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| **The Grove Primary School**  **Campkin Road, Cambridge. CB4 2NB**  **Tel: 01223 577017 Fax: 01223 577018**  **Email** [**office@grove.cambs.sch.uk**](mailto:office@grove.cambs.sch.uk) **Web** [**www.thegroveschool.net**](http://www.thegroveschool.net)  **Headteacher Ms Karen Martin** |
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**CHILD CARE PROVISION DURING SCHOOL CLOSURE DUE TO COVID-19**

The government have been very clear in their advice that the safest place for all people, including children, is at home.

Gavin Williamson is the State Secretary for Education. He tweeted on Saturday 21st March:



**The Grove Primary School is closed indefinitely.**

* The school reopened yesterday, Monday 23rd March, as a childcare facility for the children of defined Key/Critical Workers (see list).
* **ONLY** if parents are unable to find any other alternative childcare options (including other parent/family member/friend) should children attend
* School policies/procedures may no longer apply in this setting.
* The provision will operate between 8.45am and 3.30pm Monday – Friday
* Families using this facility must read and complete this registration document
* They must inform us if any of the information they provide changes.
* The information provided to us will be considered carefully, particularly if places become limited due to staff illness or the need to isolate.
* Please help us to give the places to the children of key/critical workers who have no other childcare options.
* Please do not put your child/family/household at further risk by using this facility unless absolutely necessary.
* Children are safer at home in a situation where their social interaction/contact is limited.
* The more children we have, the less confident we can be about their safety from becoming infected.

**PLEASE READ THROUGH THE WHOLE DOCUMENT BEFORE STARTING TO COMPLETE IT**

**Registration: Children’s details**

**Please complete fully**

|  |  |  |
| --- | --- | --- |
|  | **Child 1** | **Child 2** |
| Child’s Full Name |  |  |
| Date of birth |  |  |
| NHS number |  |  |
| Name and telephone number of GP surgery |  |  |
| Main home address |  |  |
| Any medical/health needs (including food allergies/intolerances) |  |  |
| Details of any medication your child is on\* |  |  |

\*If your child does not have a ‘protocol’ in place already in school for medication e.g. asthma, allergies etc, parents will need to complete a medication form available from the school office. This will need to be agreed by the headteacher or senior member of staff on duty.

**PARENTAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Parent/ Carer’s Full Name |  | | | | |
| Occupation (please provide full details, not just job title) |  | | | | |
| Contact details for verification of occupation |  | | | | |
| Is this occupation on the defined key worker list? |  | | | | |
| If no, why does your family need this child care? |  | | | | |
| Emergency telephone number(s) |  | | | | |
| Email address |  | | | | |
| Home address (if different to child’s) |  | | | | |
| Current work pattern/shift  (let us know if this changes) | Monday | Tuesday | Wednesday | Thursday | Friday |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Second Parent/ Carer’s Full Name |  | | | | |
| Occupation (please provide full details, not just job title) |  | | | | |
| Contact details for verification of occupation |  | | | | |
| Is this occupation on the defined key worker list? | Yes No | | | | |
| If no, why does your family need this child care? |  | | | | |
| Emergency telephone number(s) |  | | | | |
| Email address |  | | | | |
| Home address (if different to child’s) |  | | | | |
| Current work pattern/shift  (let us know if this changes) | Monday | Tuesday | Wednesday | Thursday | Friday |

**OTHER EMERGENCY CONTACTS**

|  |  |
| --- | --- |
| We will telephone each of these people in turn if there is an emergency and we are unable to contact parents.  They need to be told by you that their details have been given to us.  If we can’t reach you, they may need to make a decision on your behalf about your child. They may need to come and collect your child and look after them.  Please make sure you have discussed this with them before naming them.  The more contacts you can provide the better. | |
| **Contact 1:**  Name and address |  |
| Telephone Number(s) |  |
| **Contact 2:**  Name and address |  |
| Telephone Number(s) |  |
| **Contact 3:**  Name and address |  |
| Telephone Number(s) |  |

**CHILD CARE PROVISION DURING SCHOOL CLOSURE DUE TO COVID-19**

**PLEASE READ CAREFULLY**

This provision is in place for the children of defined Key/Critical Workers (see list) ONLY if they are unable to find any other alternative childcare options (including other parent/family member/friend).

