

Tiny Treasures

Address: Tiny Treasures, Tenby Church in Wales Primary School,
Heywood Lane, Tenby, Pembrokeshire, SA70 8BZ

Registered By: Care Inspectorate of Wales (C.I.W)

Name of responsible individual: Mr John Palmer

Name of person in charge: Rebecca Dilks

Childs name: _____

Childs DOB: _____

Childs Address:

Post code: _____

What doctors' surgery is your child registered to?

Parents/Carers name:

Email Address: _____

Telephone numbers:

Home: _____

Work: _____

Mobile: _____

Religion: _____

Language spoken at home: _____

Preference for days/sessions: _____

Registration Fee: £5

Tiny Treasures sessions are offered to children from the age of two and we provide a wrap around service for children who attend Nursey in the mornings/afternoons. Our fees are:

- Morning session (8.45am - 11.45am) £15
- Afternoon session (1pm - 3.30pm) £15
- Full day (8.45am - 3.30pm) £37.50
- 5 morning or afternoon sessions per week £55

Charges for sickness and occasional days off: If your child has been booked into Tiny Treasures and doesn't attend for whatever reason Parents/Carers **will still be charged**.

Notice of termination – Please be aware that we need at **least 4 weeks'** notice, if you wish to permanently withdraw your child from the setting.

If you provide labelled sun cream, we are allowed to reapply to your child, please sign if you agree: _____

I/We give Permission for _____ to be taken on local outings. Permission on transport will be sought on each occasion.

I/We give permission for face painting for _____

I/We give permission for _____ to be photographed or video recorded during activities around the setting, and for the school to use these images on our website/Facebook, Class Dojo or in the local press.

Any allergies or special dietary requirements (Own snack must be brought in):

Medical Conditions:

Confidential information

1st Emergency Contact

Name in full:

Address:

Telephone numbers:

Home: _____

Work: _____

Mobile: _____

2nd Emergency Contact

Name in full:

Address:

Telephone numbers:

Home: _____

Work: _____

Mobile: _____

Individuals responsible for collecting your child

Please attach a photo of emergency contacts as a reference for staff.

Individuals name: _____

Telephone: _____

Mobile: _____

Individuals name: _____

Telephone: _____

Mobile: _____

Individuals name: _____

Telephone: _____

Mobile: _____

Individuals name: _____

Telephone: _____

Mobile: _____

Individuals name: _____

Telephone: _____

Mobile: _____

Please read Policy Packs available from the setting:

In the event of an emergency, I consent to my child being treated in accordance with emergency medical procedures:

Print name: _____ Signature: _____

NB THE GROUP CANNOT RELEASE YOUR CHILD TO ANY OTHER PERSON WITHOUT ADVANCED AUTHORISED NOTICE

IT IS VITAL THE SETTING IS INFORMED OF ANY CHANGES IN CIRCUMSTANCES AT HOME.

THE ADMINISTRATION OF MEDICINE CAN ONLY BE DONE IN ACCORDANCE WITH FUN ZONES POLICY.

NB THE GROUP CANNOT CARE FOR SICK CHILDREN.

Please sign and date the contract:

Print Name: _____

Signature: _____

Date: _____

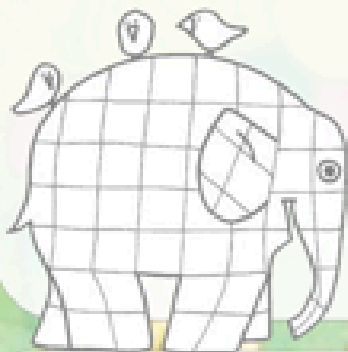
Please could the one-page profile be filled out and returned to help us get to know your little one.



What people like and admire about me...

Photo

What makes me happy



How I want to be supported

