



**CYLCH MEITHRIN TRELAI & CAERAU  
FORM FOR COLLECTING A CHILD**

CP 1

**Child's Name** \_\_\_\_\_

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

\_\_\_\_\_ **PIN/Pass Word** \_\_\_\_\_ **Lotto Ball** \_\_\_\_\_

**Post code:** \_\_\_\_\_ **Home number :** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Work** \_\_\_\_\_

**Mothers Name** \_\_\_\_\_ **Home number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Work** \_\_\_\_\_

**Fathers Name** \_\_\_\_\_ **Home number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Work** \_\_\_\_\_

**The following are the names, details and pictures of persons who will be collecting the child from the Cylch. Only those whose details are on this form will be allowed to collect the child.**

Name: _____	
Relationship: _____	
Address: _____	
_____	
Home number _____ Mobile _____ Work: _____	

Name: _____	
Relationship: _____	
Address: _____	
_____	
Home number _____ Mobile _____ Work: _____	

Name: _____	
Relationship: _____	
Address: _____	
_____	
Home number _____ Mobile _____ Work: _____	

I give permission for my child to be collected by any of those named above. I understand that no-one else has authority to remove my child from the Cylch unless in an emergency, I telephone the Cylch and provide a password. (this arrangement is for emergency reasons and one off occasions only).

**Parent/ Carer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact email address:** \_\_\_\_\_

This document forms an agreement between the Parents/Guardian of the child named above.



Cyfeirnod:

## CYLCH MEITHRIN TRELAI & CAERAU FFURFLEN COFRESTU PLENTYN/ CHILD REGISTRATION FORM

I'w chadw yn y Cylch ar bob adeg / To be kept in the Cylch at all times

Enw'r Plentyn/Child's name: \_\_\_\_\_

Dyddiad cychwyn yn y Cylch / Starting date: \_\_\_\_\_

Dyddiad Geni / Date of Birth: \_\_\_\_\_

Cyfeiriad/Address: \_\_\_\_\_  
\_\_\_\_\_

Cod Post/Post code: \_\_\_\_\_ Rhif ffôn/Tel No:(1) \_\_\_\_\_ (2) \_\_\_\_\_

Enw'r Fam/Mother's name: \_\_\_\_\_ Rhif ffôn symudol/Mobile tel no: \_\_\_\_\_

Cyfeiriad/Address (if different from above) \_\_\_\_\_

Prif iaith y Fam/Mother's main language-Cymraeg / Welsh. Saesneg / English. Arall / Other  
(delete as applicable)

Crefydd / Religion: \_\_\_\_\_ Gwreiddiau Ethnig / Ethnic Origin: \_\_\_\_\_

Enw'r Tad/Father's name: \_\_\_\_\_ Rhif ffôn symudol/Mobile tel no: \_\_\_\_\_

Cyfeiriad/Address(if different from above) \_\_\_\_\_

Prif iaith y Tad/Father's main language- Cymraeg /Welsh Saesneg / English Arall /Other  
(delete as applicable)

Crefydd / Religion \_\_\_\_\_ Gwreiddiau Ethnig/Ethnic Origin \_\_\_\_\_

Rhifau ffôn eraill (Tad /Mam gwaith) /Other Tel numbers (Mam/Dad Work) \_\_\_\_\_

Nifer o frodyr a chwiorydd / Number of brothers or sisters \_\_\_\_\_

Safle'r plenty yn y teulu (e.e 3ydd gyda dau frawd hyn) Child's position in family (e.g 3<sup>rd</sup> with  
two older brothers): -

Enw plant eraill

I / We, give permission for information regarding my / our Son/Daughter \_\_\_\_\_

to be passed onto other professional bodies, such as Health Visitors, Speech and Language therapists or other developmental specialists throughout their time at Cylch, should any concerns arise during their time with us.

For achievements, educational needs or concerns to be forwarded onto their school to assist the staff in assessing your child's capabilities. The information will be treated as **strictly confidential** for the attention of Staff and Professionals involved in your child's education only.

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I / We, give permission for my/our Son/Daughter \_\_\_\_\_  
to go on educational visits and to use the Nursery Transport System (bus) or staff vehicle.

I / We, give permission for my/our Son/Daughter \_\_\_\_\_  
To be photographed and appear in images and video's that may appear in the media or on the  
Cylch Website .

I / We, give permission for my/our Son/Daughter \_\_\_\_\_  
To sample various foods, fruits and treats and take part in cookery and cake making.

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I / We, give permission for my / our Son/Daughter \_\_\_\_\_  
To have suncream applied , or topped up, when playing outdoors, in hot weather. I/we give  
permission for the Cylch to use their own, when I have not supplied my own.

