



# Broadshires Pre-School

The Old School, Broadwell, Lechlade, Glos.  
GL7 3QS.

Tel: 01367 860729

URN 134451

Dear

We are pleased to be able to confirm a place for.....at Broadshires Pre-School  
starting from.....for the following sessions:

<b>Morning Sessions 9:00 to 12.00</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>Lunch Club 12.00 to 1.00 each day</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>Afternoon Sessions 12:00 to 3:00</b>				
Monday	Tuesday	Wednesday	Thursday	

If you no longer require a place, please inform us immediately - thank you.

## Personal Details Form

Child's name (in full)	First Name(s)			
	Surname			
Date of birth				
Names of parents				
Home address				
Email address				
Telephone number				
Mother's daytime contact address (if different to the above. e.g. work address)				
Work telephone number				
Father's daytime contact address (if different to the above. e.g. work address)				
Work telephone number				
Name and telephone number of someone who may be contacted in an emergency				
Main language used				
Nationality				
Religion				
Details of any cultural or religious observances we should take into account when caring for your child. (e.g. diet, dress, religious holidays)				
Doctor's name and surgery				
Doctor's telephone number				
Health visitor's name				
Telephone number				
Has your child been immunised against:				
Diphtheria?		Whooping cough?		Tetanus?
Polio?		Measles?		Mumps?
Rubella?		HIB?		
Dentists's name and surgery				
Dentist's telephone number				
When was your child's last dental appointment?				
Any other details that you think the Pre-School staff ought to know (past or present medical problems, allergies, fears, comfort blankets/toys, particular words, etc.)				

**Who has parental responsibility for this child.....**

These people have a legal right to collect their child/children from Pre-School unless we have seen legal evidence to the contrary.

## Permission Slips

I have informed Broadshires Pre-School that my child has any allergies, or food intolerances; and understand that the staff will make every effort to avoid contact with these allergens as far as is practically possible.

Allergens are \_\_\_\_\_  
Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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Two of our staff are becoming increasingly allergic to kiwi. I will not put kiwi in my child's lunch box

Child's name \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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If my child becomes unwell during a pre-school session and develops a very high temperature, I give permission for a member of staff to administer a dose of Calpol. I understand that the member of staff will try to contact me by telephone beforehand and that the date, time, dosage and who administered it, will be recorded in the medication book. I realise that it is important when bringing my child to pre-school to inform their keyperson if they have already had a dose of Calpol or similar analgesic containing paracetamol before the session.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I give permission to Broadshires Pre-School to seek emergency medical advice, or treatment for my child, and for my child to be taken to the nearest Accident and Emergency Unit to be examined, treated, or admitted as necessary. I understand that every attempt will be made to contact me, and a member of staff from Broadshires Pre-School will accompany my child and stay with them until my arrival.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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My child is not allergic to plasters, and I give my permission for them to be used if necessary.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I give permission for records to be kept of my child's activities and achievements at Pre-School and that these can be shared with any other early years setting that my child attends. I understand that a summary will be forwarded to the appropriate primary school.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

I give permission for my child's learning journey to be worked on outside Pre-School at their keyperson's home.  
Signature of parent/guardian \_\_\_\_\_

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I give permission for Pre-School staff to take photos of my child playing/learning, and for them to be included in wall displays, in my child's personal records, and Pre-School picture books. As photographs are taken whilst children play, sometimes in small groups and with friends, I understand that children may be included in each other's files.

Name of child \_\_\_\_\_  
Name of parent \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I confirm that I have been informed of the policies adopted by Broadshires Pre-School, and that a folder of policies is always available to read, and are available on the website.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I give permission for photographs of my child to appear on the Broadshires Pre-School website, and that they could be used in the Parish Pump magazine. I understand my child's name will never be used.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I acknowledge the following forms may be used whilst my child attends pre-school. You are asked to tell us about any of these situations, provide details to complete the form and sign it.

- \* Medication administered at home.
- \* Medication prescribed by a doctor.
- \* Pre-existing injury form.

We also use the following:

- \* Discussion with parents form.
- \* Children's incident form.
- \* Initial complaints form.

