

BAMFORD PRE-SCHOOL INDUCTION PACK

Dear Parents / Carers

Welcome to Bamford Pre-school! Please find the following documents, which we need your help to fill in. They are important to ensure that we have the right contact details and permissions for your child, but there are also activities for you and your child to complete that will help us to get to know them better and make sure that they settle-in well here at pre-school.

If you are unable to print out the documents at home or would like some help / guidance to complete them please do not hesitate to let us know and we'll be happy to help.

Many thanks

Bamford Pre-school.

1. Working in partnership
2. Contacts
3. Settling in plan
4. I can draw myself
5. This is my family
6. This is my house
7. Parent profile

Working in Partnership

The EYFS encourages working in partnership with others (childminders, preschools, nurseries & the Health Visitor).

The EYFS Statutory Framework 2017 states ‘Providers must have the consent of parents and/or carers to share information directly with other relevant professionals, if they consider this would be helpful’. (2.5 page14 Statutory Framework for the Early Years March 2017).

Children do best when parents/carers and other professionals work together. Please provide information below about other settings your child may attend.

Child’s Name.....

Child’s DOB.....

	No.1	No.2	No.3
Setting Name	Bamford Preschool		
Setting address	Bamford Preschool Methodist School Rooms, Taggs Knoll Bamford.		
Postcode	S33 0AY		
Tel No.	07591 979 051		
Days child attends setting			
Times child attends setting			
Key Person			

- I agree that **Bamford Preschool** may share information with the child’s other settings above, (No.2, No.3).

Signedparent/carer

Printed Name.....Date.....

Bamford Pre-school

Full name of child

We would like you to list every person you would want us to contact if for some unfortunate reason you were unable to collect your child and we were unable to get hold of any of your usual contacts.

We will only release your child to the named person on this form. (If it is a husband & wife, please state Mr & Mrs.....)

Name	Telephone numbers	Relationship to child

Signed

Date

SETTLING-IN PLAN

for _____ dob _____ start date _____

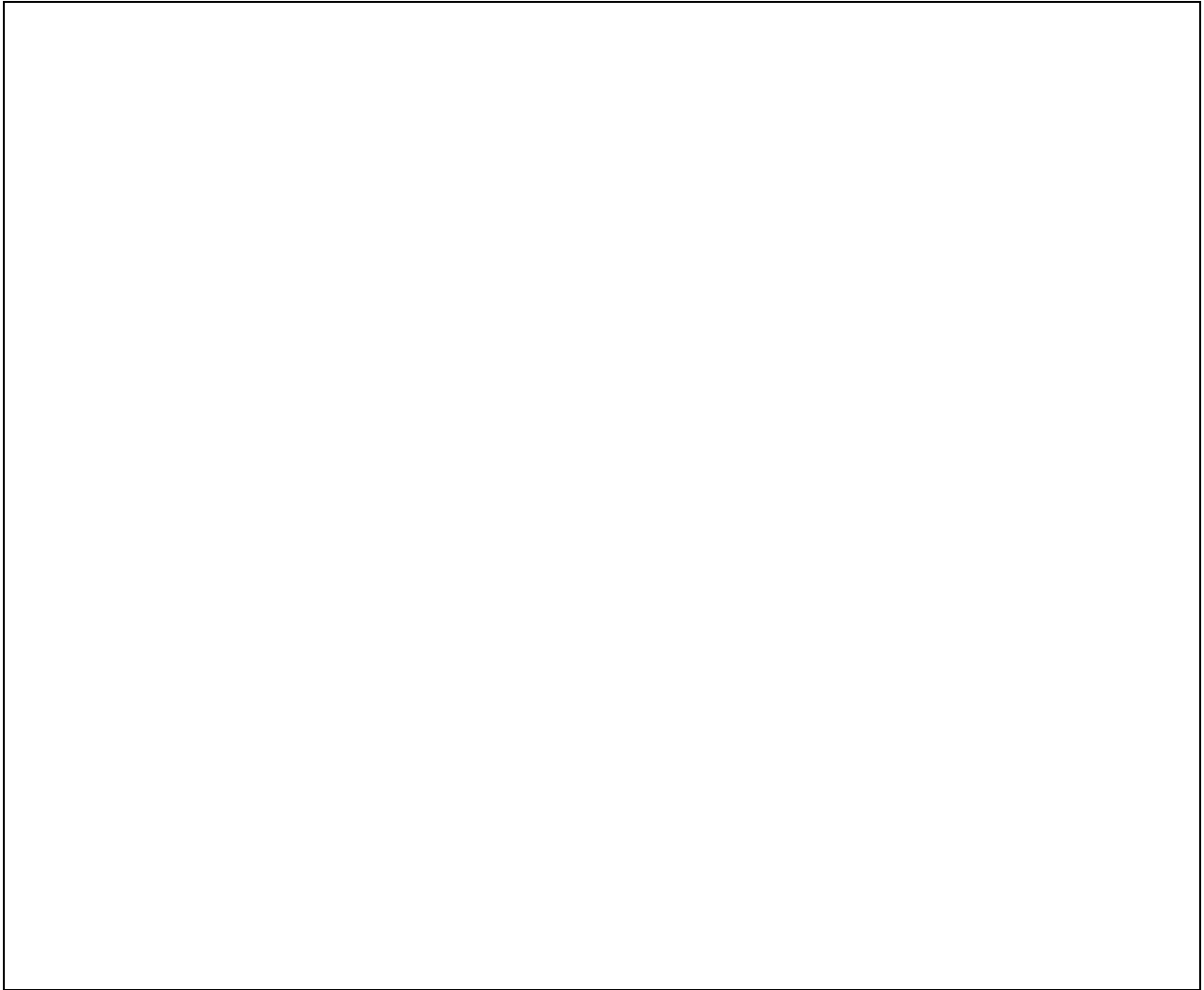
IMPORTANT PEOPLE (parents/carers, family and friends, other care providers, other
IMPORTANT INTERESTS (likes ,dislikes ,interests, toys, games and activities)
IMPORTANT ROUTINES (arrivals and departures ,eating and drinking, and toileting)
ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL

