



# CHILDREN'S CENTRE MEMBERSHIP FORM

( with effect from 1<sup>st</sup> April 2016 )

Insert CC  
logo here

<b>Setting name</b>	
<b>Setting address</b>	
<b>Setting contact info</b>	

Family ID:  
Child's Name:

## How will we use the information on this form?

- To let you know about services and activities running at the setting, including nursery provision where applicable
- To contact you to find out your views about our Children's Centre service
- To help you to get support from other services and partners in the area
- To monitor and evaluate the services you receive

<b>If you know your family ID, please enter it</b>	
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## Section 1 – How we will keep your information safe

I am the parent of the child named on this registration form or hold Parental Responsibility for him / her. I understand and agree that the information I have provided, including information on activities and events attended:

- Can be used to monitor and evaluate the Children's Centre programme
- Will be available, where applicable, to partnership settings who are bound by protocols regarding confidentiality
- May be shared with other agencies working with children including schools, health services, voluntary organisations, commissioned organisations and other professionals in the interests of safeguarding and the welfare of children

I also understand that if I am providing personal information about other people it is my responsibility to inform them of the information included in this declaration.

<b>I give consent for the Children's Centre to:</b>	<b>For use in the Children's Centre</b>	<b>For use in Children's Centre publicity / training materials</b>
<b>Take photos of my child</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Take video footage of my child</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If these images or footage are to be used outside the Centre, separate specific consent will be sought.

Where appropriate, you may be able to access Children's Centre services until your youngest child transfers to secondary school and therefore the details you have provided on this form will be stored until that time.

If, at a future date, the Children's Centre is made aware of any changes in the information originally provided on this membership form (e.g. new baby born, change in working status) and this change is confirmed by a family member, the Children's Centre will update their records accordingly.

	<b>Parent/Carer</b>	<b>Children's Centre Representative</b>
<b>Name</b>		
<b>Signature</b>		
<b>Date</b>		

<b>How did you hear about us?</b>	
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**If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please telephone 0117 37 73 237**

## Section Two – Parent/Carer Information

All questions marked \*\* must be completed.

	Parent/Carer 1	Parent/Carer 2
<b>Title</b> e.g. Mr, Ms, Mrs etc.		
<b>**First name</b>		
<b>Middle name</b>		
<b>**Surname/family name</b>		
<b>**Date of Birth</b>		
<b>Country of Birth</b>		
<b>**Relationship to child</b>		
<b>Gender</b> (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
<b>Parental responsibility?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have regular contact with children?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Estimated due date</b>		
<b>Family GP surgery name</b>		
<b>Are you a lone parent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Marital status</b> (please tick)  Where 'other' is selected, please write in.	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> Married <input type="checkbox"/> Relationship (not living together) <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Living with partner <input type="checkbox"/> Married <input type="checkbox"/> Relationship (not living together) <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
<b>Home phone number</b>		
<b>Mobile number</b>		
<b>Email address</b>		
<b>Home address</b> including postcode		
<b>Currently working?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please give more details about your work status</b> (e.g. employed full-time, unemployed )		
<b>Are you in receipt of Healthy Start vouchers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>Spoken language</b>		
<b>BSL or Makaton user?</b>	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton
<b>Written language</b>		
<b>Reading language</b>		

<b>Translator required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Section Three – Child information

Please complete for all children, including over 5's. All questions marked \*\* must be completed. This sheet can be photocopied for additional children if necessary.

	Child 1	Child 2	Child 3
<b>**First name</b>			
<b>Middle name</b>			
<b>**Surname/family name</b>			
<b>Gender (please tick)</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>**Date of Birth</b>			
<b>Country of Birth</b>			
<b>Birth weight (kgs)</b>			
<b>Number of weeks breastfeeding</b>			
<b>Child's primary carer</b>			
<b>Spoken language</b>			
<b>BSL or Makaton user?</b>	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton	<input type="checkbox"/> BSL <input type="checkbox"/> Makaton
<b>Written language</b>			
<b>Reading language</b>			
<b>Translator required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Registered with a dentist?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Up to date with vaccinations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>Please use this space for anything else you want to tell us about your child e.g. special needs</b>			

## Section Four – Social care involvement

\*\*“Child in need,” “in care,” and “child protection plan” have specific meanings for social care – if you're not sure whether they apply to your child, please ask the Children's Centre staff.

