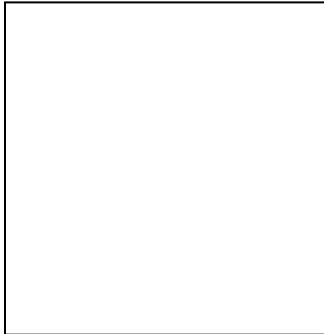


REGISTRATION FORM

PLEASE FILL IN ALL THE DETAILS AND IN **CAPITAL** LETTERS

1. CHILD'S PICTURE



| | |
|-------------------|--|
| Start Date: | |
| Days Attending: | |
| Registration fee: | |
| Monthly fee: | |
| Finish Date: | |

2 year funded letter seen

YES

NO

NA

2. CHILD'S DETAILS

| | | | |
|-----------------------------|---------------|---------------------|--|
| Child's Full Name: | | | |
| Child's Home Address: | | | |
| | | | |
| | | | |
| SEX: | Male / Female | Date Of Birth | |
| Birth Certificate Verified? | Yes / No | Certificate Number: | |

3. ABOUT YOUR CHILD

| | | |
|--|-----|----|
| Is English your child's first language? | YES | NO |
| If not, what language is spoken at home? | | |
| Does your child need bilingual support? | YES | NO |
| Does your child have previous childcare or nursery experience? | YES | NO |
| What are your child's dietary preference / restrictions? | | |
| Does your child have a feeding or sleep routine? (under 2's only) | YES | NO |
| Do you have any special requests / requirements or background information on your child that may be useful to us, or which you feel we should be made aware about? | | |

4. FAMILY DETAILS

Parent / carer 1:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Email:

Parent / carer 2:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Email:

Full Address of other person with parental responsibility / Guardian (if relevant):

Contact Numbers:

Home:

Work:

Mobile:

5. PASSWORD REQUIRED FOR THE COLLECTION OF CHILD BY AUTHORISED COLLECTORS

Password :

6. COLLECTION AUTHORISATION

Authorised Collector (1)

Name:

Relationship to child:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Authorised Collector (2)

Name:

Relationship to child:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

7. DOCTORS DETAILS

| | |
|-------------------|-------|
| Doctor's Name: | _____ |
| Telephone Number: | _____ |

8. HEALTH VISITOR'S DETAILS

| | | | |
|---------------------------|-------|--------------------|-------|
| Health Visitors Name: | _____ | Telephone Contact: | _____ |
| Health Visitor's Address: | _____ | | |
| | | | |
| | | | |

9. OTHER PROFESSIONALS INVOLVED WITH THE FAMILY

| | | |
|-------------------------------|-----|----|
| SPEECH AND LANGUAGE THERAPIST | YES | NO |
| FAMILY WORKER | YES | NO |
| SOCIAL WORKER | YES | NO |

10. MEDICAL HISTORY

| | | |
|--|-----|----|
| Has your child been immunized against the following (please tick appropriate answer) | | |
| DIPHTHERIA, TETANUS & PERUSSIS - (DTP) | YES | NO |
| WHOOPING COUGH | YES | NO |
| MENINGOCOCCAL TYPE C | YES | NO |
| POLIO | YES | NO |
| MEASLES, MUMPS & RUBELLA - (MMR) | YES | NO |
| HIBS | YES | NO |
| HEPATITIS | YES | NO |
| | | |
| Has your child any on-going health problems or special needs? | | |

Is your child allergic to anything (please specify)?

FOR INHALER / EPIPENS ONLY

I give permission for trained staff to administer the inhaler / epipen or anapen (supplied by me) to my son / daughter _____ as instructed and to record its use.

Signed:

Date:

11. EMERGENCY TREATMENT

To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.

DECLARATION

I give permission to the registered person (authorised deputy) to take necessary steps to ensure that My son / daughter _____ receives the best and most appropriate care, attention and treatment should an emergency or accident happen. I understand that every effort will be made to inform me of the accident or emergency as soon as is possible, but they may need to accompany my child to hospital in the case of a serious accident in my absence. I give permission for the person in charge to authorize hospital staff to administer essential treatment in my absence until my arrival.

