

# LITTLE SPONGES MONTESSORI

## 38a Hyde Vale, Greenwich, London SE10 8HQ

### APPLICATION FORM AND CONTRACT

**ENTRY** TO LITTLE SPONGES WILL BE CONSIDERED WHEN THE REGISTRATION FORM IS COMPLETED AND RETURNED TO THE HEAD OF LITTLE SPONGES, MRS. NICOLE BACON, WITH A NON-REFUNDABLE FEE OF £30.00.

**ADMISSION** IS WHEN THE PARENTS ACCEPT THE OFFER OF A PLACE AT LITTLE SPONGES, IN WRITING, AND THE BELOW CONTRACT AND APPLICATION FORM IS COMPLETED AND RETURNED TO NICOLE BACON, HEAD OF LITTLE SPONGES. *A DEPOSIT OF £200.00 SHOULD ACCOMPANY THE APPLICATION AND CONTRACT FORM. IT WILL BE REFUNDED WHEN THE CHILD LEAVES LITTLE SPONGES ONCE ALL FEES HAVE BEEN PAID AND FOUR WEEKS' WRITTEN NOTICE IS GIVEN. IF THE PLACE OFFERED IS NOT TAKEN UP, THEN THE DEPOSIT BECOMES NON-REFUNDABLE.*

DETAILS OF CHILD			
NAME OF CHILD:	DATE OF BIRTH:		
ETHNIC ORIGIN:	LANGUAGE(S) SPOKEN AT HOME:		
DOES THE CHILD LIVE WITH BOTH PARENTS:			
PARENT /CARER INFORMATION			
NAME OF PARENT (1) NAME OF PARENT (2)	OCCUPATION:  PARENT (1) PARENT (2)		
RELATIONSHIP TO CHILD: PARENT (1) PARENT (2)	ARE YOU THE LEGAL GUARDIAN OF THE CHILD? IF 'NO' PLEASE ADVISE:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">YES</td> <td style="width: 50%; padding: 5px;">NO</td> </tr> </table>	YES	NO
YES	NO		
HOME ADDRESS:	WORK ADDRESS:  PARENT (1)  PARENT (2)		
HOME TELEPHONE NUMBER:  PARENT (1) PARENT (2)	WORK TELEPHONE NUMBER  PARENT (1) PARENT (2)		
MOBILE:  PARENT (1) PARENT (2)	EMAIL ADDRESS:  PARENT (1) PARENT (2)		

**EMERGENCY PROCEDURE**

IN CASE OF AN EMERGENCY, PLEASE GIVE THE NAMES OF TWO PEOPLE WHO CAN BE CONTACTED:

NAME OF CONTACT 1:	RELATIONSHIP TO CHILD:
CONTACT TELEPHONE NUMBER:	MOBILE NUMBER:
NAME OF CONTACT 2	RELATIONSHIP TO CHILD:
CONTACT TELEPHONE NUMBER::	MOBILE TELEPHONE NUMBER:

**EMERGENCY TREATMENT AUTHORISATION:**

I, ..... , being the parent/carer/legal guardian of

.....(child's full name), agree for the staff at Little Sponges Montessori to take the necessary steps to ensure that my child receives the best and most appropriate care. I understand that every effort will be made to contact me in the case of any emergency or accident as soon as possible after the event. If my child needs to go to hospital to receive treatment and I cannot be contacted, then 999/ambulance will be called. I give my permission for the staff at Little Sponges Montessori, in my absence, to call an ambulance and accompany my child (named above), if necessary, to hospital in the case of emergency.

Signature of Parent: ..... Dated: .....

NAME OF CHILD'S DOCTOR	ADDRESS AND TELEPHONE NUMBER OF CHILD'S DOCTOR:
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NAME OF CHILD'S HEALTH VISITOR:	ADDRESS AND TELEPHONE NUMBER OF CHILD'S HEALTH VISITOR/CLINIC:
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**IMMUNISATIONS / ALLERGIES / HEALTH REQUIREMENTS/ ILLNESSES**

PLEASE LIST ALL INFORMATION IN THIS SECTION CLEARLY

**IMMUNISATIONS/VACCINATIONS:**

HAS THE CHILD BEEN FULLY IMMUNISED AGAINST (please tick)

