

Awarded **OUTSTANDING** *in all areas*
JUNE HEAD START 2015
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PRE SCHOOL LTD



Please note there are parts of the application that we ask you to duplicate information – this is due to information being stored in separate locations for emergency purposes.

<p>Headstart Pre-School LTD @ Shevington Vale Primary School Runshaw Avenue Appley Bridge WN6 9JP adavies@shevingtonvale.wigan.sch.uk Tel: 07795 831958 Registration No: EY340840</p>	
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Welcome to Headstart Pre-School LTD, Thank you for showing an interest in our setting. We are a privately-run Pre-school attached to Shevington Vale Primary School. We pride ourselves on making learning unique to each individual child and stand strongly by our motto 'Where young minds grow, independence is nurtured and inspired lives begin'.

We offer childcare for children aged 2 to 4 years. Funded places are available; if you are unsure as to whether your child may qualify please do not hesitate to ask a member of staff.

Headstart is a fully inclusive setting, supportive of all children and families. Headstart has an appointed Special Educational Needs Coordinator that ensures children and families who require additional support are able to access this at all times. If you feel like your child may require additional support please speak to Mrs Lunt who will be happy to help.

Headstart holds a number of policies and procedures, we ask that all staff, children, parents, visitors and students adhere to at all times. Copies of all policies are available upon request (please speak to Mrs Davies).

At Headstart we offer an 'open door' policy, please feel free to visit us any time. (We require any visitors to bring along photograph I.D please.) We look forward to hearing from you soon!

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Delivering the Curriculum at Headstart Pre-School LTD

Headstart follows the Early Years Foundation Stage Statutory framework and Development matters. We track children's progress continuously using our online system 'Target Tracker' and will report to parents/guardians periodically throughout the year. You may request to speak to your child key person at any time.

For more information regarding the Early Years Foundation Stage please follow the links below:

<http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf> - progress tracker

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf -Early Years statutory framework.

Headstart provides a wide range of activities to support all areas of the Early Years curriculum. Children can access the indoor and outdoor environment as they please. Occasionally we may send some extra tasks that will be play based for your child to complete at home.

Headstart promotes healthy lifestyle choices at every opportunity. We encourage all children to brush their teeth daily at the setting as well as eating healthy snacks and engaging in physical play activities. Headstart provides water that can be accessed at all times as well as one cup of milk per child, per day. We talk about un-healthy food choices and provide fruits and vegetables at snack times.

Each session at Headstart includes; free play opportunities, guided adult led activities, circle times and tooth brushing. We occasionally have outside agencies that come to the setting to complete focussed activities.

To support and extend your child's learning in the home environment you may wish to look at the 'What to Expect When' document:

http://www.foundationyears.org.uk/files/2015/03/4Children_ParentsGuide_2015_WEB.pdf

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Members of the Headstart Team

All members of staff are fully qualified and experienced in childcare. They are committed to providing the best care and education for each individual child. Each child will be nominated a key person, information will be sent home separately once your child starts at the setting.

Manager	Mrs A Davies (Dip in Pre-school Practice)
Deputy Manager	Mrs E Lunt (BA Hons Primary Education with Qualified Teacher Status)
Early Year Practitioner	Mrs B Ward (Level 4 EY)
Early Years Practitioner	Mrs Helm (Level 3 EY)
Early Years Practitioner	Mrs D Bradbury (Foundation Degree EY)
Early Years Apprentice	Miss M Prescott (Level 3EY)
Bank Staff	Miss Bowman (Level 3EY)
Bank Staff	Mrs G Anderson (Level 3EY)
Volunteers	Miss H McCann (Level 2 EY)

HEADSTART SESSIONS

Morning sessions group 1	8.55 am -11.55pm
Morning Sessions group 2	9.05am – 12.05pm
Afternoon sessions group 1	11.25am - 3.25pm
Afternoon session group 2	11.35pm – 3.35pm
All day sessions group 1	8.55am - 3.25pm
All day sessions group 2	9.0am – 3.35pm

*Children are to attend at least 2 sessions per week or one full day.

