Diagram

Description automatically generated

DEGANWY PLAYGROUP CONTRACT

All parties to the contract must complete and sign this contract.

**Personal information**

|  |  |
| --- | --- |
| Child’s name: | Preferred name: |
| Date of birth: | Gender (optional): |
| Name(s) of parents/carers: | Name(s) and ages of siblings: |
| Language spoken home: | Email address: |
| Home address: | Primary contact name and number: |
| Address of parent if different from child: | Other information you feel we need to know: |

**Medical information**

|  |  |
| --- | --- |
| Name of child’s doctor: | Address and contact no. of surgery: |
| Vaccinations to date:  Triple Vaccination:  MMR:  Meningitis: | Any medical conditions or allergies: |

**Emergency contact information**

|  |  |
| --- | --- |
| Name and contact no. of person who will normally collect child: | Names and contact nos. of persons to be contacted in case of emergency (If different from left): |
| 1.  2.  3. | 1.  2.  3. |

**Sessions**

|  |  |
| --- | --- |
| Please tick days required | 8.45 am to 10.45 am |
| Mon |  |
| Tue |  |
| Wed |  |
| Thurs |  |
| Fri |  |

Please only request the sessions you will require.

If sessions are fully booked your child will be put on our waiting list if desired.

Where demand is high, we may need to limit those who book far in advance.

**Charges**

Sessions are charged at £11.55 (subject to change). This charge still applies if your child is absent for any reason i.e., sickness, holiday during term time. You will not be charged when we are closed i.e., School holidays, teacher training days, adverse events.

All fees are to be paid in advance to Deganwy Playgroup, account no. 81652710, sort code 40-30-07 using your child’s name as reference. We are registered for Tax free childcare, Flying Start and the Welsh Governments 30 hr Childcare scheme. Applications for funding is the parent’s responsibility. Prolonged non-payment in fees may result in your child’s place being withdrawn.

CONSENT AND AGREEMENT PROCEDURE

* I consent to the taking of photographs, by either a member of the Playgroup staff or a Playgroup representative. I agree to allow the playgroup staff to use

these photographs at their discretion, within appropriate publications, e.g. Wall displays, Playgroup newsletters, during activities and outings. In the event of my child appearing in a group photograph, I also agree to that photograph being distributed to other playgroup parents.

* I consent to being contacted by SMS/email for news on fundraising and events.
* Please tick to opt in for the above.
* I HAVE READ AND AGREE WITH THE FEES AS ABOVE and understand that fees are payable for sessions I have booked even if my child does not attend, for whatever reason. Additional sessions I may require will be agreed in advance with the Manager and are payable at the above rates.

I understand that the non-payment of fees will cause my child's place to be suspended, with no guarantee of this place being re-instated upon payment of any outstanding balance. I further understand that Deganwy Playgroup may employ formal recovery proceedings against those responsible for paying for fees, employing the services of debt recovery agents and/or making a court claim, which could result in a lasting record on my credit file.

* I understand that staff cannot undertake the care of sick children as clearly explained in the information pack.
* I consent to allow the staff to change my child’s nappy/clothes in line with Deganwy Playgroups’ Nappy changing policy should the need arise.
* I understand that my child will be observed during activities and documented, purely for the purpose of monitoring progress, parent child progress meetings, and baseline assessment to be passed on the school nursery classes.
* I am aware that I may view the policies & procedures under which the Playgroup runs at any mutually agreed time.
* In the event of an emergency, I give my consent for Playgroup staff & Playgroup representatives to seek medical advice or treatment in my absence – I

understand that I will be contacted as soon as possible.

* I understand that if I having given consent, my child will have local walks and visits off the premises, and I give my permission for my child to be included in such outings with prior notification being given in Newsletter or 'What's On'.
* I consent for my child to participate in outings off the premises.
* I have fully read, understood & completed the contract and the information contained therein is correct to the best of my knowledge and belief.
* I understand that I must notify Playgroup in writing for any permanent changes to sessions, addresses & telephone numbers of any listed contacts.
* I understand that I must give two weeks’ paid notice of cancelled sessions or contract termination.

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| --- | --- |
| Signed and dated by parent/carer: | Signed and dated on behalf of Deganwy Playgroup: |
|  |  |