Diphtheria    Whooping Cough    Tetanus    Polio    Measles    Mumps    Rubella    Hib/MenC  
Meningitis C

**PLEASE LIST OTHER VACCINATIONS:**

**ALLERGIES/SPECIAL DIET/HEALTH REQUIREMENTS/ILLNESSES:**

DOES YOUR CHILD REQUIRE ANY REGULAR MEDICATION? IF SO PLEASE LIST BELOW:

**OTHER INFORMATION**

CHILD'S RELIGION/CULTURE

LANGUAGE SPOKEN AT HOME:

**CONSENT /AUTHORISATION**

**SUN PROTECTION:**

Parents are asked to provide sun cream for their child. This will be applied before exposure to the sun. Children are required to wear hats that provide protection from the sun.

I give my permission for sun cream to be applied to my child (it will not contain coconut oil due to possible allergies)

PARENT SIGNATURE..... DATED.....

**PHOTOGRAPHS:**

I give my permission for my child's photograph to be taken for the sole purpose of maintaining a photographic display of my child at 'work' and play at Little Sponges Montessori and for Little Sponges' advertising (e.g. website etc.)

PARENT SIGNATURE..... DATED.....

**ACCIDENTS, INCIDENTS AND MEDICATION:**

All accidents, incidents, existing injuries and medication given will be recorded. Parents are asked, upon arrival at Little Sponges, to inform staff of any existing injuries that may have occurred outside Little Sponges and sign the Existing Injuries record. All accidents and incidents will be recorded at Little Sponges.

Written parental permission will be obtained before administering medication. Only prescribed medication can be given and it must be contained in the original box, showing the expiry date and dosage to be administered. Records of all medication will be kept and parents will be asked to sign each entry.

**HEAD LICE CHECKS:**

Due to current legislation, we are unable to check for lice without prior parental consent.

I give my permission for the staff at Little Sponges to check my child for head lice. I understand that if any lice or eggs are found, I will be contacted immediately.

PARENT SIGNATURE..... DATED .....

**OUTINGS:** Children will be provided with named wristbands when going on outings.

I give my permission for my child ..... to be taken on outings and understand that these will be within walking distance.

PARENT SIGNATURE ..... DATED.....

***A LIST OF ALL POLICIES IS KEPT AT LITTLE SPONGES AND IS AVAILABLE TO VIEW AT ANY TIME. PARENTS/CARERS ARE REQUIRED TO READ AND UNDERSTAND THESE POLICIES AND PROCEDURES WHICH CAN BE VIEWED ON THE WEBSITE ([www.littlespongesmontessori.co.uk](http://www.littlespongesmontessori.co.uk))***

# TERMS AND CONDITIONS

**THESE TERMS AND CONDITIONS FORM PART OF THE CONTRACT BETWEEN THE PARENT AND LITTLE SPONGES. THIS LIST OF POLICIES SHOULD BE READ AND UNDERSTOOD AS IT ALSO FORMS PART OF THE CONTRACT.**

## **LITTLE SPONGES AGREES TO:**

- *care for your child during the contracted hours and at such other times as may be mutually agreed in writing.*
- *Comply with all requirements of registration as laid down by the regulatory authority (OFSTED) and the Care Standards Act, part 10A.*
- *Comply with all requirements laid down by Little Sponges Insurance Company.*
- *Provide suitable development experiences appropriate to the age and stage of development of the child named.*
- *Notify the parent/guardian as soon as reasonably possible of any accident or injury occurring whilst the child is in the care of Little Sponges.*
- *Be available to discuss with the parent(s)/guardian(s) the care and development of the child, to be arranged if either parent(s)/guardian(s) or the staff at Little Sponges requests it, at a mutually convenient time if so required by them.*
- *Provide the child with a SNACK, which will be nutritionally balanced and prepared with due regard to the dietary, cultural and social requirements. Special dietary needs are to be advised by the parent. A packed lunch is to be provided by the parent if the child stays for two sessions per day. The packed lunch must complement healthy eating. All drinks (juice, milk, water) will be available to the children during the day when required.*
- *Ensure that the child has the opportunity to take part in the local community by going on outings e.g. to the local park, library and other visits that are deemed educational.*
- *Issue a receipt for payments received.*
- *Maintain appropriate insurance cover, including public liability, buildings contents.*
- *Ensure that the children's health and safety is a priority at all times.*