The eligible 30 funded hours will operate Monday to Thursday full day care and up to 1pm on a Friday. You may 'top up' hours to full time at an hourly rate charge.

ADMISSION

Children are eligible for admission to Headstart Pre-School Ltd from the nearest half term date after their second birthday. In the event of places being limited applications will be added to a waiting list, places will become available in accordance with the setting Administration Policy.

As part of our Administration Policy we require a copy of your child's birth certificate (we can take a copy of this at the setting).

Headstart Pre-school Ltd will require a separate contract to be signed upon admission to the setting.

We can only accept fully completed application forms. Forms not fully completed may result in the delay of your child's start date.

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Funding & Fees

Children aged 3 and 4 years are entitled to 15 free hours per week, this normally becomes available the term after their third birthday. The 30 free hours is available to eligible parents/guardians from September 2017. We advise all working parent/guardians to apply for eligibility online.

Funding is available for eligible 2 year old children who have received their postcard from the WMBC.

Fees and charges are in place for children not eligible for funding or requiring additional hours (correct as of September 2020 – we reserve the right to increase additional fees at any time).

- Aged 3+ years = £4.50 per hour (correct at time of printing).
- Aged 2 years = £5.20 per hour (correct at time of printing).

Fees must be paid on the first session of the week an invoice will be sent out to you via ParentMail. You can pay directly from the app or if you require our bank details to pay using childcare vouchers please get in touch. We no longer accept cash or cheque payments.

Late payments will incur additional charges. Absences that are not due to Headstart closing must be paid for (i.e. holidays in term time/ sickness). As from September 2019 all Bank Holidays that fall within the school term must be paid for.

Once your child's application has been accepted your details will be inputted into our ParentMail system – we use this system to communicate emails, letters, texts and invoices. You will receive an invite to download the app via email.

Additional Fees

Headstart charges 10p per session (20p per full day) as a contribution towards a healthy snack for your child whilst at the setting. This will be billed via ParentMail on the first week of the half term for the full half term, according to the number of sessions that your child attends.

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Application Form

Child's Details

Child's Forename: _____

Child's Surname: _____

Child's Date of Birth (00/00/0000): _____

Child's NHS Number: _____

Child's Home Address: (this must be the address where the child normally lives. If this address is different from the parent/carer address, please give reasons for this. If parents share custody, this must be stated and both addresses shown)

Main Address:

Other Addresses:

Parents/Carers Details (for those children in local authority care/ special guardianship etc please see section below)

Biological (only) Parent 1:

Title (please circle): MR MRS MISS MS OTHER

Please state if 'other' _____

Forename: _____

Surname: _____

Address: _____

D.OB: _____

Relationship to child: _____

Home telephone: _____

Mobile Telephone: _____

(we may telephone and text this number at any time).

E-mail Address: _____

Occupation: _____

National Insurance Number: _____

Please note there are parts of the application that we ask you to duplicate information – this is due to information being stored in separate locations for emergency purposes.

Biological (only) Parent 2:

Title (please circle): MR MRS MISS MS OTHER

Please state if 'other ' _____

Forename: _____

Surname: _____

Address: _____

D.O.B : _____

Relationship to child: _____

Home telephone: _____

Mobile Telephone: _____

(we may telephone and text this number at any time).

E-mail Address: _____

Occupation: _____

National Insurance Number: _____

Any other guardian whom lives in the child's address that is known to the child as a 'step' parent or whom lives at the address and takes regular care of your child:

Person 1:

Title (please circle): MR MRS MISS MS OTHER

Please state if 'other ' _____

Forename: _____

Surname: _____

Address: _____

D.O.B: _____

Relationship to child: _____

Home telephone: _____

Mobile Telephone: _____

Occupation: _____

Person 2:

Title (please circle): MR MRS MISS MS OTHER

Please state if 'other ' _____

Forename: _____

Surname: _____

Address: _____

Please note there are parts of the application that we ask you to duplicate information – this is due to information being stored in separate locations for emergency purposes.