	Please tick	Which child?
<b>Is there a social worker involved with your family?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick the box(es) matching the child columns above
<b>If yes, is your child...*</b>		
<b>Subject to a child protection plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>In care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>A child in need?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>If no, has there ever been a social worker involved with your family?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Who is your social worker?</b>	
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## Section Five – Further information (parents/carers)

We would like to ask you to complete this information about parents/carers only – you do not need to complete this for any children. We use this information to make sure we are offering services to lots of different people in our area, and to see where we could do better. We also use this information to look at whether we can offer specific support to different groups.

Please complete each section for every parent/carer you have named on this form.

**If you have lived at any other addresses in the last 5 years, please write them in here:**

Date moved in	Date moved out	Address	Postcode

<b>Is anyone in your household currently working?</b> (please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, when did the last person stop working?</b> (please give date)		
<b>If no, what is the reason?</b> (please tick) Where 'other' is selected, please write in.	<input type="checkbox"/> Disability/health issue <input type="checkbox"/> Full-time parent/carer <input type="checkbox"/> Retired	<input type="checkbox"/> Studying <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:

	Parent/Carer 1	Parent/Carer 2
<b>Sexual orientation</b> (please tick)	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Prefer not to say

**Is there anything specific you would like to talk to a member of Children's Centre staff about?**

If there is, please tick below and we will be in touch.

Type of support (tick if required)	Type of support (tick if required)
<input type="checkbox"/> Adopted children	<input type="checkbox"/> Involvement of other family members in childcare
<input type="checkbox"/> Child development	<input type="checkbox"/> Local childcare information
<input type="checkbox"/> Child vaccinations	<input type="checkbox"/> Mental health
<input type="checkbox"/> Domestic violence and abuse	<input type="checkbox"/> Physical health
<input type="checkbox"/> Employment and training	<input type="checkbox"/> Stopping smoking
<input type="checkbox"/> English language support	<input type="checkbox"/> Substance misuse
<input type="checkbox"/> Family member in prison	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Family newly arrived in the area	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Fostering arrangements	
<input type="checkbox"/> Home safety	

## Section Five – Further information (whole family)

		Parent/ Carer 1	Parent/ Carer 2	Child 1	Child 2	Child 3
<b>Disability</b>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deaf or BSL user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	General learning difficulties/SEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Specific learning difficulties e.g. dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mental and emotional distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A health condition e.g. HIV/ multiple sclerosis/cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion</b>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify)					
	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ethnicity</b>						
<b>White</b>	White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Western European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Eastern European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other White (specify)					
<b>Asian/ Asian British</b>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other Asian (specify)					
<b>Black/ Black British</b>	Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Black Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other Black Background (specify)					
<b>Mixed/ Dual Background</b>	White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other Mixed Background					
<b>Chinese</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any Other Ethnic Group</b>	Iraqi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kurdish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)					
	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# DAY CARE AGREEMENT FORM

1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017

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## DAY CARE SESSIONS BOOKED

Session	Monday	Tuesday	Wednesday	Thursday	Friday

## WRAPAROUND CARE BOOKED (if available on site)

Session	Monday	Tuesday	Wednesday	Thursday	Friday

## INVOICE PERIODS

### Charging Periods: April 2016 – March 2017

Month	Invoice Date	Fee for Period*	Payment Due Before
April	11/03/2016		01/04/2016
May	11/04/2016		01/05/2016
June	11/05/2016		01/05/2016
July	11/06/2016		01/07/2016
August	11/07/2016		01/08/2016
September	11/08/2016		01/09/2016
October	11/09/2016		01/10/2016
November	11/10/2016		01/11/2016
December	11/11/2016		01/12/2016
January	11/12/2016		01/01/2017
February	11/01/2017		01/02/2017
March	11/02/2017		01/03/2017

\*Fees shown cover the cost of regular sessions as shown above for a calendar month.

**All fees must be fully paid by the due date shown above, unless agreed with the Daycare Manager or equivalent. Failure to do so may result in the loss of your child's place.**

Any charge for the late collection of children will be clearly identified and added to the next appropriate invoice.

Any occasional additional sessions are dependent on capacity and the prior agreement of the Daycare Manager or equivalent. Fees for these sessions should be paid for at the time of request.



# DAY CARE AGREEMENT NOTES

## CLOSURE DATES

The setting will be closed for all public holidays, as well as the following dates for staff training / closure days: \_\_\_\_\_ (*setting to insert dates*)

## SECURING A PLACE

A deposit may be required to secure a child's place within the setting.

The deposit is non-refundable if less than four weeks notice is given of a decision not to take up an allocated place.

All monies received as deposit will be deducted from the first invoice.

## TERMINATION

Four weeks notice of termination of this Agreement shall be given to the setting.

The parent / carer will need to complete and submit a Termination Form to the Daycare Manager or equivalent.

