



Lavenham Pre-School  
Lavenham Village Hall  
Church Street  
Lavenham  
Sudbury  
Suffolk CO10 9QT  
01787 249738

[lavenhampreschool@gmail.com](mailto:lavenhampreschool@gmail.com)  
[www.lavenhampreschool.co.uk](http://www.lavenhampreschool.co.uk)

## Attendance Policy

### Statement of intent

This sets out the procedures to be followed in the event that a child is absent from pre-school.

### Aim

The setting aims to work closely with parents/carers to identify any unexplained absence to ensure the safety and wellbeing of children.

The guidelines below sets out the procedure for parents/carers in the event that your child is absent (planned/unplanned).

### Procedure

1. If your child is sick or unable to attend for whatever reason you must notify the Pre-school staff of non-attendance before 9.15 on the setting telephone 01787 249738, speaking to a member of staff or to leave a message.
2. If your child is absent and we have not received a call by 9.30am we will call you to establish why your child is absent.
3. We ask that if you have an older sibling, who is poorly and not attending school, please be mindful if bringing them to Preschool if they are contagious.
4. If no contact or notification is gained and the setting has any concerns about the safety and wellbeing of a child, we will follow our safeguarding procedures outlined in our safeguarding policy.
5. If a child is a looked after child, subject to a child protection plan or a child in need then the setting must notify the child's social worker of any unexplained absence.
6. Fees remain payable if a child is absent due to sickness or holiday, unless alternative arrangements have been agreed.
7. For further information regarding attendance patterns for children who are not of Compulsory Schools please refer to the link below:

<http://www.suffolk.gov.uk/EducationAndLearning/EarlyEducationAndChildcare/ForProviders/SupportForYourService/>

This policy was adopted by \_\_\_\_\_ *(name of provider)*  
On \_\_\_\_\_ *(date)*  
Date to be reviewed \_\_\_\_\_ *(date)*  
Signed on behalf of the provider \_\_\_\_\_  
Name of signatory \_\_\_\_\_  
Role of signatory (e.g. chair, director or owner) \_\_\_\_\_