D.O.B: _____

Relationship to child: _____

Home telephone: _____

Mobile Telephone: _____

Occupation: _____

Does your child have a statement of Special Educational needs or Education, Health and Care Plan (EHC) or is in the process of getting one? Yes/ No

Has a request for a statutory assessment of SEN been agreed?

Does your child have a Disability or Special Needs which may require extra support? Yes/ No Please leave details -

Approximate date you wish your child to start (Headstart accepts children at the start of the Autumn, Spring and summer terms only)

Does your child currently attend another setting? (Please give details)

I give permission for Headstart Pre-School LTD to communicate with my child's other provider/s to gain information about my child's development, Early Years Tracker and safeguarding.

Signed: _____ Printed: _____

Preferred Sessions (Please tick)

Monday – AM _____ -PM _____ -All Day _____

Tuesday – AM _____ -PM _____ -All Day _____

Wednesday – AM _____ -PM _____ -All Day _____

Thursday – AM _____ -PM _____ -All Day _____

Friday – AM _____ -PM _____ -All Day _____

A group number that corresponds to entrance/ exit times will be given to you upon admission

The school we would like our child to attend in the future is:

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Has your child previously been left with anyone before other than family and friends? Yes/ No

How did they react?

If your child is eligible for 30 free funded hours please provide their eligibility code:

(Please note you MUST renew your eligibility every 3 months to ensure that your funding is not stopped. If your funding stops you will be responsible for paying the outstanding hourly payment for sessions attended).

Looked After Children

Has your child been in the care of a local authority previously or is at present? Yes/ No

Was your child looked after by an English or Welsh local authority, but ceased to be so because they were adopted (or became subject to a residence or special guardianship order)? Yes / No

If yes, please state which local authority and social worker's name:

If yes, we require you to provide a letter from the social worker confirming the legal status of the child and the local authority with whom the child is/was in care, or a copy of the residence order or special guardianship (if applicable).

Carer 1:

Title (please circle): MR MRS MISS MS OTHER

Please state if 'other ' _____

Forename: _____

Surname: _____

Address: _____

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Relationship to child: _____
Home telephone: _____
Mobile Telephone: _____
E-mail Address: _____
Occupation: _____
National Insurance Number: _____

Carer 2:

Title (please circle): MR MRS MISS MS OTHER

Please state if 'other' _____

Forename: _____

Surname: _____

Address: _____

Relationship to child: _____

Home telephone: _____

Mobile Telephone: _____

E-mail Address: _____

National Insurance Number: _____

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My Child's Medical Emergency Form

Child's Name: _____

Date of Birth: _____

Full address and postcode:

Doctors name and address:

Allergies/ on-going illness and medication taken/ used:

Blood type: _____

Anything else we would need to know in the case of an emergency:

Emergency Contact Numbers and Relationship to child:

- _____
- _____
- _____

I give permission for Headstart Pre-school LTD to share the above information with the 111 or 999 service's as appropriate should my child become ill in the care of Headstart Pre-school LTD. In the event of an emergency I am aware that Headstart Pre-school LTD will telephone 111 or 999 to seek medical advice and will contact the emergency numbers above in order. I agree that my child can be taken to hospital via ambulance with a member of the Headstart Pre-school staff as appropriate should I / we not be able to accompany them. I am aware that; should Headstart Pre-school LTD not be able to contact any of the above adults a member of staff will stay with my child and the contacts will be telephoned every 10 minutes.

Please note there are parts of the application that we ask you to duplicate information – this is due to information being stored in separate locations for emergency purposes.