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I / We, give permission for my/our Son/Daughter \_\_\_\_\_  
To take part in the Dental Hygiene Initiative and brush their teeth daily at Nursery.

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I / We have advised the Cylch of any allergies my/our child has.

I / We have advised the Cylch of any foods we do not want my/our child to taste or sample.

**Its is very important that you put your childs Name or Initials inside their Coat, Hat, Clothing,  
Shoes, Wellingtons,Slippers etc.** As there can be many of the same style and size, this will  
help the staff locate the correct items and stops them from being misplaced.

**We cannot take responsibility for items of clothing lost or damaged.**

**I/We understand we must give written permission to remove any part of this consent, should  
for any reason I/We change our minds.**

**Signed:\_\_\_\_\_ (parents or guardians)**

**Print Names:\_\_\_\_\_**

**Witnessed by:\_\_\_\_\_ (staff member)**

**Dated:\_\_\_\_\_**

**Welcome to Cylch Meithrin Trelai a Chaerau**, Please provide us with the following information about your child that will ensure that their needs are being correctly identified. All information will remain confidential.

**Name of child:** \_\_\_\_\_

Likes:

Dislikes/Fears:

Favourite Toys/comforter:

Favourite Food/Drink:

Any other comments:

### **Your Right To Privacy**

If you wish to speak to a member of staff in private, please inform the Duty Teacher.

We understand the importance of privacy and will respect your wishes.

Please understand that we may not always be able to see or speak to you immediately, however every effort will be made to speak with you as soon as possible or a mutual convenient time may be offered.

Thank you for your understanding in this matter, as we need to comply with staffing ratios.

**Please make your self familiar with the Rules, Regulations and Policies applying to our Cylch .**

**They are all updated regular to provide a fair and safe procedure for all service users.**

Our Parents Notice Board is located in the cloakroom and had information and advice .

**Assuring you of our best intentions at all times,**

**Kathy, (Rheolwr/Manager) Tracey, (Dirprwy)**

**Lisamarie, (Arweinyddes) Angela Owen & The Committee.**

**Agreement between Cylchoedd Meithrin Trelai/Caerau**

**(parent/guardian of)**

\_\_\_\_\_  
**(child's name)**

**By signing this contract you agree to being bound by the terms and conditions within.**

## Cylch Hours

My child will attend the Cylch between the following hours **Cylch Meithrin Trelai** 9.00 – 11.30 (am children) and 12-2.30 (pm children). **Cylch Meithrin Caerau** 9.15 and 11.45 (am children) 12.15pm and 2.45pm (pm children). Monday, Tuesday, Wednesday, Thursday and Friday.

**Breakfast and after school club must be applied and completed separately** and will be held **one hour before and up to 3 hours after** at **Cylch Meithrin Trelai, Mill Park Plymouthwood Road, Ely.** Enquiries with in: **02920576805/02920565207**, for parents who pay their covenant.

**If you do not want to use this service regularly, there may be occasions where you need to, regular covenant payments ensures your entitlement.**

I shall ensure that he/she arrives within 5 minutes of the session starting time and that he/she is collected promptly at the end of the session, I understand I need permission to be more than 15 minutes late as the doors will be locked.

## Fees

There is a fee of £\_\_\_\_\_per week, **payable at the beginning of each week** this fee is calculated over 50 weeks, and includes: Inset, training and Bank Holidays, (summer school)

## Consequences

If you fail to pay your fees on time and go into arrears of more than 1 week, your place will be suspended. We cannot guarantee your child a place in the Cylch, you will be informed of this and the place offered to a child on our waiting list. You will still be responsible for any un-paid fees. Please advise a member of staff should you have any problems making these payments.

**Parents receiving Tax Credits** to assist with Nursery Fees, please note, we have a duty to inform Tax Credits if you are in breach of this agreement and fail to pay these fees on time.

**If you are funded** by one of the Authorities - Flying Start etc., your fees are paid directly to us. We kindly ask you to pay a covenant of £5.00 per week towards breakfast or lunch, fruits juice and snacks etc, (this is a voluntary contribution).

## Absence

During any period of absence, please notify the Cylch at your earliest convenience. If your child is absent for minor illnesses, childhood infections,(chickenpox, measles, mumps, ashtma) or holidays, we expect fees to be paid in full, so we can ensure our staff and ratios are adhered to. In the event of your child leaving the nursery during the school year, or changing their regular hours, a **four week notice period** is required, this must be given in writing and fees will be payable for this time regardless of whether your child attends for the whole or part of the notice period.