Signed:

Date:

12. EMERGENCY CONTACT DETAILS (If a parent or guardian is not contactable)

| | |
|---------------------------------|--|
| First Contact: _____ | Relationship to child: _____ |
| Contact Address: | |
| | |
| | |
| Home: | Mobile: |
| Second Contact: _____ | Relationship to child: _____ |
| Contact Address: | |
| | |
| | |
| Home: | Mobile: |

Please could you let us know how did you hear about us (please circle the appropriate)

1. Reference

2. Website

3. Newspaper

4. Flyer

5. Other

13. CHILD PROTECTION / PARENTAL PERMISSIONS (to be read and signed by parent / guardian)

I understand that the nursery has informed me of the Child Protection Policies and Procedures and the Responsible Persons will be Emma Stockill (Manager) and Lizzie Mather (Deputy Manager). The nursery has the right to involve external agencies if there is a significant concern to a child's welfare, or suspect abuse has taken place.

Signed _____ Date _____

I understand the nursery operates an unwritten open access policy and I am welcome to view the policies during normal opening hours and that meetings can be arranged to discuss any concerns.

Signed _____ Date _____

As part of the ongoing recording of our curriculum we regularly take photos/video footage of the children during their play. These photos/videos are used for display work and for your child's records within the nursery environment. Your child's observations and records will be available for inspection by Ofsted. Otherwise they will be confidential and available only to you and those Nursery staff involved in planning the learning for your child. We need your written permission to do this, if you are happy for your child to have their photo/video taken please sign below.

I do / do not give permission for my child _____ to have their photo/video taken.

Signed _____ **Date** _____

From time to time we may share photos of your child with you via email.

I do / do not give permission for photographs of my child _____ to be emailed to me

Signed _____ Date _____

The nursery takes the children out regularly for walks in the local area, when this happens staffing levels are maintained, but if necessary can be exceeded for extra control and supervision.

Staff will always have access to a mobile phone on outings.

All outings away from the nursery will be assessed to identify risks and measures will be put in place to ensure children and staff are safe during their time away from the Nursery (please refer to our outings policy)

I do / do not give permission to take my child _____ off the premises on spontaneous walks.

Signed _____ **Date** _____

Please note that separate letters and permission slips will be sent out for visits and trips further afield, or those involving transportation on one of our minibuses.

PROMOTING HEALTH

| |
|---|
| I do / do not give permission for the staff to administer teething gel supplied by me to my child when necessary. Signed _____ date _____ |
| I do / do not give permission for paracetamol/antihistamine to be administered in an emergency if the nursery CANNOT contact one of the named adults on this form. Signed _____ Date _____ |
| I do / do not give permission for staff to administer sun cream supplied by me to my child when necessary. Signed _____ Date _____ |
| I do / do not give permission for my child to take part in an ongoing tooth brushing scheme as part of the daily routine. Signed _____ Date _____ |
| I do / do not give permission for my child's details to be passed onto external agencies for their wellbeing (health visitor speech therapists, eye clinics etc.) Signed _____ Date _____ |
| |

MONTHLY PAYMENT

| |
|---|
| £30 registration fee (non-refundable) is required when registering your child. |
| You pay for 50 weeks of the year averaged out over 12 months (including public holidays/sickness/absenteeism). Fees are payable on the 1 st of each month in ADVANCE. Failure to pay your fees will incur a late charge of £15. |
| |
| I understand that I am required to set up a standing order for the 1 st of each month, for the payment of my child's fee after completion of registration. |
| I understand four weeks' notice is required on either side or full fee in lieu of notice. |
| I have received and read the Nursery's Privacy statement Signed _____ |
| We require payment to terms. Payment must be made on time, in full, and without any deduction, set off or counterclaim. In the event that an account is outstanding, we will refer the matter to our debt collection agents which will incur costs. Any costs incurred to collect the debt will be added to the debt, plus VAT at the prevailing rate. You agree that you will be legally liable to pay us that surcharge, and that payment of the same can be enforced against you in court. You also agree to pay interest at the relevant reference rate provided for under the Late Payment of Commercial Debts (Interest) Act 1998, which interest is payable both after and before any judgment of the court and continues to accrue. |

I declare that I have read the above and agree to the terms and conditions.

Signature: _____

Date: _____

Management: _____

Date: _____