Date:_____ Signed:_____ Printed:_____

Other Medical Information

We need to gather a few details about your child's birth:

1. Was your child born prematurely? Yes / No (Please give details)

2. Does your child have a visible birth mark on any part of the body?
(Please give details of type of mark and position on body)

3. Did your child have any birth injuries? (Please give details)

4. Did your child have any hearing difficulties at birth? (Please give details)

5. Did your child have any operations at birth or closely after? (Please give details)

6. Does your child have any on-going illness / disability from birth?
(Please give details)

7. Does your child have regular check-ups regarding an early childhood disability or illness? (Please give details – including hearing, eyes, heart conditions etc).

8. Is there anything else that you think we should know? (Please give details)

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Allergies

Please leave as much detail as possible about your child's allergies, as your child's well-being is paramount to us. Please make sure staff are fully aware and kept up to date of any changes to your child's health.

Childs Name:_____

Allergic reactions	Signs & Symptoms	Action required
		Please advise a member of staff how to administer medication
		Please make sure your child's medication remains at the setting at all times. Please inform a member of staff how the medication is to be administered.
		Please list more details on the back of this

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		page should you need to.
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Immunisation Information

- Please see the table attached for all available immunisations:

Name: _____

Date of birth: _____

Please note on the grid the date your child has received immunisations:-

Birth	 1 month	 2 months	 4 months	 6 months	 12 months	 15 months	 18 months	 19-23 months	 2-3 years	 4-6 years
HepB	HepB			HepB						
	RV	RV	RV							
	DTaP	DTaP	DTaP		DTaP				DTaP	
	Hib	Hib	Hib	Hib						
	PCV13	PCV13	PCV13	PCV13						
	IPV	IPV	IPV	IPV					IPV	
				Influenza (Yearly)*						
				MMR					MMR	
				Varicella					Varicella	
				HepA						

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Health Visitor Information / Two and a Half Year Check

Could you please inform us if your child has had a 2 and a half year old development check completed by your Health Visitor? Yes/ No

(If yes please provide a copy for Headstart Pre-School – copies are held in your child's red development booklet)

Date it was completed: (approx will be ok) _____

Health Visitor Name: _____

Health Visitor Contact Number: _____

Outcome of the check: (Where there any concerns raised)

Do you give consent for Headstart to contact your child's Health visitor? (please circle)

Yes / No

Signed: _____ Printed: _____

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Childs Name: _____

Collection/ Contact List

Please add anyone who may be collecting your child to the collections/ contacts list. This should include their name, relationship to the child and any relevant contact numbers. Please be made aware that all collectors must know the child's security password, as this will be asked if staff have not seen this person previously. Staff should also be made aware that if somebody other than the usual collector is collecting. It is policy that under **no circumstances** must anybody under the age of **18** be on the collectors list, nor collect a child without an adult. Anyone who is not on the collection list will not be able to collect the child until a member of staff is informed by the main parent/carer and they know the password. **If the collection list should be added to, adapted or updated at any point please ask a member of staff.**

Unique password for child collection -----

Name	Relation to Child	Mobile Tel	House Tel	Work Tel	Other

Please state below the **names** of the collectors (in order of who should be contacted first) in the case of illness/emergency.

1. _____
2. _____
3. _____

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Please make staff aware on arrival if there is anybody who must NOT be in contact with or collect your child due to personal circumstances.

Ethnic Background Information

Please tick below which best describes the ethnic background of the child:

<u>White</u> <ul style="list-style-type: none"> • British • Irish • Traveller or Irish Heritage • Gypsy/ Roma • Any other white background 	<u>Mixed</u> <ul style="list-style-type: none"> • White & Black Caribbean • White & Black African • White & Asian • Any other mixed background 	<u>Asian/Asian British</u> <ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Any other Asian background
<u>Black or Black British</u> <ul style="list-style-type: none"> • Caribbean • African • Any other black background 	<u>Chinese</u> <ul style="list-style-type: none"> • Chinese 	<u>Any other ethnic background</u> <ul style="list-style-type: none"> • <u>Libyan</u> • Any other ethnic background

My child will require language interpretation support whilst at Headstart Pre-School: (please circle) Yes / No

Place of Birth

Main language spoken at home

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Any other languages spoken at home

Consent to Policy and Procedure Forms

Please note that in order to promote the best practice at Headstart Pre-school we cannot accept your child at Headstart before you sign and date the following consent forms. The forms are to comply with the policies and procedures, which are placed in the Headstart policy file for your perusal at all times. If you have any queries or questions regarding these forms please do not hesitate to ask a member of staff.