## Holidays

Holidays and inset days, we will send a letter termly, with dates in advance, to inform you of all inset days and holidays along with occasions and activities your child will be involved in during the term, throughout the year, we now open through the summer and easter holidays.

**Please ensure you read the Notice Board daily, as well as letters to you this information is important and pertinent to the service we provide for children in our care.**

### **Procedures in cases of illness**

If your child is ill during a session, a member of staff will contact you or the contact person named on your child's registration form. **PLEASE ENSURE THAT THESE ARE UPDATED WITH ANY NEW PHONE NUMBERS OR IMPORTANT INFORMATION AS THEY CHANGE.**

It cannot be stressed enough how important this is. Advise a member of staff or complete a **Change of Circumstance Form**, you can ask a member of staff for one of these, copies of all forms are kept in the cloakroom.

If your child vomits or has diarrhoea you will be required to keep him/her away from Cylch for at least **48 hours** after the symptoms have cleared.

If your child suffers from an infectious disease you will be required to keep him/her from the Cylch for the appointed period until he/she is clear of the disease, or virus to protect other service users. Please respect the importance of this to avoid an outbreak.

**We must insist on the above to protect the other children, staff and those using the setting.**

### **In an emergency**

If your child needs emergency attention, you will be contacted immediately. If your child needs emergency medical treatment, action will be taken in accordance with the permission **signed by you on the Child Registration Form that forms a contract with us** and you will be contacted immediately.

### **Giving a child medication**

Medication will not be administered to a child unless it has been prescribed by a Doctor. If your child needs to be given medicine during a session, you will be asked to complete a Request to Administer Medication to a Child form and in some cases provide a form signed by the Doctor.

### **Managing and Modifying Behaviour**

The Cylch has a Behaviour Management policy which ensures that physical punishment is not used in controlling the behaviour of any child. If necessary, the Cylch will follow a consistent programme of behaviour management in accordance with your child's age, development and needs. By signing this agreement you are confirming that you have read and understood the aforementioned policy.

### **Equal Opportunities**

In accordance with our Equal Opportunities policy, the Cylch will ensure your child is given the same opportunities as every other child in the setting. A copy of the Equal Opportunities and Special Needs policies are available in the Cylch.

### **Smoking Policy and Use of Mobile Phones/**

Please note that the building and all areas within the railings are non-smoking, including the use of electronic cigarettes. Please especially the Cylch Grounds (inside the fencing), this is an area of play for the children. **Please respect this. Please do not use your mobile phone when collecting your child.**

### **Compliments and Complaints**

The Cylch welcomes your comments on the service offered. You may present your comments by completing the Cylch Meithrin Service Evaluation form, which is available in the Cylch cloakroom.

If you have cause to complain about the provision, the procedure to follow is laid out in the Handbook for Volunteers under Complaints Policy, or completing one of the complaints forms, or speaking to the Managing Director Kathy Farleigh who will be happy to advise you further and hopefully resolve any

issues.

If you wish to complain further to CIW (Care and Inspectorate Wales) you can do so by contacting a duty officer at the local office – CIW. Welsh Government. Rhydycar Business Park, Merthyr Tydfil, CF481UZ

Please be assured that your details and complaints are always treated as confidential.

## Declaration

I have read and accept the conditions laid out in the above contract.:

Signed: \_\_\_\_\_ (parent guardian) Date: \_\_\_\_\_

Signed on behalf of Cylch Meithrin Trelai a Chaerau \_\_\_\_\_ Designation \_\_\_\_\_

## Record of Additional Needs

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

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

Phone Number : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Name and Address of Family Doctor : \_\_\_\_\_

Doctor's Phone Number : \_\_\_\_\_

Name and Address of Health Visitor: \_\_\_\_\_

Health Visitor Phone Number : \_\_\_\_\_

### Other Specialists (Social Worker),

Names of other specialists associated with your child (if relevant).e.g. speech therapist.

Name and Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Post : \_\_\_\_\_

Name and Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Post : \_\_\_\_\_

Nature of any permanent learning difficulties : \_\_\_\_\_

Any cause(s) for concern about the child's educational progress of general development:

\_\_\_\_\_

# Cofnod Meddygyniaeth/Medicine Record

Enw'r Plentyn/Child's name : \_\_\_\_\_

Rwyf yn rhoi fy nghaniatad I staff y Cynllun rhoi'r moddion a nodir I fy mhleintyn/I give permission for the staff to give the medicine named to my child.

