



Agreement Form Name of Child _____

Childs Legal Guardians – Mother/Father/Mother & Father/ Other. If Other, Please state Name, and Relationship to Child

* Delete as appropriate

I agree to my child attending Leonard Stanley Early Years, (part of Leonard Stanley School, therefore all agreements relate to Early Years and School)

* Yes / No

I agree that it is my responsibility to make sure that I attend on my duty days, or to make sure someone suitable is able to attend for me.

* Yes / No

I agree for my child to be taken on walks to the park, local farm etc.

* Yes / No

I give permission for staff to take photographs of my child, and for such photographs to be used for display purposes, and on any current, or future website of Leonard Stanley Early Years or Leonard Stanley School.

* Yes / No

I give permission for staff and students to do observations for child assessment and student assignments.

* Yes / No

I give permission for the contents of the first aid box (including plasters) to be used as necessary on my child by a qualified first aider. I also give permission for a qualified first aider to seek any necessary emergency medical advice or treatment.

* Yes / No

I agree for my child to access the internet for curriculum purposes.

All internet access is with adult supervision and only appropriate sites are accessible

* Yes / No

I agree to pay the one-off registration admission fee and deposit and all session fees, (including Holidays, illness etc.) from when my child starts until the time they are able to receive Nursery Grant Funding of up to 15 hrs (or 30 hrs if eligible)

* Yes / No

When my child receives Nursery Grant Funding, I agree to pay the difference between the amount paid by Gloucestershire County Council (GCC) and the total due to the setting for all the hours attended.

* Yes / No

I agree that if my child is absent due to any reason, I will notify Early Years and I agree to pay for all absent sessions (01453 827681).

* Yes / No

I understand that there is a notice period of **1 term fees (approx. 6 weeks)** at the current hourly rate to cancel sessions. I agree to abide by this notice period.

* Yes / No

I understand that late pick up after sessions will incur financial penalties related to the current hourly rate.

* Yes / No

If my child is absent for three weeks or more without good reason, I understand that the Management reserves the right to remove sessions allocated.

* Yes / No

I understand that the management reserves the right to remove session allocated if fees are not paid.

* Yes / No

I have read, and agree to all the statements above.

Signed _____ Date _____ Parents Name _____