Consent to Child Protection Policy

I/We fully understand that Headstart as a child care provider must inform social services, should they have strong reasons to believe a Child is being subjected to any forms of emotional, physical or sexual abuse or neglect.

Signed:

Printed:

Dated:

Consent to Uncollected or Lost Child Policy

I/We fully understand that Headstart as a child care provider must inform social services, if a child remains uncollected from the setting after an hour of the session ending. In case of a lost child the police will be informed.

Signed:

Printed:

Dated:

Consent to Sick or Injured Child Policy

I/We fully understand that Headstart as a child care provider must inform the parent / carer as soon as a child becomes sick and the child must be collected from the setting as soon as possible. In the case of a child becoming injured during the setting the emergency services will be called. Headstart cannot administer any form of medication without signed consent and instructions.

Signed:

Printed:

Dated

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Other Consent Forms

Consent to Local Walks and Trips

We may take some walks around the local area, to the shops and park. When the weather is nice we may also go on the bus and visit the local library.

I give/ don't give consent for _____ to go on walks/ trips.
Signed: Printed: Dated:

Consent to Photographs

I give/ don't give consent for photographs to be taken of my child for wall displays, personal progress files, newspaper articles and the internet.

Signed: Printed: Dated:

Consent to Data Sharing

I give/ don't give consent to share data with the Local Authority about my child e.g. updating the trackers on to the Early Years System. Medical information as appropriate.

Signed: Printed: Dated:

Consent to Group activities and Adult led activities

I give/ don't give consent for my child to take part in group activities / adult led activities when at Headstart Pre-school.

Signed: Printed: Dated:

Consent to Internet

I give/ don't give consent for my child to appear on Headstart Pre-school's internet/ facebook page and I give consent for my child to access the internet whilst in the presence of an adult.

Signed: Printed: Dated:

Consent to Emergency Medical Treatment

I give/ don't give consent for my child to receive Emergency Medical Treatment if it is required.

Signed: Printed: Dated:

Consent to the use of Baby Wipes

I give/ don't give consent for baby wipes to be used on my child.

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Signed:

Printed:

Dated:

Consent to Two Year Three Month – Three Year Integrated Review

I give/ don't give consent to have the 2 year 3 month – 3 year integrated review done about my child's development. Signed:

Signed:

Printed:

Date:

Consent to tooth brushing at Headstart

I give/ don't give permission for my child to join in with tooth brushing whilst at Headstart.

Signed:

Printed:

Date:

Consent to ParentMail and Target Tracker

I give/ do not give consent for details from my child's application to be stored on the online systems 'ParentMail' (how we communicate with you) and Target Tracker (how we track children's progress).

Signed:

Printed:

Date:

Consent to Group observations

I give/ do not give consent for my child to be included in 'group' observations within Target Tracker – these observations 'may' include photograph's which have several children within (these 'may' be shared with other parents of the children whom are tagged).

Signed:

Printed:

Date:

My Early Years Passport

Please find attached a small questionnaire for you to complete and bring along when your child first starts at the setting. This will help members of staff to get to know your child better as an individual and support them with the transition from home to Pre-School. The knowledge between home and setting is essential to make sure that your child settles in well and enjoys their time with us. Information in this section will be stored in your child's individual profile (some previous questions may be duplicated).

