

St Demetrios Pre-School

Established 1992



GENERAL INFORMATION

St Demetrios Pre-School is Ofsted registered, our staff are fully qualified and educational funding are available for 3 and 4 year olds, as well as 2 year olds (Terrific Two's).

If you would like your child to join, then please complete the attached registration form and return it to us at the below address:

St Demetrios Pre-School
c/o St Demetrios Church
Town Road / Logan Road
Edmonton N9 0LP

TEL 020 8807 4508 or 07960 276 679

St Demetrios Pre-School will take children from the age of two, up to school age providing that places are available. Our Pre-School operates between:

Open Monday to Friday:
Morning Sessions 9.00 – 12 noon
Afternoon Sessions 12.30pm – 3.30 pm
plus Flexible Hours to 4pm

FEES

One-off Registration Fee: £_____

Fee per session: £_____

Fees are to be paid weekly. Please note that fees are still payable in full should your child be absent for any reason including sickness and holidays during term time.

Thank you for your interest in our Pre-School. If you wish to register your child please complete the attached form in block capitals and return it to the above address.

Yours faithfully,

Gina George
Manager, St Demetrios Pre-School

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Further Information

The St. Demetrios Pre-School offers a variety of activities for the children's personal development and learning skills.

Some examples of such activities include:

- Arts & Crafts (i.e. painting, drawing, printing, cutting out, sticking, etc.).
- Music making.
- Singing.
- Rhymes & Movement.
- Imaginative Play (i.e. puppet theatre, dressing up, home corner, cooking, book corner, interest table).
- Circle Time (discussion, singing, stories).
- Counting.
- Recognition of numbers.
- Name / Shape & Colour.
- Physical Play (slide, climbing frame, bikes and buggies, football, etc.).
- Playing with dough, clay, sand, water, puzzles, games & construction toys.
- Circle Time will include a drink and some fresh fruit.

Our planning and activities are in accordance with the Dfee (Department of Education & Employment) curriculum guidance for the Early Years Foundation Stage (every child matters framework).

Occasionally we will have visitors to talk to the children such as Police Officer's, Firefighter's or Dental Hygienist etc.

Children Parties are held at Christmas and in July. We also celebrate the Greek Orthodox Easter, Chinese New Year, Ramadan, Jewish New Year and Eid.



Please feel free to contact us contact us with any queries that you may have.

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REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE

I would like my child _____
to attend St Demetrios Pre-School and I agree to accept and abide by the terms and conditions
presented in the attached letter regarding the placement of my child at St Demetrios Pre-School.
I understand that should I wish to remove my child from the Pre-School I must give the required
notice.

Signature of Parent/Guardian _____ Date: _____

Please state the number of sessions required each week : _____

Please circle AM or PM to indicate whether you require morning or afternoon sessions

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM

**THE FOLLOWING INFORMATION IS REQUIRED BY LAW FOR ALL CHILDREN
ATTENDING THE PRE-SCHOOL**

Name of child: _____

Date of Birth: _____

Address: _____

Post Code: _____

Home Telephone: _____ Mobile: _____

Full name of Parent / Guardian

Full address of Parents/Guardians

Name & Address of parent/guardian the child resides with:

Parent/Guardian contact telephone numbers:

Work: _____ Work: _____

Mobile: _____ Mob: _____

Home: _____ Home: _____

Emergency Contact Details of two (2) authorised adult who can collect child:

Name: _____ Tel: _____

Name: _____ Tel: _____

Authorisation Password for releasing child to the care of the nominated emergency adult:

Names of parents/careers who have parental responsibility for the child:

Names of parents/careers who have legal contact with the child:

Name of family Doctor: _____

Address: _____

_____ Post Code: _____

Telephone No. _____

Please give dates of your child's immunisations to date:

Does your child have any allergies? If so please give details:

Does your child have any special educational needs (SEN):

Does your child require an Educational Health Care Plan (EHCP): **YES / NO** (please circle)

Is there any other information you wish to share about your child's medical needs? **YES / NO**

If YES:

What is your child's first language spoken at home: _____

Does your child speak English? YES NO (please circle)

Does your child understand English? YES NO (please circle)

Does your child have any dietary requirements? _____

Has your child had any infectious illnesses (i.e. chicken pox etc.) to date?

I give permission for first aid emergency treatment to be administered to my child and for an ambulance to be called if it is considered necessary.

Signature of Parent/Guardian _____ Date: _____

Is there any other important information relating to your child that we should be made aware of? _____

Signature of Parent/Guardian _____ Date: _____

I give full permission to St. Demetrios Pre-School to take my child on outings or visit i.e. Shops, Places of Interest, etc.

Signature of Parent/Guardian _____ Date: _____

Please state which religious or cultural festivals your family celebrate

Do you give permission for your child to be photographed individually or in a group during activities? **YES** **NO** (Please circle)

To best of my knowledge all the information that I have provided are correct at the time of completing the Preschool Registration Form

Full Names of Parents/Careers:		
Address:		
Signature/s		
Date		

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Notice of withdrawal

St. Demetrios Preschool
c/o St. Demetrios Church
Town Road / Logan Road
Edmonton
London
N9 0LP

Policy:

Dear Parents / Guardians,

The Preschool requires a one month written notice or payment in lieu if the child is to stop attending. In the absence of the required notice the parent/guardian will be liable for the one month's fees.

