

# LITTLE STARS APPLICATION FORM

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Child's Name:

D.O.B:

Address:

Post Code:

Gender:

First Language:

Ethnic Origin:

Religion:

Who has Parental Responsibility?:

Mother

Father

Other

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Mother's Name:

Home Telephone Number:

Mobile Number:

D.O.B:

Email Address:

Place of Work:

Telephone Number of Workplace:

GIFHE Student:

Yes

No

Course Tutor's Name:

Telephone:

Father's Name:

Home Telephone Number:

Mobile Number:

D.O.B:

Email Address:

Student /Place of Work:

Telephone Number of Workplace:

GIFHE Student:

Yes

No

Course Tutor's Name:

Telephone:

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Doctor's Name:

Telephone:

Health Visitors Name:

Telephone:

Which Childrens Centre are you registered at?:

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**IMMUNISATIONS**

**DATE**

| IMMUNISATIONS  | DATE |
|----------------|------|
| Diphtheria     |      |
| HIB            |      |
| MMR            |      |
| Whooping Cough |      |
| Polio          |      |
| Tetanus        |      |



Any allergies or medical problems we should be aware of?

Any special dietary requirements?

Are there any other agencies involved with your child, Eg: social workers, physiotherapists, speech and language therapists? If yes please provide details:

Does your child attend another setting? If yes please provide name and details:

I acknowledge the fact that Little Stars Day Nursery adheres to the Special Educational Needs Code of Practice and that staff have a duty to keep records with regard to Safeguarding children issues. Outside agencies that may be contacted include Families First Information Service, Inclusion Support Officer, Health Visitor and Families First Access Point.

Signed: ..... Date: .....

## EMERGENCY CONTACT INFORMATION

|                        |  |            |
|------------------------|--|------------|
| Name:                  |  | Photograph |
| Relationship to child: |  |            |
| Contact number:        |  |            |
| <hr/>                  |  |            |
| Name:                  |  | Photograph |
| Relationship to child: |  |            |
| Contact number:        |  |            |
| <hr/>                  |  |            |
| Name:                  |  | Photograph |
| Relationship to child: |  |            |
| Contact number:        |  |            |
| <hr/>                  |  |            |
| Name:                  |  | Photograph |
| Relationship to child: |  |            |
| Contact number:        |  |            |

### PASSWORD:

.....

### SESSIONS REQUIRED:

|        | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| am:    |        |         |           |          |        |
| pm:    |        |         |           |          |        |
| Lunch: |        |         |           |          |        |
| Tea:   |        |         |           |          |        |

Start Date: ..... Term Time Only  All Year Round

### FUNDING

2 Year  Letter Seen..... 3 Year+   
 LSF  C2L  Student Finance

# PERMISSIONS

I..... Parent/Carer of.....

Give permission for the staff members of Little Stars Day Nursery to..... (Tick as appropriate)

| PERMISSION   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| To take my child out on outings/walks.   |                          |                          |
| I understand that children will be supervised at all times under the correct ratios and at least one member of staff will be paediatric first aid trained.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Children will be in pushchairs, or wearing wrist straps or reins.  |                          |                          |
| To take photographs of my child in and around the nursery grounds and on outings /walks. These photographs will be used for displays and development files.                                | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission to use photographs of my child/children for promotional material & marketing purposes including the local newspapers and broadcasters such as Estuary TV and Look North. | <input type="checkbox"/> | <input type="checkbox"/> |
| To use photographs of my child on the nursery Facebook and Twitter pages.  | <input type="checkbox"/> | <input type="checkbox"/> |
| To agree to my child (3yrs+ only) to take part in Forest Schools activities.   | <input type="checkbox"/> | <input type="checkbox"/> |
| To administer my child's medication when required following our policies and procedures and full completion of our medication sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| To administer Calpol if needed as long as last dose time advised.  | <input type="checkbox"/> | <input type="checkbox"/> |
| To administer first aid to my child in case of an accident.  | <input type="checkbox"/> | <input type="checkbox"/> |
| In addition in an emergency I give permission for my child to be taken to hospital to seek medical advice and to receive treatment if necessary.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Permission to apply nursery Sudocrem if needed or other named nappy rash creams supplied by myself.  | <input type="checkbox"/> | <input type="checkbox"/> |
| To apply sun cream minimum factor 30 provided by parent/carer or supplied by nursery by paying £2 per year.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for my child to handle pets.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I give permission for information to be shared with other day nurseries/childminders that my child attends.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I give consent for my child's developmental tracking sheets to be sent direct to their school when they leave.   | <input type="checkbox"/> | <input type="checkbox"/> |

Parent/Carer Signature: .....

Print Name: .....

Date: .....