Child's Name: _____

Child's position in the family: _____

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I use a comforter, it is:

I usually sleep in the day (please leave details as to how your child falls asleep and the approximate times). : _____

Please let us know if you would prefer us to encourage your child not to sleep whilst at the setting. (Please note when children are extremely tired we may have no other option).

The language used at home: _____

Our cultural background/ religion is: _____

Favourite story: _____

Favourite Nursery Rhyme/Song: _____

What are your child's likes and dislikes?

Other things we would like you to know and what we think is important in _____'s life:

My Child's Previous Learning

My child has attended a setting previously (nursery/pre-school, child-minder etc): Yes/ No

Please give details of **ALL** the settings that they have attended. Detail the number of days/hours and the dates which they started and left the setting. (Please clearly indicate if your child will continue to attend another setting alongside coming to Headstart Pre-school LTD):

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I give/ don't give permission for Headstart to communicate with previous nursery settings about my child's development.

My child has been looked after by family prior to starting at Headstart

Pre-school LTD: Yes/No

(Please give details of the main carers for your child)

I feel that my child's strengths are:

I feel that they still need some support with:

Parent/Carer:_____

Signed:_____

Seen by:_____ (staff member)

What Next ?

Please complete all the sections of the application pack and return it to Headstart Pre-School LTD as soon as possible.

Please also bring to the setting your child's original birth certificate (indicating the child's birth parents full names) and a copy of their 2 and a half year check, so that we can take a copy for our records.

A member of the Headstart Team will be in touch soon!

Thank you for your interest, should you require any more information please call us on: 07795831958 or email on:

adavies@shevingtonvale.wigan.sch.uk

Please note there are parts of the application that we ask you to duplicate information – this is due to information being stored in separate locations for emergency purposes.

Other things you need to know

The project, Wigan Encompass, has been designed to provide early reporting to schools/ nurseries of any domestic abuse incidents that occur outside of the school/ nursery which may impact on a child attending the school/nursery the following day. This information will be shared on school days/ week days during the school term. When incidents occur on a Friday, Saturday or a Sunday, the police will contact the relevant school/ nursery the following Monday.

A nominated member of Pre-School staff, known as a key adult, is trained to liaise with the police. At Headstart Pre-School LTD our key adult is Alison Davies. She will be able to use the information that has been shared with them, in confidence, to ensure that the pre-school is able to support the children and their families. Information will be shared where it is identified that a child or a young person resides at an address where a domestic abuse incident took place.

There have been public cases in the past where schools/ nursery has not chased up the reasons as to why children are not in attendance. It has then been transpired that there have been tragic circumstances around these absences, e.g. illness/ death of a parent and a child unable to seek help.

We will do everything we can to prevent such situations occurring as we are sure you would agree that your child's safety is paramount to us all.

If your child is not going to be at Headstart on their allotted day/ session please call the Headstart telephone number or email the pre-school to report their absence. Please do this before 9:00am on the first day of absence.

If we have not heard from you by 9:30am or 1:00pm for the afternoon children then we will start to call all the contact numbers that you have provided in order to gain an explanation for the absence. If we still have not been able to ascertain where your child is then a home visit may be necessary. However, if we still have not been able to get a response then we will report it to the police/ Social Services as your child will then be classed as a 'missing child'.

Please note there are parts of the application that we ask you to duplicate information – this is due to information being stored in separate locations for emergency purposes.

Over the next few days you should receive 'invites' to connect with both ParentMail and Target Tracker. Both applications are available across all smart phones and online. PLEASE ENSURE THAT YOU DOWNLOAD THE APP AND SELECT NOTIFICATIONS 'ON'.

ParentMail is an online communication system that will allow us to share letters, memos and invoices. Therefore, this will replace the majority of our current text and paper letter communications.

Target tracker is an online tracking system that monitors you child's development (replacing the current filing system). You will receive updates about observations, development and progression as well as next steps for your child's learning on a termly basis.

Should you wish to contact us about concerns or queries please do so on the contact details provided.

Thank you, The Headstart Team.