



New Group Questionnaire

If you require assistance filling out this questionnaire please contact
Ealing Children's Information Service 020 8825 5588

Contact Details

Group Name			
Address			
Address			
Town		County	
Postcode			
Phone Number		Mobile No	
Fax Number			
E-mail			
Website Address			

Registration Information

Date of Registration				
Registration Number				
Please tell us what type of care you provide – <i>please tick more than one box if necessary</i>	Day Nursery	<input type="checkbox"/>	Breakfast Club	<input type="checkbox"/>
	Playgroup/Pre-School	<input type="checkbox"/>	After School Club	<input type="checkbox"/>
	Crèche	<input type="checkbox"/>	Holiday Play schemes	<input type="checkbox"/>
	Montessori School	<input type="checkbox"/>	Nursery School	<input type="checkbox"/>
Please tell us which sector you work in?	Local Authority	<input type="checkbox"/>		
	Voluntary	<input type="checkbox"/>		
	Private	<input type="checkbox"/>		



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Useful Information

Do you offer free places/ discounts/concessions? If so, what are the criteria to be eligible for these concessions? Please attach list if possible.	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
	Criteria for Eligibility:	
		<hr/> <hr/> <hr/> <hr/>

Service Offered

Fill out the section/s on type of childcare and service you will offer.

Section 1 Nursery, Pre-School & Crèche

Section 2 After School Clubs & Breakfast Club

Section 3 Holiday Play Scheme

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New Group Questionnaire

**Section 1
Nursery, Pre-School & Crèche**

Vacancies

	Amount of full time places	Amount of part time places
Vacancies		
Please give details of your current waiting list. i.e. approximately, how long would a new child have to wait before joining?		

Opening Hours

Please tell us about your opening hours e.g. when do you open and when do you close?	Day	Open	Close
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Age Range

What age ranges do you cater for? Please specify for each service you provide e.g. Nursery: 3 months-5 years, Holiday Playschemes: 4-12 years		
Age range		
Do you cater for 8-16 year olds. If so, please state the maximum number you can cater for (i.e. places exempt from registration)	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Additional Information

Unsociable Hours. If so, list times or attach sheet with times	YES <input type="checkbox"/> NO <input type="checkbox"/> Times _____ _____	Key worker system	YES <input type="checkbox"/> NO <input type="checkbox"/>
Weekend Cover	YES <input type="checkbox"/> NO <input type="checkbox"/>	Regular Outings	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list times for weekend cover:	Sat _____ Sun _____	Separate sleep room or quiet area	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency/ temporary placements	YES <input type="checkbox"/> NO <input type="checkbox"/>	Garden and/or outside play area	YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you signed up to the Early Years Development and Childcare Plan and so eligible for the Nursery Education Grant? If so when was the date of your last Ofsted inspection? N.B. This is only applicable to providers of 3 and 4 year olds.	YES <input type="checkbox"/> NO <input type="checkbox"/> Date of last Ofsted inspection: / /200
Would you be interested in distributing parents literature e.g. Nursery Education Grant information etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Additional Languages spoken by staff (other than English & including sign language)	
Please give details of any resources available to parents using your childcare. E.g. free IT training open to lone parents in New Deal scheme or part of the Sure Start scheme	



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Do you have a parents committee or group involved with your group daycare?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please tell us about the public transport closest to you i.e. bus numbers, station name etc.		
Additional information about the service you offered to promote your service to parents/carers.		



New Group Questionnaire

**Section 2
After School Clubs & Breakfast Club**

Opening Hours

<p>Do you provide an after school club? If so please tick boxes relating to when it opens and when it closes?</p>	<p>Open</p> <p>3:00pm <input type="checkbox"/></p> <p>4:00pm <input type="checkbox"/></p> <p>5:00pm <input type="checkbox"/></p> <p>Other _____</p>	<p>Closes</p> <p>5:00pm <input type="checkbox"/></p> <p>6:00pm <input type="checkbox"/></p> <p>7:00pm <input type="checkbox"/></p> <p>8:00pm <input type="checkbox"/></p> <p>Other _____</p>
<p>Do you provide a breakfast club? If so, please tick the box relating to when it opens</p>	<p>Opens at:</p> <p>6:00am <input type="checkbox"/></p> <p>7:00am <input type="checkbox"/></p> <p>8:00am <input type="checkbox"/></p> <p>Other, please specify _____</p>	
<p>Is the breakfast club registered with Ofsted.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If you provide a breakfast club, please tell us the school/s the breakfast club caters for.</p>		
<p>If you provide an after school club, please tell us which school/s you collect from?</p>		

Vacancies

	Amount of full time places	Amount of part time places
Vacancies		
Please give details of your current waiting list. i.e. approximately, how long would a new child have to wait before joining?		



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Age Range

What age ranges do you cater for? Please specify for each service you provide e.g. Nursery: 3 months-5 years, Holiday Play schemes: 4-12 years	
Age range	
Do you cater for 8-16 year olds. If so, please state the maximum number you can cater for (i.e. places exempt from registration)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Unsociable Hours. If so, list times or attach sheet with times	YES <input type="checkbox"/> NO <input type="checkbox"/> Times _____ _____	Key worker system	YES <input type="checkbox"/> NO <input type="checkbox"/>
Weekend Cover	YES <input type="checkbox"/> NO <input type="checkbox"/>	Regular Outings	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list times for weekend cover:	Sat _____ Sun _____	Separate sleep room or quiet area	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency/temporary placements	YES <input type="checkbox"/> NO <input type="checkbox"/>	Garden and/or outside play area	YES <input type="checkbox"/> NO <input type="checkbox"/>



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Additional Information Containing

Additional Languages spoken by staff (other than English & including sign language)	
Please give details of any resources available to parents using your childcare. E.g. free IT training open to lone parents in New Deal scheme or part of the Sure Start scheme	
Do you have a parents committee or group involved with your group?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please tell us about the public transport closest to you i.e. bus numbers, station name etc.	
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**Section 3
Holiday Play Scheme**

WHICH OF THESE HOLIDAYS DO YOU OPEN FOR? PLEASE TICK BOXES

Xmas Holiday	<input type="checkbox"/>	Easter Holiday	<input type="checkbox"/>	Summer Holiday	<input type="checkbox"/>
Spring Half Term	<input type="checkbox"/>	Summer Half Term	<input type="checkbox"/>	Autumn Half Term	<input type="checkbox"/>

Main Holidays

Where and when do your holiday play schemes take place?
Please list venues and dates and times. If dates and times are not known please state length of play scheme if possible e.g. 24th July to 30th August from 10am to 4pm or 4 weeks over the summer holidays. If you need more space for additional play schemes, please attach list of venues, dates and times and age range if possible.

	Venue	Dates Times	Age Range
Easter		Dates _____ Times _____	
Summer		Dates _____ Times _____	
Christmas		Dates _____ Times _____	

Half Term Holidays

	Venue	Dates and Times	Age Range
Spring Half Term		Dates _____ Times _____	
Summer Half Term		Dates _____ Times _____	
Autumn Half Term		Dates _____ Times _____	



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Do you have a parents committee or group involved with your group?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please tell us about the public transport closest to you i.e. bus numbers, station name etc.	
Additional information about the service you offered to promote your service to parents/carers.	

MAY WE THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

Once completed, please post back to the

**Children's Information Service,
Room G14,
Ground Floor,
Ealing Town Hall,
Uxbridge Road,
Ealing,
W5 2BY**