Parent/carer name:

Parent/carer signature:

Today's date:

I can draw myself

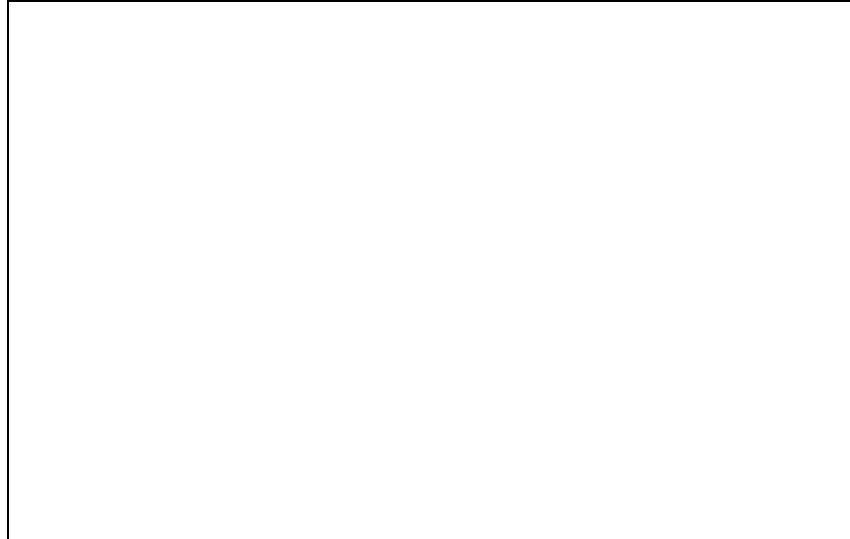


I have _____ eyes

I have _____ Hair

By _____

This is my family



You can draw or put your photograph here

In my family there is

By-----

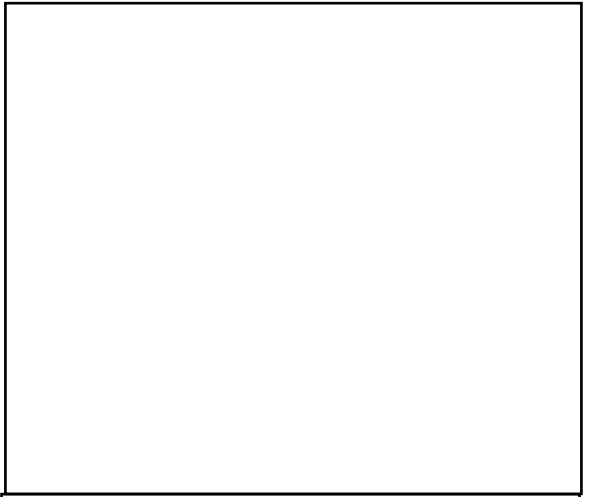
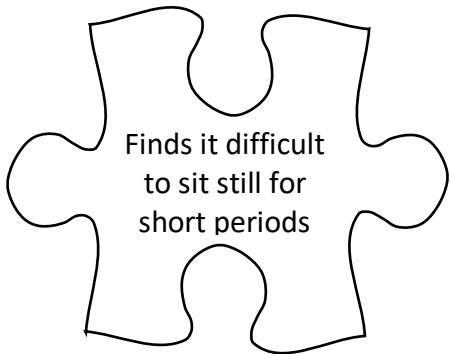
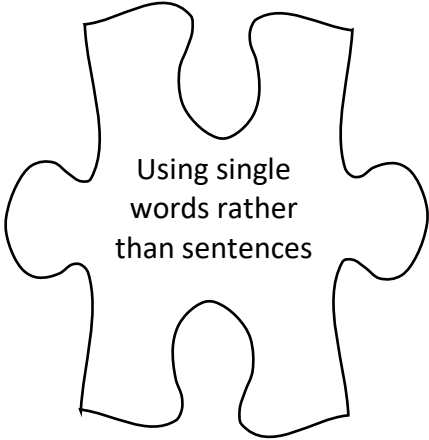
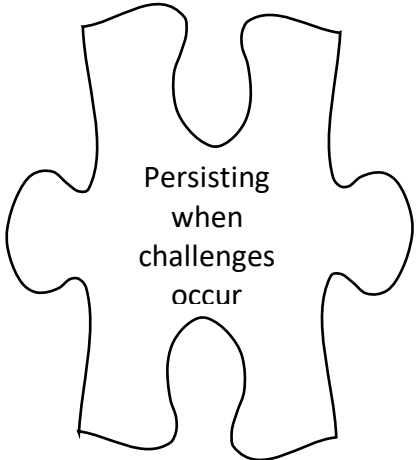
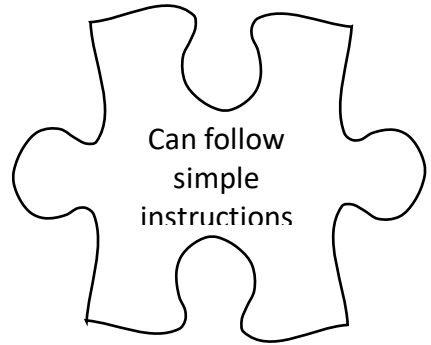
