefully. Your signature means you understand and agree to them.

PARENT / CARER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT / CARER Signature: \_\_\_\_\_ Date: \_\_\_\_\_