



CYLCH MEITHRIN TRELAI & CAERAU
FORM FOR COLLECTING A CHILD

CP 1

Child's Name _____

Address: _____

Postcode _____ **Home number:** _____

Mobile: _____ **Work:** _____

Parent 1 Name: _____ **Mobile:** _____ **Work:** _____

Parent 2 Name: _____ **Mobile:** _____ **Work:** _____

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

Password _____

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: _____

Rhyw/Sex- Male. Female. Other.

Dyddiad cychwyn yn y Cylch / Starting date: _____

Dyddiad Geni / Date of Birth: _____

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

Cyfeiriad/Address : _____

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

Crefydd / Religion: _____ Gwreiddau 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 3rd with two older brothers): -

Name of siblings / 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. Prior to this information sharing the Cylch will contact you to gain further information and to share with you who we are contacting and why.

Achievements, educational needs or concerns that we may experience with your child, will be shared with their Nursery/School to assist the staff in assessing your child's capabilities. The information will be treated as **confidential** for the attention of Staff and Professionals involved in your child's education only, the information we share will be viewed by you the Parents/Guardians and your consent must be given before we share, if you are not happy to share this information, it will not be shared.

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.

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.

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.

**It 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: _____

**Please provide a copy of your childs birth certificate, if you do not have a copy, please supply
the original and we will copy and return the original to you. If you do not consent to the
Nursery having a copy please sign here.**

Signed _____

Welcome to Cylch Meithrin Trelai & Caerau 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, important information and advice can be found here.

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** 9.00am–11.30am (am children) and 12pm-2.30pm (pm children). **Cylch Meithrin Caerau** 9.15-11.45 (am children) and 12.15pm-2.45pm (pm children).

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 ONLY.**

Enquiries within: 02920576805/02920555188.

For parents who pay their weekly covenant of £5 even if you do not want this service regular there may be occasions where you need to use this service, so regular covenant payments ensures your entitlement.

I shall ensure 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 on a Monday or the first day of the week in which your child attends**, this fee is calculated over 39 weeks, and includes: Inset days, training days and Bank Holidays. There is an additional contract and fee for school holidays.

Consequences

If you fail to pay your fees on time and go into arrears, **your child's place will be suspended as of immediate affect**. 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 the Person In Charge (Tanisha Branson) should you have any problems making these payments.

Parents receiving Tax Credits/Universal credits to assist with Nursery Fees, please note, we have a duty to inform them 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 or the Child Care offer, your fees are paid directly to us. We kindly ask Flying start Parents to pay a covenant of £5.00 per week towards snacks and resources (this is a voluntary contribution), Children funded by the child are offer are to pay for any snacks/meals and wrap around services.

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. Should your child be absent for two or more days, and we are concerned about the welfare of a child, we reserve the right to contact MASH/ Children's Services. We will also inform your Health Visitor for frequent or long periods of absence .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/text termly, with dates in advance, to inform you of all inset days and holidays along with occassions and activities your child will be involved in during the term, throughout the year, we now open through the summer, October Half term, a week at easter holidays and sometimes a week at Christmas depending on how the dates fall. **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 Additional 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 avoid 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 posting a note in our post box which is situated in the entrance area.

If you have cause to complain about the provision, the procedure to follow is to speak to the person in charge Tanisha Branson who will be happy to advise you further and hopefully resolve any issues, if you are not happy with how your complaint has been dealt, you can escalate your complaint to the responsible individual Lisamarie Bracey, if you are still not happy and you wish to complain further, you can do so by contacting CIW (Care Inspectorate Wales) and asking to be put through to 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 & Caerau: _____ Designation _____

GP & Health Visitor Information

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.

1) Name and Address : _____

Phone Number : _____ Post : _____

2) Name and Address :

Phone Number : _____ Post : _____

Record of Additional Needs

Nature of any permanent learning difficulties : _____

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

Cofnod Meddygyniaeth/Medicine Record

ONLY COMPLETE IF YOUR CHILD IS PRESCRIBED ONGOING MEDICATION

Enw'r Plentyn/Child's name : _____

Rwyf yn rhoi fy nghaniatad I staff y Cynllun rhoi'r moddion a nodir I fy mhlentyn/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 (please complete this section)

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 ddienw, 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, Plymouthwood Road, Ely Cardiff CF54DD.

It operates from 8am and last drop off is at 5.30pm.

The breakdown of costs is below.

**Per hour care £8.00 per child, Per half hour £4.00 per child.
(Each 5-minute late collection is charged at half an hour).**



Breakfast-Cereal, Toast, Water and Milk is funded by the Greggs breakfast foundation.

Lunch/Tea/ Snack ... £2.50 per child.

Wrap around service £3.25 each way for the additional care of the child. Pick up and drop off. (£6.60 return)

School collection/drop off service available for £2.75 each way (£5.50 return) for the care whilst being transported.

The service was provided to meet the needs of parents who are working and find it difficult to find childcare 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 Lisamarie on 02920576805/ 07468492896, remember we are all here to help you, with your childcare needs and have your children's wellbeing and best interests at heart.

I /WE WOULD LIKE TO USE THIS SERVICE.

NAME..... SIGNATURE..... DATE.....

I/WE WOULD LIKE THE FOLLOWING WRAP AROUND
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 EXTRA SERVICES SUSPENDED, IF WE FAIL TO PAY OUR FEES ON TIME. THERE ARE NO EXCEPTIONS TO THIS, BUT IT DOES NOT AFFECT YOUR FUNDED PLACEMENT OR HOURS.

*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.

Please comment further, Feedback positive or not helps us improve our service, please also mention the name of any staff member that has particularly stood out for you.

Signed:

Date:

Cylch Meithrin Trelai: 02920576805/.07426795886

Cylch Meithrin Caerau:02920565207/ 07717783665.

To contact the Responsible Individual Lisamarie Bracey /Person in Charge Tanisha Branson.

Please **email:** Cylchmeithrincaerau@hotmail.com Cylchmeithrintrelai@hotmail.com