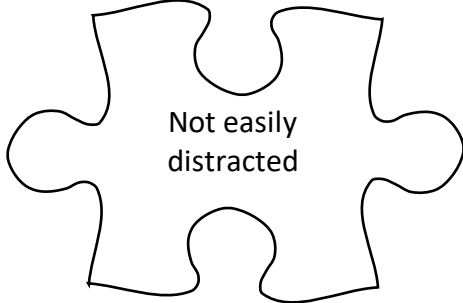
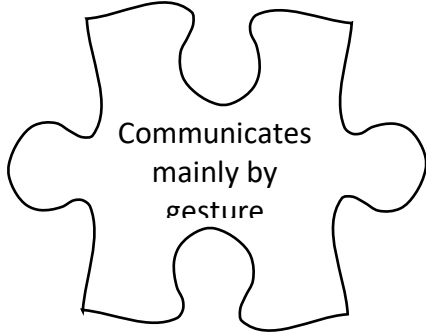
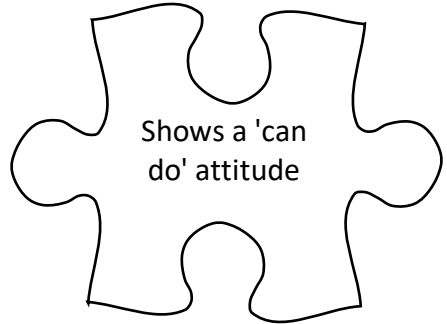
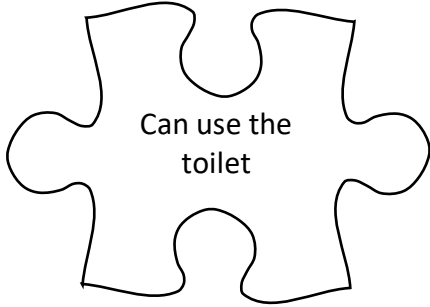
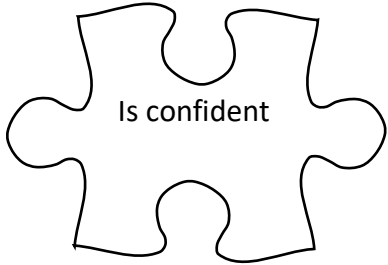
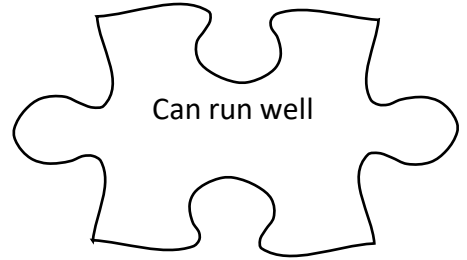
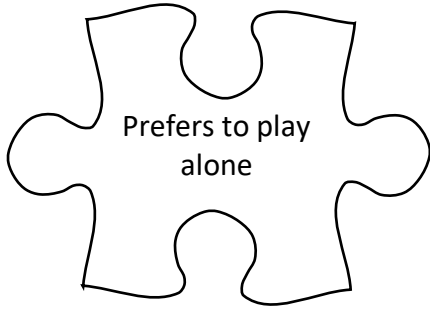
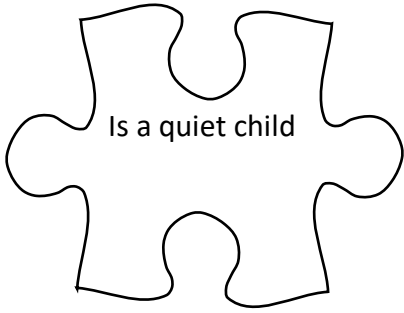
This is my house



You can draw or put your photograph here

My house is

By -----



Name _____

D.O.B _____

Signed _____

Date _____

Parents, p