# 

# Comper Application Form

**Please note that completing an application form does not guarantee a place.**

**Nursery or Reception (please tick)**

**Child’s Details (Please Print)**

**First Name:** ……………………………………. **Surname**: ……………………………………

**Name ‘prefers to be called’:** ………………………….……………………………………………

**Country of Origin**……………………………………................................................**Male/ Female**

**Date of Birth** ………../…………./………… **Birth evidence shown (please circle) Yes / No**

**Telephone number**……………………………………………………………..

**Do siblings attend either Comper School or SSMJ (please circle) Yes/ No**

**What is your preferred start date?: …………………………………………………..**

**If you are offered a place, would you prefer morning or afternoon sessions?**

**Please tick: Morning 8.45 – 11.45 ( )**

**Afternoon 12.00-3.00 ( )**

**30 hours: 8.45-3.00 ( ) 30 hour code** ……………………………………………..

**Please give a reason for preferring a particular session**………………………................................

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

**If you are interested in purchasing additional provision please tick your preferences below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Extended Day**  **Breakfast Session**  **77:45am – 8:45am**  **(Term time only)** | **Morning Session**  **8:45am – 11:45am** | **Afternoon Session**  **12 – 3pm** | **Nursery/ School**  **Day**  **8.45am – 3pm** | **Extended Day**  **After School**  **Session**  **3pm – 5.30pm** |
| £8.00 | £23.50 | £23.50 | £42.00 | £14.50 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

**Collection arrangements**

Who will normally collect your child? ……………………………………………………………………………………………

If this is someone other than those already stated:

Relationship to child: ……………………………………………………………

Contact Telephone Number……………………………………………………

You may wish to provide us with a photograph of this person or supply a password that they may use when collecting your child.

**Password:** …………………………………...

I agree to inform you in advance if the above arrangements for collecting my child are to be altered:

Signed……………………………………… Print Name……………………………………………………..Date ……/……./……

**Mealtimes:                                      Does your child have Epipen:** Yes ☐   No ☐

Please give details of any Food Allergies ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

or Special Dietary Requirements (e.g. halal/vegetarian/pescatarian):

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

Please tick a box below to indicate the reason:

☐ Allergy

☐ Intolerance

☐ Personal Preference

**Photography permissions:**

Occasionally, we may take photographs of the children at our school. We may use these images as part of our school displays. We may also use them on our school website.

Photography or filming will only take place with the permission of the headteacher, under appropriate supervision. When filming or photography is carried out, children will only be named if there is a particular reason to do so, and home addresses will never be given out. Images that might cause embarrassment or distress will not be used nor will images be associated with material or issues that are sensitive.

Records of Achievement (Tapestry) are used to celebrate your child’s progress throughout school. Photographs of individuals, groups or classes of children may appear in these records.

To comply with the Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

Please circle your answer:

|  |  |
| --- | --- |
| I give permission for my child’s photograph to be used within school for display purposes. | **Yes / No** |
| I give my permission for my child’s image to be used on Tapestry on my account and on accounts belonging to other children should it be a group photo/video. | **Yes / No** |
| I give permission for my child’s photograph to be used in other printed publications e.g. school newsletters. | **Yes / No** |
| I give permission for my child’s image to be used on our website. | **Yes / No** |
| I give permission for my child’s images to be used on our school Facebook Page. | **Yes / No** |
| I give permission for my child’s images to be used on our school Instagram. | **Yes / No** |
| I give permission for my child’s images to be used on our school Twitter page. | **Yes / No** |
| I give permission for my child to have school photographs /video footage taken. I understand that printed/digital material can be purchased by parents e.g. film of children performing, school group photos. | **Yes / No** |

I have read and understood the conditions of use on this form.

Signed……………………………………………… Print name…………………………………………….  Date…………/………./……….

**Medical Information**

**In an emergency, it is sometimes necessary to obtain treatment for a child from a Doctor or the Casualty Department of a hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent should such an emergency unfortunately arise.**

**In the event of sudden illness or accident I agree to my child receiving emergency treatment.**

Parent/Carer’s Signature:…………………………………………………………     Date:……………………………

**Visits and Short trips:**

Some of the routine activities of the daycare may involve visits to the local park, Forest school, the library or short trips using public transport. For your child to take part in these activities you must give your permission.

I agree to my child taking part in short trips described above.

Signed:………………………………………………Print Name…………………………………….Date: …… /…… /….…

**Other information**

Please use the space below to give any further information that you feel is relevant with regards to the care of your child.