Failure to provide four weeks notice will incur fees charged for the four weeks or part thereof (for fee-paying families).

## ALTERATIONS TO AGREEMENT

Any alterations to the booked sessions must be discussed with staff and are subject to the agreement of the Daycare Manager or equivalent.

A new Day Care Agreement must be completed to include details of any ongoing adjustments to the current arrangements.

Occasional / adhoc additional sessions maybe available dependent upon the capacity in the setting and the prior agreement of the Daycare Manager or equivalent. A request form will need to be completed and all fees are due at the time of request.

## LATE PICK UPS

Parents must always advise the setting in the event that they are going to be late picking up their child.

A charge of £10 for the first 30 minutes plus the appropriate session cost for any further delay is liable for the late collection of children beyond the agreed session end.

If the delay in collecting your child goes beyond 6.30pm a further fee of £10 is liable, any delay beyond 6.45pm will result in the implementation of child protection procedures.

## NON-COMPLIANCE

Non-compliance with the terms of this Day Care Agreement may mean the day care placement will cease. Legal action could be taken to recover any outstanding balances and additional charges may be incurred.

## CHILD PROTECTION

All registered settings in Bristol have to conform to Bristol's Child Protection Procedures and any concerns about the safety or care of a child will be discussed with the parent / carer wherever possible.



## FUNDING

Please tick if any of the following apply to you:

- I am / will be in receipt of Working Tax Credit or Child Tax Credit
- I am / will be in receipt of funding from my college / further education institute
- I am / will be in receipt of Care 2 Learn funding

## FEE STRUCTURE

The fees payable excluding meals are:

Session times	0 – 2 years old	2 -3 years old	Over 3 years old

The wraparound charges for over 3s excluding meals are:

Session times	Session rate

Meal charges:

	Cost per meal
Hot meal	
Cold meal	

**Meal charges are not included in the above fees and are an additional cost.**

The above fee structure will take effect from 1<sup>st</sup> April 2016

Reductions in fees as a result of a change in age will take effect no later than the month after a child's birthday.

Invoices will be issued monthly in advance as per the schedule above.

Fees shown above are current at time of printing Day Care Agreement.

Fees will be subject to change.

Any changes in fees will be communicated to parents at least 6 weeks in advance with a new payment schedule.

Fees are payable in full for all absences.

Meal costs are payable in full for all absences unless sufficient notice has been given to the setting.

It is the parent/carer's responsibility to ensure fees are paid. If the parent / carer anticipates a difficulty in making payment on an invoice they should contact the setting as soon as possible so steps can be taken to protect their child's place.

All settings should offer an opportunity for 3+ children to access their free Early Education Entitlement without incurring a meal cost.

Fees will not be payable during setting closure, e.g. public holidays, dates for staff training etc.



# DAY CARE CONSENT FORM

## EMERGENCY CONTACTS

Name:	
Relationship to child:	
Contact number:	

## GP SURGERY INFORMATION

## HEALTH VISITOR INFORMATION

Name:		Name:	
Surgery:		Surgery:	
Address:		Address:	
Postcode:		Postcode:	
Phone:		Phone:	

## AUTHORISED PERSONS

Please provide the names of those people authorised to collect your child.			
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
Please provide a password for use when you would like other people to collect your child.			
<input type="text"/>			

## UNAUTHORISED PERSONS

If there is anyone <b>NOT</b> authorised to collect your child, please provide their names below and appropriate evidence.			
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	

**CHILD'S HEALTH DETAILS***please photocopy as necessary*

Child's Name:	
Medical Conditions:	(Please give more details on a separate medical sheet)
Known Allergies or Sensitivities:	(Please give more details on a separate medical sheet)

**SPECIFIC NEEDS**

SEN Provision: (already in place)	
Specific Religious / Cultural Needs:	
Specific Exclusions from activities, e.g. Celebration of religious festivals (Christmas):	

**FOOD DETAILS**

Preferences:		Intolerances:	
Dislikes:		Forbidden by culture or religion:	
Dietary requirements:	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> No Dairy	<input type="checkbox"/> Other (please specify) _____ _____	

**CONSENT**

I am the parent / carer of the child named above or hold Parental Responsibility for him / her and give permission for staff from _____ (insert name of setting) to seek medical attention for _____ (insert name of child) in the event of an emergency.		
<b>I have received, read, and I agree to the Terms of this Agreement.</b>		
	<b>Parent / Carer</b>	<b>Children's Centre Management</b>
Name:		
Signature:		
Date:		
Date Agreement to Commence:		

***If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please telephone 0117 37 73 237***