**Session Booking Form**



|  |  |
| --- | --- |
| Child’s Full Name: |  |
| Child’s Date of Birth: |  |

|  |  |
| --- | --- |
| Start Date |  |
| End Date |  |
| Term Only | (please tick) |
| Full time (50 weeks) | (please tick) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **0-2 years old** | **2 years old** | **3-4 years old** |
| Child’s age at registration |  |  |  |

|  |  |
| --- | --- |
| 3–4-year-old pupil premium no: |  |
| 2-year-old funded reference no: |  |
| 30-hour code |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sessions** | **Times** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| Breakfast Club | 07.45 - 09:00 |  |  |  |  |  |
| Morning Session | 09:00 - 12:00 |  |  |  |  |  |
| Afternoon Session (includes Lunchtime) | 12:00 - 15:00 |  |  |  |  |  |
| After School Club | 15:00 - 18:00 |  |  |  |  |  |

Please write the agreed hours in the columns if the hours are different to the above.

Bookings are flexible- hours other than above sessions may be agreed by Manager. Please write hours in boxes that you would like.

I hereby agree to pay all fees and charges incurred for childcare provided by Little Love Lane for the child named above for whom I have Parental Responsibility under the Children Act 1989:

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

Please Note: No bookings are definite until confirmed by the Manager.

**Information needed**

**We only need one parents contact details to set your child up on our app. The app we use is called Famly. You will be sent a link which allows you to create a profile for your child. You will then need to add all the relevant information such as, other parent/ carer, immunisations, permissions, allergies, photos, collection contact list. Please only add the email to the parents/ carer- not for other family members.**

 **The app will prompt you to fill this information in.**

**We will need this completed before the first settling session.**

Parent/carer name:………………………………………

Mobile:…………………………………………………………

Address:

Email:……………………………………………………………

Childs name: …………………………………………………

Childs DOB……………………………………………………

Funded YES – NO (please circle)

If yes, please provide a copy of the child’s birth certificate or passport,

From the parent that applied, we will need their DOB and national insurance number.

Requested sessions- please fill in separate sheet that is included in this pack.

**All about me**

*Getting to know my family and me*

* My age on starting Little Love Lane is …………………………………………
* I liked to be called………………………………………………………………………..
* My first language at home is………………………………………………………..
* Other languages in my family are………………………………………………….
* Who lives in my house…………………………………………………………………….
* My experience of being away from my family………………………………….
* My experience of playing with other children………………………………….
* Special people in my life…………………………………………………………………..
* My family and I celebrate………………………………………………………………….
* Important events in my life……………………………………………………………….

*Interests & Preferences*

* Things that excite me and make me happy………………………………………
* My favourite books, rhymes, activities, toys and places to go………….
* Things I like doing outside………………………………………………………………..
* My weekly routine is……………………………………………………………………….
* Things I can sometimes get angry or upset about…………………………….
* Things that comfort me……………………………………………………………………

*Food and Drink*

* I usually eat……………………………………………………………………………………..
* My favourite foods are…………………………………………………………………….
* My favourite drinks are……………………………………………………………………
* I do not like………………………………………………………………………………………
* I am happy to try new foods?…………………………………………………………..

*Health and Development*

* Medical info………………………………………………………………………………………
* I do/ do not have allergies………………………………………………………………..
* Healthcare……………………………………………………………………………………….
* I am good at…………………………………………………………………………………….
* I need help with……………………………………………………………………………….
* I communicate by………………………………………………………………………………..
* I respond to new people and situations by…………………………………………
* Concerns about development……………………………………………………………..
* I would handle new situations by…………………………………………………………

*Sleeping and Toileting Routines*

* I like to sleep…………………………………………………………………………………………..
* Nappy changing/toileting information…………………………………………………….

*Goals*

* What would I like to achieve…………………………………………………………………
* My family would like me to achieve………………………………………………………

*Other Information*

* Has your child had a hearing test?...........................................................
* Has your child had a sight test?................................................................
* Has your child undergone a two-year check by the health visitor?.............
* Has your child had chicken pox?.................................................
* Your child’s base temperature? (this is the temperature they have when well, it varies from child to child) …………………...................................