If any of these forms are used they will be kept with your child's personal details.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I understand that I must not use a mobile phone whilst on Pre-School premises or in the building. I will not take photographs of my child or other children during sessions. At events such as the Nativity or sports day, I will not put any photographs taken of my child which include other children, or taken of other children, on social media such as Facebook, Snapchat or Instagram.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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I have been informed that the Privacy Notice is on the web site and agree that the necessary information will be stored in the way described.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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In line with our Information Sharing Policy, I understand that information may be shared without my consent in regard to safeguarding children, or to prevent a crime being committed, or to intervene where one has been committed, and that not sharing information could lead to a worse outcome.

Name of child \_\_\_\_\_  
Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

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**If you would like any help in filling in these forms, please ask a member of staff**

**Key Person Scheme Questionnaire**

Who is in your child's immediate family? (including: siblings; grandparents; aunts/uncles)

If you have a pet, how does your child react towards it?

How, in general, does your child respond to adults/other children?

Has your child been left with anyone before? If so, who? Were they happy to be left?

If your child is distressed, what do you find the best way to comfort them? Do they have comfort objects?

Has your child had their two year check with their health visitor? If so were there any issues or concerns arising from it?

Is your child able to make themselves understood (verbally) to others?

- . uses single words
- . joins two words together
- . talks in sentences

. if your child is not yet speaking, how do they get their needs met?

Which nursery rhymes (if any) can your child join in with or recite

Does your child help in self care and getting dressed.

How does your child tell/ indicate if they have a wet or soiled nappy or need to go to the toilet.

Does your child drink from an open cup?

Does your child make marks, draw/crayon, and if so, do they have a hand they use most?

Is your child physically confident eg. run, kick a ball, climb stairs, ride a trike?

Does your child have interests outside the home eg. swimming lessons, music group?

Has your child got any strong likes/dislikes?

Which things does your child tend to worry about? Is he/she frightened of certain things? If so, please state

What does your child like to play with?

What type of book does your child prefer to look through?

Does your child prefer indoor or outdoor play?

What does your child like to talk about?

What do you feel your child is good at?

How would you describe your child's personality? Please list as many qualities as you can!

What do you hope your child will gain from Pre-School?



# Balanced Healthy Lunches

Some of the staff have recently completed Educare training on food and nutrition. This has highlighted some issues for us, such as the high percentage of young children (nationally) having weight problems, health issues and poor dental hygiene. We have therefore decided to reinforce our policy on having water only in the children's water bottles and not juices or squash. Juices and squash can be included with the children's lunch.

These are some of the ideas taken from this training for lunchboxes, we hope you find them helpful. Try to include an item from each section.

Starchy food. 1 or 2 portions	Protein. 1 portion	Vegetables. 1 portion	Fruit. 1 portion	Dairy. 1 portion
1 portion = ½ - 1 slice of white or wholemeal bread. ½ a bagel. ½ a pitta. 1 wrap. 2 crackers. 2-5 tablespoons cooked pasta / rice. ½ - 1 crumpet.	1 portion = 1 -2 small slices of chicken or turkey. ½ - 1 slice of beef. 2- 3 tablespoons meat or poultry. 2- 4 tablespoons baked beans. 2 -4 tablespoons chickpeas or kidney beans. ½ - 1 boiled egg. 1 -2 tablespoons hummus.	1 portion = ½ - 2 tablespoons of broccoli. ½ - 2 tablespoons sweetcorn. 2- 8 vegetable sticks. 1- 3 tablespoons of cooked carrot.	1 portion = ¼ - ½ an apple. 3- 10 small grapes. 1 -4 cherry tomatoes. ¼ - 1 banana. ½ - 1 satsuma. 2 - 4 tablespoons canned fruit.	1 portion = 125g natural yoghurt. 2 small fromage frais (beware of high sugar content). 2 - 5 tablespoons of rice pudding. 4 tablespoons of grated cheese. ½ - 1 tablespoon of cottage cheese. 6 tablespoons of custard.

## Example menu

Monday	Chicken sandwich, pepper sticks, satsuma, yoghurt.
Tuesday	Tuna pitta, cherry tomatoes, grapes, cubed cheese.
Wednesday	Bagel, hummus, carrot sticks, blueberries, rice pudding.
Thursday	Pasta with peas, hard boiled egg, dried mango, custard pot.
Friday	Crackers with soft cheese, turkey slices, celery, strawberries.

Educare suggest if you are unsure on portion sizes, place the entire lunchbox contents onto your child's usual sized plate and see if it looks enough or too much.

For more information please come and see a member of staff, or visit [Good Health Guide](#)