Manylion y moddion (Gan gynnwys maint y dogn, a chryfder) / Details of medicine(including dosage and strength) \_\_\_\_\_

Un rhyw Sgil Effeithiau? / Any known side effects? Oes/Yes Nagoes/No (delete as applicable)

Os oes, eglurwch / If yes, please explain:

Gofynion cadw / Storage requirements:

Dos Meddygyniaeth / Doseage Requirement :


Llofnod/Signature: \_\_\_\_\_ Dyddiad/Date : \_\_\_\_\_

(Rhiant / Parent - Gwarchodwr / Guardian)

## Brechiadau/Vaccinations

Diphtheria, Whooping Cough, Tetanus, Meningitis, Polio, MMR

Date of last tetanus Vaccination \_\_\_\_\_ **up to date** yes or no? (delete as appropriate)

Anghenion Arbennig e.g. Diet-Allergedd / Special needs e.g. Diet? Allergies?

O dro i dro bydd y wybodaeth a nodwyd yn cael ei chasglu gan Mudiad Meithrin drwy Arweinydd y cylch er mwyn darparu ystadegau i'w gyllidwyr. Cesglir y wybodaeth hyn yn hollol ddiennw, ac ni fydd unrhyw fodd i olrhain y wybodaeth yn ol i'r plentyn unigol.

Periodically the information noted on this form will be collected by Mudiad Meithrin through the Leader in order to provide statistics to our funders. This information will be collected completely anonymously and at no time will it be possible to identify the child from the information collected.

Llofnod Rhiant/Parents Signature \_\_\_\_\_ Dyddiad/Date \_\_\_\_\_

## I'w gwblehau gan yr Arweinydd yn unig/To be completed by the Leader only

Dyddiad gadawodd y plentyn y cylch/Date the child left the Cylch \_\_\_\_\_

Enw'r ysgol aeth y plentyn ymlaen iddo/Name of school to which the child went \_\_\_\_\_

**Ti a Fi** A yw'r plenty wedi mynychu unrhyw gylch Ti a Fi yn y gorffennol?

Has the child attended any Ti a Fi in the past.

Math o ysgol/type of school: Cymraeg / Welsh  Saesneg / English  Dwyieithol / Bilingual

Arall / Other  (delete as necessary)



# Wrap Around Service Information:

Our wrap around service currently operates from, Cylch Meithrin Trelai, Mill Park, Plymouth Wood Road, Ely Cardiff CF54DD.

It opens at 8.am and closes at 5.30pm. The breakdown of costs is below.

Per hour care £5.50 per child, Per half hour £2.75 per child.  
(Each 5 minute late collection is charged at quarter of an hour).

Breakfast Yoghurt, Cereal, Toast, Juice £1.50 per child,

Tea/Snacks ... £1.50 various per child.

Bus service £2.00 each way. Pick up and drop off. (£4.00 return)

Door to door service available for £2.50 each way (£5.00 return)

The service was provided to meet the needs of parents who are working and find it difficult to find child care around nursery hours.

The parents are given the option of both settings, to vary the children's experiences

If you are interested or require more information please speak to Angela 07402236968, remember we are all here to help you, with your childcare and have your children's wellbeing and best interests at heart.



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I /WE WOULD LIKE TO USE THIS SERVICE. NAME.....  
NAME.....

SIGNATURE..... SIGNATURE.....  
DATE.....

I/WE WOULD LIKE THE FOLLOWING HOURS/DAYS \_\_\_\_\_@  
A TOTAL COST OF: £\_\_\_\_\_PER DAY

WE AGREE TO PAYING THESE COSTS WEEKLY.£\_\_\_\_\_. TOTAL

THE BUS WILL WAIT A MAXIMUM OF 5 MINUTES AT EACH STOP ONLY.

**I/WE UNDERSTAND WE WILL HAVE THE SERVICE SUSPENDED, IF WE FAIL TO PAY ON TIME. THERE ARE NO EXCEPTIONS TO THIS, BUT IT DOES NOT AFFECT YOUR FUNDED PLACEMENT OR HOURS.**

## Cylch Meithrin Trelai & Cylch Meithrin Caerau

\*I am happy with the Induction Procedure

\*I am not happy Induction Procedure

\*I will enrol my child in the setting.

\*I will not enrol my child in the setting

\*I was happy with the information I received

\*I needed more information that was not given.

You are welcome to a copy of the contract.

\*please tick relevant box and return to the nursery.

If you wish to comment further please use the space below:

Good feedback or constructive criticism helps us improve our service.

Signed:

Date:

Cylch Meithrin **Trelai**: 02920576805. Joanne Stiff, Leader **Mobile 07426795886**

Cylch Meithrin **Caerau**:02920565207. Lisamarie Bracey, Leader **Mobile:07717783665**.