Subsequently the Preschool will issue a one-month notice to the parent/guardian if the preschool wishes a child to cease attending.

Declaration:

I/we the undersigned have read the above and agree to the terms and conditions of withdrawal notice of the preschool

Child's Name:	
Parents/Guardians Names:	
Parents/Guardians Signatures:	
Date:	

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Key-workers

Dear Parent/Carer of: _____

We have a key-working system at the pre-school. Your child will be assigned a member of staff who will be their key-worker and will take responsibility for your child's development and progress whilst at the pre-school. Your child's key-worker will provide regular updates about your child and is available to help with any issues relating to your child.

Key- worker is: _____

We will be arranging appointments for you to come and get to know your child's key-worker where you will be able to look at your child's work and he/she will be able to share some of the activities that take place during the year.

Your child will be informed who their key-worker is by the introduction of a colour scheme, where a colour will be associated with a member of staff.

Please do not hesitate to speak to any member of staff if you have any queries with the above

Kind regards

St. Demetrios Pre-School

St Demetrios Orthodox Church

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OBSERVATION POLICY

Dear Parent/Guardian,

We are required to provide detailed plans and records on the learning and development of your child. As part of the planning and assessment process, we will be using informal and formal observations of your child, ensuring we provide age and stage appropriate activities, whilst taking into account your child's interests and individual needs.

Methods of Observation we may use include:

- Written Observations
- Memory Books
- Homework

We receive inspections from Ofsted. During these visits, we are required to show how we use the Early Years Foundation Stage (EYFS), which is a framework to support children in their earliest years. The Ofsted Inspector may ask us to provide evidence of the observations and records, which we have, for the children in our care. The aim for this is to ensure that a high standard of quality care is maintained, thus providing positive outcomes for your child.

We will share and discuss the observations and activity plans with you at any time, by doing so this becomes a part of the ongoing care and development of your child. We are aware of confidentiality and will only use your child's first name or initial where appropriate.

I have discussed the above areas with my child's keyworker and I am happy to give my permission for written observation and activity plans to be views by Ofsted.

Parent/Guardian Name: _____

Child's Name: _____

Parent/ Guardian Signature:

Date: _____



MEDICAL TREATMENT & ADVICE POLICY

Dear Parent / Carer,

Please be advised that as a professional practitioner I have attended a 12 hour First Aid Course, as required by OFSTED, I am able therefore to carry out basic First Aid for the safety and the wellbeing of your child. All incidences of injury or illness will be recorded in the Accident / Incident & Medication Record Book. This must be acknowledged and signed by all relevant parties including yourself.

It is important to note that I can offer immediate First Aid ONLY. After an incident or accident has occurred it is the responsibility of the parent / carer to seek further medical advice in ALL circumstances as underlying medical problems may not be evident. Cuts may become infected or bruises may be concealing a more serious injury for example, therefore, it would be prudent and strongly advisable that you consult a medical professional such as your GP or the NHS Direct Line on 111, and A&E if your GP is unavailable and you feel concerned.

Name of practitioner: _____

Signature of practitioner: _____

Date: _____

I Understand that I am advised to seek qualified medical advice following any incident or accident to my child and that any decision not to do so is mine alone.

Name of Child: _____

Name of Parent / Carer: _____

Signature: _____

Date: _____

ETHNIC ORIGIN

partment for International Development wants to ensure that all applicants are treated whatever their race, colour or ethnic origin. To do this we need to know about the ethnic people who apply to join us. These categories were used in the 2011 Census and are listed alphabetically. Which groups do you most identify with?

mark 'X' in only **ONE** box in column A and only **ONE** box in column B

COLUMN A

British or Mixed British

English

Irish

Scottish

Welsh

Any other? (please specify)

.....

COLUMN B

ASIAN

(A) Bangladeshi

(B) Indian

(C) Pakistani

(D) Any other Asian background (please specify)

BLACK

(E) African

(F) Caribbean

(G) Any other Black background (please specify)

CHINESE

(H) Any Chinese background (please specify)

MIXED ETHNIC BACKGROUND

(I) Asian and White

(J) Black African and White

(K) Black Caribbean and White

(L) Any other Mixed ethnic background
(please specify)

WHITE

(M) Any White background (please specify)

ANY OTHER ETHNIC BACKGROUND

(N) Any other ethnic background (please specify)

.....

For statistical purposes, all boxes in Column B, other than Box M, count as 'ethnic minority' representation.

RELIGION OR BELIEF

What is your religion or belief (including non-belief)? Please mark 'X' in the box below as appropriate.

Agnostic

Atheist

Bah'ai

Buddhist

Christian - Orthodox

Christian - Catholic

Christian - Protestant

Christian - Other

Hindu

Humanism

Jain

Jewish

Muslim

Pagan

Sikh

Rastafarian

Scientologist

Shinto

Zoroastrian

No religion or belief

Prefer not to say

Any other religion or belief

Please specify below, if you wish.

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