

Stithians Pre-School, Stithians Centre, Stithians, Cornwall TR3 7DH

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Charity Registration No. 1032443

**Stithians Preschool Childcare Agreement**

Welcome to Stithians Preschool!

This Childcare Agreement is between Stithians Preschool and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent

name(s)), the parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child name(s)).

We will look after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name(s)) during the contracted hours indicated below. If you require further hours, please contact us in advance to arrange this.

We are registered with Ofsted, URN 102875.

We will provide your child(ren) with suitable developmental activities and experiences appropriate to their age and following the **Early Years Foundation Stage Framework**. We will regularly provide you with feedback about your child(ren)’s development.

Your child(ren) will be allocated a Key Person who will complete their weekly Tapestry learning log and be a point of contact for you and your child(ren) while at the preschool. You will receive more information about your child(ren)’s Key Person in your information pack after your child(ren)’s settling in period.

Please read, sign and date this Childcare Agreement to confirm your child(ren)’s place at the setting. If there is anything you are unsure about, either before or after your child(ren) joins the Preschool, please feel free to arrange a meeting with the Preschool Manager, Linsey Alston, or any other member of staff. We look forward to caring for your child(ren) at Stithians Preschool!

I/We understand that:

**1**. My child(ren) ............................................. will be attending the Preschool for the following contracted hours:

| **Day** | **Start Time** | **End Time** |
| --- | --- | --- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Any changes to regular attendance must be requested in writing and are subject to availability and approval.

**2.** The hourly rate for this setting is £6.50/hour for 2 year olds, and £5.30/hour for 3+ year olds. If my child(ren) attend(s) the B4 or L8 club the rate is £6.50/hour for 2 year olds, and £5.60/hour for 3+ year olds. I will book my child(ren) into the correct session for their needs and agree to pay the correct fees for their age and attendance.

**3.** My child(ren) will attend for ......... hours per week and will receive Pre-School Funding for ......... hours.

Fees for any hours additional to government funding are due monthly in arrears and must be paid by the due date on the invoice (usually 14 days from the date of issue). If I fail to pay the invoices on time, I understand that my child(ren)’s place at the Preschool may be terminated.

I understand that late payments of invoices will incur a late payment fee of **8%** of the total amount, which will be added to any outstanding balance. If fees remain unpaid for 2 invoices, the Preschool reserves the right to suspend my child(ren)’s childcare place until payment is made in full.

**4.** A charge of **50p** per day will be applied to cover the cost of sundries and snacks, which will be charged on a termly basis. I agree to notify Preschool staff of any allergies or dietary requirements for my child(ren) in writing.

**5.** If my child(ren) is/are absent from Preschool due to illness, session fees will still be payable in full unless in exceptional circumstances (and at the discretion of the Preschool Manager). If my child(ren) will be absent due to holidays, I agree to give a minimum of two weeks’ notice to Preschool staff. I understand that failure to do so may result in session fee charges being applied, at the discretion of the Preschool Manager.

**6**. If my child(ren) is/are not coming to Preschool, I will let Preschool staff know as soon as possible. I understand that I must inform the Preschool if my child(ren) has/have any illness or has/have to go to hospital for any reason. I understand that my child(ren) cannot return to Preschool after sickness or diarrhoea until they are clear of these symptoms for 48 hours or more.

**7.** I, or an authorised individual, will collect my child(ren) punctually at the end of the Preschool session. If someone else is collecting my child(ren), I agree to tell a member of Preschool staff in advance.

The following individuals are authorised to collect my child(ren):

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that changes to authorised persons must be notified in writing, and a password system may be used for extra security.

I understand that if my child(ren) is/are collected more than **5 minutes** after the session end time, a late collection fee may be charged to cover the additional staffing and operational costs, at the discretion of the Preschool Manager. The late fee will be £13 for every 15 mins (or part thereof) after the 5 minute grace period. I understand that persistent late collection may result in review of my child(ren)'s place at the Preschool.

**8**. The Preschool will make every reasonable effort to remain open during our published hours. However, there may be occasions when closure is necessary due to circumstances beyond our control. These may include, but are not limited to:

* Severe or extreme weather conditions (e.g. heavy snow, flooding, heatwaves)
* Power or utility failures
* Public health incidents or infectious disease outbreaks
* Emergency situations (e.g. fire, evacuation, staff shortages, or advice from authorities)

In such cases:

* Preschool staff will inform parents/carers as soon as possible via text/email/phone call/social media notification.
* If the Preschool is required to close part way through the day, I understand that I or an authorised individual will be expected to collect my child(ren) promptly.
* No refunds or reductions in fees will be given for closures due to events outside of the Preschool’s control.

The Preschool will follow any guidance issued by local authorities or regulatory bodies (e.g. Ofsted, Public Health England) regarding closure and reopening.

**9.** This agreement is in place for the period my child(ren) attend(s) the setting. The Preschool will notify me of any changes in writing. Either party may terminate this agreement by giving one months’ written notice, except in extenuating circumstances and at the Preschool Manager’s discretion.

The Preschool reserves the right to terminate my child(ren)’s place in the event of non-payment, serious breach of terms, or safeguarding concerns.

I/We have read and fully understood the [Preschool Policies](https://www.stithianspreschoolb4andl8club.co.uk/policies-documents) and have given all relevant information about my child(ren) to the setting. I/We confirm that the above information is correct and that I/we agree to the Preschool Policies, and to the terms set out in this Childcare Agreement.

**Signed by Parent/Guardian 1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed by Parent/Guardian 2 (if applicable):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed on behalf of Stithians Preschool:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_