



At

St Elphin's Primary School

Registration Pack



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## 1. Information Section (to be kept by Parent/Guardian)

### ABOUT LITTLE PENGUINS AT ST ELPHIN'S

We have been the onsite Link Club provider at St Elphin's since January 2012.

Our high standards when it comes to the care of your children remain forefront in our objectives. This involves establishing trust, honesty and open communication in our relationships with parents, teachers and all stakeholders at the schools in which we work.

### OUR SESSIONS

From our onsite setting in the school hall, we provide a fun, stimulating and safe environment for the children we care for. We offer them the freedom to participate in activities we have planned in conjunction with current school topics and events as well as incorporating children's own preferences.

Activities include:

Arts & Crafts	Board Games	Group /individual games	Outdoor sports equipment	Reading corner	Maths & literacy games
Homework club	Outside world	Role-play	Den-making	Construction toys	Science activities



## **OPERATING TIMES & FEES (2024/2025)**

Little Penguins operates term-time only at the following times:

<b>Session</b>	<b>Times</b>	<b>Price</b>
Standard Breakfast session	7:45 – 8:40	£7.50
Afternoon session	3:15 – 6:00	£15.00
Standard Combined session	7:45 – 8:40 & 3:15 – 6:00	£20.00

\* Staggered start and finish times have been incorporated into the day. Your child will be collected when their day finishes if earlier than 3:15pm.

Includes healthy breakfasts and after-school snacks

### **Registration Fee**

A registration fee of £30 is required to secure your child's place at the Link Club

Please pay via bank transfer when you have completed your registration form. All registration fees are non-refundable.

## **PAYMENT DETAILS**

### **Monthly Fee Payments**

Payments for your child's attendance at the Link Club will be required a month in advance on the 1<sup>st</sup> of every month.

Bacs transfers and childcare vouchers are the preferred method of payment if possible or alternatively you can pay by cheque made payable to Little Penguins Day Nursery.



### **Regular set attendance**

At the start of the school year (or upon joining if later), the fees for the 38 weeks of the school year are totalled and split into 12 regular monthly payments up to and including the 1<sup>st</sup> August. Invoices showing the monthly amount are only issued at the start of the school year (or upon joining/changing sessions) as the amount remains the same each month.

### **Irregular set attendance – Parents who work shifts**

For parents who work shift patterns a monthly invoice will be issued on confirmation of your future shift patterns, as we understand that each week the required sessions will change. Please note this is subject to session availability.

### **Session Changes & Notice Periods**

One-off session changes can be arranged through Janet Booth our General Manager subject to availability. Regular session changes should be also requested through Janet and a revised invoice will be issued to reflect the changes.

One month's written notice is required when cancelling sessions and/or taking your child out of the Link Club, if no notice is given one month's fees are payable.

### **CONTACT INFORMATION**

For more information or to enquire about session availability, please contact:

Janet Booth, General Manager, Tel: 07802 879672 Email: [manager.penguins@gmail.com](mailto:manager.penguins@gmail.com)

Sarah Buckley, Owner, Email: [info@little-penguins.co.uk](mailto:info@little-penguins.co.uk) or [sdgbuckley@outlook.com](mailto:sdgbuckley@outlook.com)



## **LINK CLUB TERMS AND CONDITIONS**

### **Absence**

It is important that we are notified if your child will be absent from Link Club. Please contact the Link Club as soon as possible in advance of the absence.

### **Age of Admittance**

School Age

### **Collection**

We must insist that we are notified in advance if any other person other than the ones specified on the registration form will be collecting your child from Link Club. This is for the safety of the child. If we have not been notified, we will not release the child into the person's care until we have contacted you by telephone for your consent.

### **Clothes**

Please name your child's clothes and shoes.

### **Complaints**

If you have a complaint or concern, we ask that you report this to the Link Club Supervisor in the first instance. All matters will be dealt with quickly and in a professional and confidential way and appropriate action taken. The outcome will be reported back to you as soon as possible but within 28 days.

### **Discipline**

We do not in any way condone or carry out physical punishment. If the need arises for a child to be disciplined, they will have the reasons explained to them as to why they are being disciplined, asked to apologise and have a quiet calming down period.

### **Medication**

The parent of the child who requires medicine should provide written permission and clearly labelled instructions on dosage to a senior member of staff. We will also ask for a Parental/Guardian signatures.



### **Notice**

If you no longer wish to maintain your place at the Link Club, you will be required to give one calendar months' notice in writing and full fees will be charged for the notice period.

### **Registration**

For a place to be reserved at our Link Club, we require a registration fee of £30, alongside a completed registration form. The registration fee is non-refundable.

### **School Partnership**

We are extremely proud to be an onsite Link Club at St Elphin's Primary School and we aim to maximise the value and benefits of this through our relationship with the school. This means that we will sometimes share information that we believe will help the school to care for your child and that vice versa, they may share similar information with us. Some typical things that we might share could include achievements, interests, noticed differences in mood/behaviour/friends, challenges encountered etc.