# LITTLE STARS PAYMENT POLICY

**We aim for our setting to be realistic and flexible with our fees and payment policy whilst being competitive in the nursery market place; however it is necessary within our nursery to have set guidelines so we are all clear of our expectations.**

- If the days are available that you require, a non-refundable registration fee of £30 will be required to secure your place. Once your child starts at nursery the £30 will be refunded from your first month's fees. Students/staff of GfHE will be eligible for a 50% discounted rate on the registration fee.
- Once your child has been registered with us you will be invoiced for the sessions you have booked for your child until we receive your written notice, as these are classed as permanent bookings.
- Upon leaving the nursery four weeks written notice is needed to cancel this contract and to pay for all sessions during the 4 week notice period. If you leave before the notice period ends you will still be liable for the fees during this period.
- Four weeks written notice is required to decrease sessions.
- All fees should be paid in advance and in full for the week/month your child is attending by cash, card, cheque or standing order (to be set up with the Finance department).
- Late collection of children past their session times will incur a charge of £5 per 15 minutes of lateness. A charge of £5 per 15 minutes will also be applied if children are brought to nursery before the pre booked session time

**Between 0 - 15 minutes early/late = £5**

**Between 15 - 30 minutes early/late = £10**

**Between 30 - 45 minutes early/late = £15**

**Between 45 - 60 minutes early/late = £20**

- If fees are in arrears by 28 days from the date of invoice the nursery has the right to suspend the place until such arrears have been paid in full. If after a further 14 days payment has not been received, then the registration will be cancelled which will include the 4 weeks' notice period.

- Please note that if the child's parents both have Parental Responsibility, then **both** parents will be contacted to recover any outstanding fees.
- All invoices are due, in full within 7 days of invoice. Payment plans can be set up with our finance department.
- All missed sessions including child illnesses are payable in full.
- Children who attend the setting all year round are eligible for 2 weeks holiday on a pro-rata basis to their booked sessions, all holidays are still payable at 50% of their usual session cost. Holidays will run from September-August.
- Children who are 'term time only' do not receive additional holiday weeks, and will have to pay a 50% retainer of the booked sessions to keep their childcare place over the holiday periods. This will apply to anyone who registers for a term time place including all students receiving Learner Support Fund (LSF) and Student Finance England (SFE). However if you decide to keep your child attending for limited sessions through the holidays you will be required to pay the full 100% of the session cost. This retainer will not be charged for the summer period but for all other holidays will apply.
- Parents who are in receipt of Student Finance must ensure all childcare costs are paid for in line with this policy, it is your responsibility to pay for these fees and any outstanding fees are liable to the parents.
- Parents who have applied for Student Finance but have not yet been approved will be granted a 6 week period from the date of invoice in order to secure the grant. From this date the parent is liable to pay fees in line with this policy.
- Debt collection proceedings will be commenced to recover all monies owing, starting with the Institute's Finance department and may include the use of an external debt collection agency and/or legal action if required.
- All bank holidays are refunded at 100% and the Christmas week is refunded at 100% this will be represented on the monthly invoices as appropriate.
- The management team frequently review the nursery fee structure. As a nursery we reserve the right to increase the fees at any time giving the parents/carers at least 4 weeks' notice prior to the increase.

**Please sign and date to say you have read and understood the payment policy above**

Signed: ..... Date: .....

# LITTLE STARS DAY NURSERY PRIVACY STATEMENT

## Why do we collect personal information?

The TEC Partnership, collects and processes personal data relating to its children and parent/carers to effectively manage learning and development and to meet its statutory obligations in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 (DPA 2018). The TEC Partnership is committed to being transparent about how and why it collects and uses that data and to meeting its data protection obligations.

*The TEC Partnership consists of: - Grimsby Institute, University Centre Grimsby, Little Stars Day Nursery, Skegness TEC, Scarborough TEC, Career 6, The Academy Grimsby, Learning Centres, NET and Modal.*

## What personal information does the organisation collect?

The TEC Partnership collects and processes data using Article 6, Lawfulness of processing and Article 9, Processing of special categories of personal data as part of the GDPR Regulations.

## How is the personal information collected and stored?

Information is collected directly via the application form process.

Data will be stored in a range of different places, including 'Childsplay Manager' system, paper records stored in secure places, or as electronic documents within a secure network.

## How long will you keep the data for?

Data will be held as long as is necessary to fulfil our duty as a Childcare Provider and an FE College.

- The application form will be retained whilst you are actively seeking a place at the Little Stars Day Nursery
- If your application form is not processed, it will be held for 3 months from the date the application form is signed at which point it will be securely deleted

## Who has access to data?

Information is shared internally with any Nursery and TEC Partnership staff who need access to the data to provide services to your child or you as a family.

## What rights do you have?

As a data subject, you have a number of rights. You can: obtain a copy of your data on request; require the organisation to change incorrect or incomplete data; request for your personal data to be deleted, for example where you believe the data is no longer necessary, stop your data being processed, for example withdrawing your consent; object to the processing of your data, for example, how your data is being used.

To access the full privacy statement and to find further information regarding data protection please visit: <https://tecpartnership.com/privacy-centre/> or speak to a member of staff.

## Please sign and date to say you have read and understood the payment policy above

Signed: .....

Print Name: .....

Date: .....