

## **Breaston Pre-School Playgroup**

St Michael's School Rooms

Main Street

Breaston

Derby DE72 3DX

Tel: 01332 874832 (During session time)

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### REGISTRATION FORM AND GUIDELINES

We accept children between 2 and 5 years of age. Children may be registered from an earlier age, and will then be placed on the waiting list. They will be offered vacant sessions when they reach 2 years of age. Sessions will be allocated in line with our 'Admissions Policy', a copy of which is available on request.

A registration fee of £10.00 is payable (by cash only) when the form is handed in. Please place this in an envelope.

### TIMES OF OPENING

Monday – Friday mornings	9.15am – 11.45am
Monday, Thursday and Friday afternoons	12.45pm-3.15pm

The Playgroup is open during Derbyshire school terms, but closed on Inset Days as per Firfield Primary School.

### FEES

The fees are as follows: £5.75 per session per child per day for duty parents/carers

£7.00 per session per child per day for non-duty parents/carers

Children who are 3 years and above are eligible for government funding from the term after their 3<sup>rd</sup> birthday, for a maximum of 6 sessions. This means that these sessions, if funding were applied for, would be free of charge.

### ROTA DUTIES

Parents/carers are invited to come into Playgroup to help on a rota system. The number of sessions your child attends per week will determine the number of duties you are asked to do each half term. Duties are posted on the notice board and parents/carers are given their own copies.

Our Pre-School welcomes the involvement of parents/carers, as we are a charitable organization run by a committee of parents. We value your support in all areas of your child's development and education in a caring partnership.

Pregnancy: Parents/carers who opt to carry out rota duties are entitled to 12 weeks leave before and after the birth of their baby. However, this is not compulsory. Any person wishing to continue to do duties whilst on maternity leave should speak to a member of staff.

### ILLNESS

Please keep your child at home if he/she is ill, until they are fully recovered – a minimum of 48 hours please. The Supervisor is also entitled to use her discretion and ask that a child be taken home, or in the case of an emergency, that the child is taken to either the doctor or the hospital. You, or your emergency contact number, will be notified immediately if any such action is taken.

### CLOTHING

Please ensure your child wears suitable clothing for play, and for the encouragement of independent toileting. Although staff take every precaution, Playgroup cannot be held responsible for wear, tear or loss of clothing, or for the loss of any other items that may be brought into Playgroup. Please label all clothing.

### SPECIAL NEEDS/REQUIREMENTS

If your child has any special needs/requirements that you wish to disclose, then you can either speak to a member of staff in confidence, or provide any relevant details on a separate sheet of paper.

We would like to welcome you and your child to Breaston Pre-School Playgroup, and hope your child enjoys their time with us. If you would like to apply for a place, then please complete the attached Registration Form and return it to the above address. In the meantime, please do not hesitate to contact us, during session times, on the above number, should you have any queries. A copy of our prospectus, which gives more information, is available for inspection (please speak to a

member of staff if you wish to see it), and will automatically be issued to you when your child starts Playgroup.  
**REGISTRATION FORM FOR BREASTON PRE-SCHOOL PLAYGROUP**

**CHILD'S FULL NAME:** .....

**CHILD KNOWN AS:** .....

**DATE OF BIRTH:** .....

**NAME OF PARENT/CARER:** .....

**TELEPHONE NUMBER:** .....

**ADDRESS:**

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**POSTCODE:** .....

**EMERGENCY TELEPHONE NO:...**

**NAME OF PERSON(S) DOING DUTIES:**

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**DOES THE PERSON DOING DUTIES HAVE A CURRENT CRB CHECK? YES/NO**

**PARENTS/CARERS WHO MAY BE PREGNANT – PLEASE INDICATE DUE DATE: .....**

**HAS YOUR CHILD HAD AN ANTI-TETANUS INJECTION? YES/NO**

**Please circle the sessions you would prefer your child to attend:**

<b>MONDAY AM</b>	<b>TUESDAY AM</b>	<b>WEDNESDAY AM</b>	<b>THURSDAY AM</b>	<b>FRIDAY AM</b>
<b>MONDAY PM</b>	<b>N/A</b>	<b>N/A</b>	<b>THURSDAY PM</b>	<b>FRIDAY PM</b>

**Would you like to receive funding the term after your child reaches the age of 3 years? YES/NO**

**Would you be able to assist with duties on some of the sessions your child attends? YES/NO**

**Does your child have any special needs/requirements that you may wish to tell us about? YES/NO**

**Registration fee: £10.00      Enclosed cash only    YES/NO      (Receipt No.: .....**)

**I HAVE READ THE ATTACHED GUIDELINES AND AGREE TO ABIDE BY THEM**

**PARENT'S SIGNATURE .....**      **DATE: .....**