## **THE PARENT(S)/GUARDIAN(S) AGREE TO:**

- *Pay the fees as set out in the contract on the day agreed*
- *Arrive and collect the child on time as stated in the contracted session*
- *Provide the following items for your child: change of clothes; indoor slippers/shoes; painting apron; set of outdoor clothes suitable for the weather and other items (e.g. toiletries, nappies, sun cream etc.)*
- *Give at least four weeks' notice of annual leave and much notice of other leave.*
- *Inform Little Sponges if the child has been ill within 24 hours before a contracted session.*
- *Inform the staff at Little Sponges of any medicine prescribed by the child's doctor and give written permission for the staff to administer the medicine if such administration is required. Written permission will be required each time medicine is administered.*

## **GENERAL INFORMATION**

### **FEES**

Fees are to be paid half-termly in advance on the first session day of the month. A deposit of £200.00 must accompany the application form. The deposit will be refunded when the child leaves Little Sponges once all fees have been paid and four weeks' notice, in writing, is given to withdraw your child from Little Sponges. There will be a fee increase yearly in January.

### **ABSENCES - HOLIDAYS/ILLNESSES**

The full fee is charged if the child is away from the contracted session due to him/her being on holiday or in cases of illness.

### **STATUTORY /BANK HOLIDAYS**

Full fee is charged for the above holidays – Little Sponges will not be open on these days.

### **SETTLING-IN**

Having a settling-in time is advisable for you and your child especially if it is the first time you leave your child. However, we urge parents to stay just a few minutes to allow the child to get used to his/her new environment.

### **KEY PERSON**

Although all members of the staff at Little Sponges will be involved in the care and education of your child, he/she will be allocated a **Key Person** for the main purpose of maintaining the child's Learning and Development folder.

### **TIME-KEEPING/COLLECTION OF YOUR CHILD**

Times will be set out in the contract. If, for any reason, you are going to be late, please let the staff at Little Sponges know as this can upset the routine of your child and those of the other children attending. Please ensure that the contact details that have been given are updated at all times. Only the named person will be allowed to collect your child.

### **CONFIDENTIALITY**

All records/files and information that are held about you and your child will be kept highly confidential. However, it may be necessary to provide information to OFSTED inspectors. Please feel free to discuss with the Head any matter regarding the welfare of your child.

### **ILLNESS**

Please inform the staff at Little Sponges if your child is unwell as Little Sponges has the right to exclude them from the session until he/she is better. The parents of other children need to be informed of any illnesses that may be contagious.

Please do not bring your child to the session if he/she has:

- a temperature
- during the first 48 hours after diarrhoea or sickness
- within the first 48 hours of being given antibiotics should any reaction occur.

### **ACCIDENT AND EMERGENCY CARE**

In the event of an emergency, the Head will contact you at the earliest opportunity so updated contact telephone numbers are vitally important.

### **FIRE PROCEDURES**

The children will be taught what to do in the event of a fire. This will be part of the children's ongoing safety awareness. It will be done in a fun and effective manner.

### **ACCIDENTS, INCIDENTS AND MEDICATION**

Little Sponges must record all accidents, incidents, existing injuries and medication given. ***Written parental permission must be obtained before administering medication. Only prescribed medication can be given to your child and it must be contained in the original box, showing the expiry date and dosage to be administered.***

### **CHILD PROTECTION**

Under the Children's Act 1989, it is the duty of the staff at Little Sponges to refer promptly any suspicion or incident of abuse to Social Services Initial Response and Assessment Service (IRAS). Copies of these procedures can be requested at any time. Where appropriate, the Head will discuss any concerns with the parents.

### **COMPLAINTS**

Communication forms an important part in working in partnership with parents.

If you have any concerns about any aspect of the care given to your child at Little Sponges, please discuss with the Head in the first instance and every effort will be made to resolve them.

If, however, a satisfactory conclusion has not been reached, please put your complaint in writing and send to Nicole Bacon at Little Sponges, by recorded delivery.

The final step in the Complaints procedure would be to contact **the Office for Standards in Education (OFSTED)** whose address is: *OFSTED The National Business Unit, OFSTED, Piccadilly Gate, Store Street, Manchester M1 2WD (Telephone: 0300 123 1231).*