### **Sickness**

Any child suffering from a temperature, doubtful rash, sore throat or discharge from the eyes or ears, should be kept at home until the symptoms have disappeared. We also ask parents to ask if attending a consultation with a doctor if the child is well enough to attend School. If antibiotics are prescribed, it is Link Club policy not to admit the child until they have been taking them for a minimum of 48 hours.

### **Treatment**

In the event of your child falling ill at Link Club you or your nominated person will be contacted. The Link Club will endeavour to make contact with the above but in the unlikely event contact cannot be made, we will use judgement in assessing whether the child requires their doctor or hospital treatment. In respect of this we ask for Parents/Guardians to sign a consent form allowing us to seek medical advice or treatment from the doctors or hospital without the parent being present.



## 2. Registration Form (to be completed by Parent/Guardian & returned to Little Penguins)

### A. CHILD'S PERSONAL INFORMATION

Child's First Name .....

Child's Nationality .....

Child is usually known as .....

Language(s) spoken at home .....

Child's Surname .....

Child lives with: .....

Child's Address .....

Child's Postcode .....

Any additional needs? .....

Child's Date of Birth .....

(e.g. ADHD, Autism, .....

What year is your child in (as at Sep 2024) .....

Special Educational .....

Needs, Gifted & .....

Talented etc) .....

**Any Specific Requirements to help your Child have a more enjoyable experience?**

.....  
.....

**Any Specific Dietary Requirements?**

.....  
.....





## B. Parent/Guardian Information

Who has Parental Responsibility for Child? .....

Who will usually collect Child? .....

### Parent /Guardian 1

Name .....

Address (if different to Child) .....

Relationship to child .....

Tel. No. Home .....

Tel. No. Work .....

Tel. No. Mobile .....

Email Address .....

### Parent /Guardian 2

Name .....

Address (if different to Child) .....

Relationship to child .....

Tel. No. Home .....

Tel. No. Work .....

Tel. No. Mobile .....

Email Address .....

Should the above contacts not be available in the event of an emergency, please provide details of who else may be contacted:

### Emergency Contact 1

Name .....

Address .....

Telephone Number 1 .....

Telephone Number 2 .....

### Emergency Contact 2

Name .....

Address .....

Telephone Number 1 .....

Telephone Number 2 .....



In the event of an emergency my collection password will be .....

**C. MEDICAL/DEVELOPMENTAL INFORMATION**

Doctors Name .....

Surgery Address .....

Postcode .....

Telephone Number .....

Any Pre-existing Medical Conditions? .....

Does Child see any medical professional other than a GP? .....

Does Child see any Developmental specialist e.g. Speech, Hearing etc? .....

Medicine Requirements .....

**Any Known Allergies?**



**D. SESSION INFORMATION**

What days and sessions do you require Please tick

	Breakfast	Afternoon	Combined	Free 15 minute pick up
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Shift Work – please provide a rough guide, confirmation of dates can be made once shift patterns are known

What date would you like your child to start? \_\_\_\_\_

**E. CONSENT INFORMATION**

**Medical Consent (Please delete as applicable)**

*I do / do not* give my consent for Little Penguins Link Club Staff to administer first aid if required including plasters

*I do / do not* give my consent for Little Penguins Link Club Staff to apply sun screen (if so please provide with name on bottle)



*I do / do not* give my consent for Little Penguins Link Club Staff to administer continuous medications, such as inhalers

*I consent/ do not consent* to my child undergoing any emergency medical treatment necessary during the running of the club.

*I authorise/do not authorise* the Link Club staff to sign any written form of consent required by the hospital authorities **only if** the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Should my child need to take medication which has been prescribed by our GP:

*I authorise / do not authorise* the Link Club staff to administer this medication as prescribed and on my instructions only.

### **Other Consents**

Children in the Link Club occasionally have their photographs taken and for possible display in school, newsletters and or our website.

*I consent / do not consent* to my child's photograph being taken

*I consent/do not consent* to allow Link Club Staff to share information on your child with school staff and for them to share any appropriate information with Link Club staff, (and where applicable for Link Club Staff to pass on information to you from teaching staff).

*I consent/do not consent* to allow Link Club staff to listen to your child/ren reading and noting next steps. This information will be shared with teaching staff within the school.

*I consent/ do not consent* to information relating to my child being held on a secure database in line with GDPR regulations.

**I have read the consent requests listed and have marked them as appropriate.**

**Any other information not already covered**

.....  
.....

**I agree to the terms and conditions as detailed.**



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



## CHILDCARE CONTRACT

I have read and agree to comply with the Terms and Conditions of Little Penguins Link Club and any updated regulation and notifications as necessary.

Little Penguins Link Club reserves the right to make amendments to our terms and conditions.

There is a full set of Link Club policies available within the Link Club which are available for you to read. We update our policies on an annual basis, or sooner if required.

I understand and agree that fees are paid one month in advance and are non-refundable in the case of absence. Fees must reach the Link Club bank account on or before the 1<sup>st</sup> of each month. Late payment may incur a charge of £5 per each day the fee is late.

I agree to give one month's written notice or payment in lieu of notice if I wish to withdraw my child from sessions at the Link Club.

Signature.....

Print Name.....

Date.....