**If your child attends the setting you will need to abide by the following conditions of use.**

**Any breach and we will refuse your family any further childcare at our facility.**

**Please tick every sentence to show you have read, understood and agreed.**

|  |  |
| --- | --- |
| **Registration Information** | **Tick** |
| The information I have provided on this registration form is factual and accurate. |  |
| If any aspect of the information I have provided changes I will inform the setting immediately by email [office@grove.cambs.sch.uk](mailto:office@grove.cambs.sch.uk) |  |
| I have asked all emergency contacts for their permission to be named as an emergency contact and have discussed with them and agreed the possibility that my child may need to be collected by them in an emergency situation. I understand and agree that they may need to make a decision about my child if I cannot be contacted. |  |
| **Drop Off/Collection** |  |
| Entry to the setting building is through the Eagle fire door (for KS1) and Heron fire door (for KS2). |  |
| My child will enter the setting through the door to the school building once they have been signed in by the adult who has brought them to the setting. |  |
| I understand that no parent/carer will be allowed beyond the classroom doors into the building (unless in a medical emergency) to reduce risk of transmission. |  |
| My child will be signed in and out of each session by a parent or identified carer (as named on the registration form). If this changes I will contact the setting to inform them. |  |
| I understand that my child can arrive/be collected at any time between 8.30am and 3.15pm. |  |
| I understand that if my child is not collected by 3.30pm (unless otherwise agreed) and the setting is unable to contact an identified parent/carer the setting will contact each of the additional emergency contacts I have provided. If they are unable to be reached/help I understand that the setting will contact social care and follow their protocols in this situation. |  |
| I understand that if possible I should drive my child to the setting and use the car park in order to reduce social contact through walking to the setting. |  |
| **Health Risks** |  |
| I understand that the setting and parents/carers need to undertake as stringent hygiene practice as possible to reduce the risks of transmission of the virus and other illnesses. Other illness may lead to the setting having to close e.g. sickness |  |
| I understand that the setting is a childcare setting where my child will play with other children. I accept that the setting is unable to limit my child’s social contact with other children. My child will not be put in isolation from others unless they become ill. |  |
| I understand that the adults working in the setting will try to maintain common sense in terms of social distancing whilst working with the children; however, I understand that they are caring for children and therefore may work closer than 2m with them. |  |
| I understand that whilst the setting will endeavour to regularly clean the areas used, will engage in frequent hand washing, will ask staff to abide by rules for clothing/showering etc., we are unable to guarantee a virus-free setting. |  |
| I will do everything I can to ensure that my child is wearing clean washed clothes each day (to reduce the risk of transmission). |  |
| I will shower/bath my child, including their hair, when they get home each day (to reduce the risk of transmission). |  |
| I understand that my child will be washing their hands frequently throughout the childcare session. I will provide hand cream (labelled) if my child’s hands become sore. |  |
| **Clothing/Items from Home** |  |
| I will endeavour to ensure that my child is wearing clothes and shoes suitable for outdoor and active play. I understand that they do not need to wear school uniform. They should bring a coat. |  |
| I will make sure that my child does not bring any items to the setting from home with them (except necessary medication - handed to member of staff on arrival and/or snack food and/or packed lunch as necessary). |  |
| I understand that any bag a child brings to the setting with them will be left in the lobby area outside the school office and not brought into the setting. |  |
| **Medication/Illness** |  |
| If my child has medication for asthma, allergies or other conditions with a ‘protocol’ in place (as per registration form) I will ensure that they have the medication with them every day in a labelled container. I understand that this medication will come home every day (in case the setting has to close without notice). It is my responsibility to ensure that the medication is in date. |  |
| I understand that if my child needs any other form of medication I will need to complete a ‘Medication Form’ (available from the school website). Administration of medication will need to be agreed by the headteacher/senior leader on duty. |  |
| I will inform the member of staff on arrival if I have given my child any medication e.g. Calpol, before they come to the setting. I will need to explain why I have given this. |  |
| My child will have their temperature taken on arrival by setting staff and through the day. If it is above 37.8 degrees C, my child will be not be admitted or put in isolation (see below) and sent home. |  |
| I will not bring my child to the setting if they have any symptoms of COVID-19 or if anyone in the household has symptoms. I will isolate my child and the whole household for 14 days if this is the case and will inform the setting immediately by email [office@grove.cambs.sch.uk](mailto:office@grove.cambs.sch.uk) |  |
| I understand that if my child becomes unwell during their time in the setting, they will be immediately placed in isolation (in accordance with government guidance) and I will be contacted and asked to collect them. If I can’t be reached, the other contacts given will be called. |  |
| I understand that the setting staff will not have to prove or justify their decision about a child’s illness. If they think a child is unwell they will act on this and my child will be isolated and I will be called and my child will be expected to be collected as soon as possible. |  |
| I understand that my child will remain in isolation in this situation until they are collected. |  |
| I understand that if my child falls dangerously ill the staff will contact medical services as well as contacting me. |  |
| **Food** |  |
| I know that my child will be able to have a free meal each day (for as long as this service is available) if they arrive before 10.30am and request a ‘school lunch’. If they arrive after this time I will provide their lunch. |  |
| I understand that there will be no menu for the meal available in advance, but that the food prepared will be ‘child friendly’ using the ingredients available. |  |
| I understand that the setting is unable to confirm the ingredients of foods (it will depend on what is available) and, therefore, if my child has an allergy/intolerance I will need to provide their food. |  |
| I understand that if ingredients become scarce my child may be provided with a cold meal/packed lunch. |  |
| If I do not wish for my child to have a setting meal, I will provide a packed lunch. |  |
| I understand that the production of meals on site may have to stop at short notice. |  |
| **Provision** |  |
| I understand that the provision is a childcare setting and not ‘school’. |  |
| I understand that my child will not be participating in the national curriculum and will not be formally ‘taught’ |  |
| I understand that the staff will not have the time or capacity to ‘publish’ the programme they have planned/followed with the children. |  |
| I understand that if my child has special needs, the staff will do their best to cater for their needs, but may not be able to, depending on capacity. |  |
| I understand that if my child has an EHC plan it is unlikely we will be able to meet the provision identified on it as this is no longer a school setting and we may not have the staffing to do so. |  |
| **Behaviour** |  |
| I understand that the school behaviour approach will still be applied in the setting. Time out will be used if my child does not follow the rules. |  |
| I understand that the staff in the setting will expect my support if my child’s behaviour is poor. |  |
| I understand that if my child’s behaviour is very poor, I may be asked to collect them early (or to arrange their collection early). |  |
| I understand that my child may be excluded from the setting if their behaviour is unmanageable by the setting staff. |  |