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

**Are you involved with any other agencies eg Social Care, EYSENITs, Health visitor etc?** Please give details below:

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Contract for Wraparound Sessions (based on Oxfordshire County Council Policies)

***Please read carefully before signing and do ask us for any help***

**Child’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Daycare** is open all year-round for children aged from 2-3 years in Hertford Street.

***We (Comper School) will provide Wraparound care on the following terms and conditions****:*

**Attendance**

(1) You (the parent/carer) agree to inform us as soon as possible if your child is unable to attend a booked session.

(2)  In line with school policy, you may take up to **20 days** **planned absence pro rata\*** from Dayare, per academic year (1st Sept to 31st Aug), without charge if you attend the **Year Round Provision**. Comper Dayare have 2 periods of full closure, at the end of August and at the end of December, you will not be charged for these periods and they will not be part of your holiday allowance.

(3) In line with school policy, if your child attends in the **Term Time only,** you may take up to **10 days planned absence pro rata\*** from Dayare per academic year (1st Sept to 31st Aug), without charge.

(4) You agree to give **4 weeks’ written notice** informing us of planned breaks. Failure to provide 4 weeks’ written notice will result in the full charge being made.

(5) In the event of any further planned or **unplanned absences**, for whatever reason (holidays, illness, appointments etc.) the full charge will still apply. Missed sessions may not be banked and carried forward.

**\*Pro rata – your entitlement is based on the amount of days your child attends the Daycare**

**Lunch**

(6) We will offer lunch for your child at a cost of £2.30, for the sessions set out in the schedule to this contract.

(7) Lunches must be paid monthly. You will receive an invoice at the end of each month. Payment is required within 14 days of the date of the invoice.

(8) Where you have not asked us to provide lunch for your child, you will provide your child with a packed lunch. We can offer ideas on healthy packed lunches.

**Collection**

(9) You agree to collect your child by the end of each session. There is a risk to the safety and well-being of the child resulting from late collection. After an initial ‘warning/reminder’ there is **an additional charge of £10.00 per child, every 15 minutes, made for late collection**. **Late fines must be paid immediately**. In line with the After School Club policy more than two, separate additional payment ‘fines’ will lead to a withdrawal of your child’s place.

(10) You agree to inform staff in advance if you wish your child to be collected by someone other than you.

(11) Of course, we will not release your child to any person who is not authorised by you or who has no form of identification.

**Illness (see also attendance): *In line with national expectations and guidance***

(12) Your child must not attend if s/he shows any signs of being unwell.

(13) We will administer prescribed medication (no other), but then only upon receipt of a medicine form.

(14) If your child has diarrhoea or sickness during a Daycare session, you will collect your child promptly.

(15) Children may not attend a Daycare session until at least 48 hours after the last bout of diarrhoea or sickness

**Toileting requirements**

(16) If your child is still wearing nappies/training pants we will change them as necessary. However, you agree to provide us with a supply of nappies/training pants, wipes and any creams etc. required. A signed intimate care plan will need to be in place in line with our intimate care policy, which can be found on our website.

**Payment**

(17) You are liable for Wraparound Care fees at the rate set out in the schedule to this contract.

(18) Our fees are reviewed annually and we will give you at least one month’s written notice of any changes.

(19) Your booking reserves a regular Wraparound Sessions place, whether your child attends the sessions or not, and charges are calculated accordingly.

(20) You will be invoiced monthly in advance and payment is required within 14 days of the date of the invoice.

(21) We reserve the right to cancel your Wraparound Sessions, without notice, if an invoice is outstanding for more than 30 days. If the invoice remains unpaid the debt will then be referred to Oxfordshire County Council’s finance department.

(22) You are not charged for bank holidays or teacher training days (training dates will be advised well in advance).

(23) Additional ‘one-off’ sessions may be booked depending on availability and must be paid at reception on the day of booking. **Without payment the place will not be reserved.**

(24) You will pay bank charges relating to returned cheques.

**Termination of contract**

(25) You are entitled to terminate this contract on **four weeks’ written notice**.

(26) We are entitled to terminate this contract without notice in the event of non-payment of fees or for any reason that we deem to be detrimental to the effective running of the Wraparound Sessions.

**Changes to Wraparound Sessions**

(27) We agree to change your Wraparound Sessions booking, subject to availability, on receiving written notice from you **two weeks in advance**.

(28) You are entitled to make changes to your original contract on **one occasion of your choice** during every three month period.

***I confirm that I have read and agree to abide by the terms and conditions written in this contract. Please retain a signed copy for reference.***

***Signature/s of Parent(s) or Carer(s****)………………………………………*

***Print Name(s)………………………………………..***

*Today’s Date………………………………………………………*