**Declaration:**

**I am the parent/legal carer of the children named on this registration form.**

**I have read, understood and agreed all the terms and conditions on this registration form.**

**I understand that terms and conditions may have to change at short notice.**

**I understand that the information I have provided is critical to the health and well-being of others including my child, my family, staff and other families.**

Signed: Date:

Name: (please print) \_

**CHILD CARE NEEDS**

Please do not put your child/family/household at further risk by using this facility unless absolutely necessary.

Children are safer at home in a situation where their social interaction/contact is limited.

|  |  |
| --- | --- |
| Children’s Names: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current childcare needs 8.45am – 3.15pm**  This should only be when there is no-one else in your family network available to look after your child – remember - they are medically safer in a home environment than in this child care setting.  Please indicate the hours you will need. We know that this may change at short notice.  If your hours do change, please email the school [office@grove.cambs.sch](mailto:office@grove.cambs.sch) if you can give notice.  If you are unable to give much notice, please ring: | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

If you require additional child care outside these hours, please complete the out of hours form.

**OUT OF HOURS CHILD CARE NEEDS**

Our facility operates between 8.30am and 3.15pm Monday – Friday

We may be able to extend these hours of provision if the demand is high enough and if we are able to staff the facility. We require a minimum of 3 members of staff to ensure: Safeguarding, first aid provision and back-up in case of accident or illness.

This should only be when there is no-one else in your family network available to look after your child – remember - they are medically safer in a home environment than in this child care setting.

We will only consider this provision if all other options for the child have been exhausted.

**This provision cannot be guaranteed day to day.**

|  |  |
| --- | --- |
| Children’s Names: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Before 8.45am  (Please state ‘start time’ requested) |  |  |  |  |  |
| After 3.15pm  (Please state ‘pick up’ time requested) |  |  |  |  |  |