

Name of Child:-

Date of Birth:-

Please attach child's passport photo, copies of birth certificate, immunisation page on red book and proof of address to this form.

**PHOTOGRAPHS OF CHILD & THOSE AUTHORISED TO COLLECT THE CHILD MUST BE ATTACHED TO THIS FORM.**

**Fee Structure & Contract**

1. All hours booked must be paid for in advance by the 1<sup>st</sup> of the month or by first day of the week if payment is made weekly in advance. If arrears do occur then 10% will be added to each weekly amount outstanding, until the account is settled.
2. All hours booked must be paid for, this includes absence due to sickness or holidays. If you child is admitted to hospital, then there will be no charge for this if evidence is shown to us.
3. You will still be charged when nursery is closed for Bank Holiday or Inset day
4. Refunds will not be made, this includes both fees and children's property (including toys & clothes)
5. **One months'** notice in writing is required to withdraw your child from nursery or to change their days or hours of attendance.
6. **Four weeks'** notice for your child's holiday and you will get a discount of 50% for maximum 15 days per year.

**Sessions available**

8:00 – 13:00 (morning session)  
 13:00 – 18:00 (afternoon session)  
 8.30-15.30 (School day)  
 8:00 – 18:00 (full day)

Early Birds 7 am start/  
 Late Closing 6-7pm extra charges apply

**Emergency Drop off = £7/ hour**

**After School club from 3pm**  
**Breakfast Club: from 7 am**  
**Holiday club – please contact the manager.**

**Pre-school Funded Hours:**  
 Monday-Friday Available from 8am to 6pm daily

**Late Pickups**

If you are going to be late collecting your child from settling please call ahead to let us know maximum five minutes. Late charges will be added on as soon as you run past your agreed collection time. This starts at £1.00 for every minute.

**Ways to pay**

We accept fees made by bank transfer & all fees must be paid by 28<sup>th</sup> of the month or by Monday morning if paying weekly.

Please ensure that you put your child's name and the month as reference  
 Example:- **Titilayo Johnson 03 2019**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Hours Required..</b>					

I have read the above and agree with all points made.

Signed by parent/carer:- \_\_\_\_\_

Printed by parent/carer:- \_\_\_\_\_

Dated:- \_\_\_\_\_

### Registration Form

Child's full name.....  
 .....Gender.....  
 Address.....Email Address.....  
 .....Post Code.....Tel No.....  
 Child's D.O.B.....Religion.....  
 Position in family.....Numbers of brothersPARENT/CARER.....Number of sisters.....

1.Full Name.....  
 Relationship.....D.O.B.....NINO.....  
 Does this parent have parental responsibility? Yes/No (delete)  
 Home address.....  
 .....Tel No.....Mobile No.....  
 Work Place name and address.....  
 .....Tel No.....Mobile No.....  
 2.Full Name.....  
 Relationship.....D.O.B.....NINO.....  
 Does this parent have parental responsibility? Yes/No (delete)  
 Home address.....  
 .....Tel No.....Mobile No.....

**TWO OTHER EMERGENCY CONTACTS** (in the event that parents / carers cannot be contacted)

1.Full Name.....Relationship to child.....  
 Tel No.....Mobile No.....  
 2.Full Name.....Relationship to child.....  
 Tel No.....Mobile No.....

**LANGUAGE**

What is your child's home language?  Are any other language spoken at home?	Password:-
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ETHNICITY (to be filled in by the parent and this part of registration is voluntary it helps with data collection in the grant forms and SEF form)

	Please tick Appropriate description		Please tick Appropriate description
White <ul style="list-style-type: none"> <li>British</li> <li>Irish</li> <li>Traveller of Irish background</li> <li>Gypsy/Roma</li> <li>Any other White background</li> </ul>		Asian <ul style="list-style-type: none"> <li>Asian British</li> <li>Indian</li> <li>Pakistani</li> <li>Bangladeshi</li> <li>Any other Asian background</li> </ul>	
Dual Heritage <ul style="list-style-type: none"> <li>White and Black Caribbean</li> <li>White and Black African</li> <li>White and Asian</li> <li>Any other Dual Heritage background</li> </ul>		Black <ul style="list-style-type: none"> <li>Black British</li> <li>Caribbean</li> <li>African</li> <li>Any other Black background</li> </ul>	
		Chinese <ul style="list-style-type: none"> <li>Chinese</li> </ul>	
		Any other ethnic background	

**Health and development**

Has your child received the following immunizations? *Please confirm and provide date of immunizations given.*

**Two months old**    6 -in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). Hepatitis B    Yes  No  Date:

                                         Pneumococcal (PCV) vaccine.    Yes  No  Date:

                                         Rotavirus vaccine.    Yes  No  Date:

                                         Men B    Yes  No  Date:

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**Three months old**    5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).    Yes  No  Date:

                                         Meningitis C vaccine.    Yes  No  Date:

                                         Rotavirus, second dose.    Yes  No  Date:

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**Four months old**    5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).    Yes  No  Date:

	Men B Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
	Men B	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<b>Three years and four months or</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes  No

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes  No

Is your child known to have any allergies or food intolerances? If so, please specify:

*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

What are your child's dietary requirements? Please specify:

*It is our usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with [our setting manager] to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.*

If your child is aged three years or over, does he or she have difficulty with any of the following:

Speaking and communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening and attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Understanding simple instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eating and drinking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sitting and sharing a book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking and climbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rolling a ball	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Holding a crayon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Socialising with adults and other children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Using the toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Putting on their shoes and socks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other concerns:

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

Early Years Action	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Early Years Action Plus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Statement of special educational need	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What special support will he/she require in [our/my] setting?

*Two year old progress check – children aged 24 – 36 months*

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes  No

Setting completing check \_\_\_\_\_ Date completed \_\_\_\_\_

As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] will ask you to be involved in completing the check and will discuss it with you.

*Cultural background*

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)? \_\_\_\_\_

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in [our/my] setting?

What language(s) is/are spoken at home? \_\_\_\_\_

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes  No

Does your child need a bilingual support plan? Yes  No

If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:

*General information*

What is your child's usual sleep pattern?

Does your child have a feeding routine (for children under 2 years)? Yes  No

- Does your child have any food preferences? Yes  No
- Does your child have a pacifier i.e. dummy or thumb? Yes  No
- Does your child have a special toy or object they might bring with them? Yes  No
- What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for [us/me] to know about your child? For example, what they like, or what fears they may have, or any special words they use.

**PROFESSIONALS KNOWN TO BE INVOLVED WITH THE FAMILY**

Designation	Name	Address and Telephone No
Registered GP		
Health Visitor		
Speech Therapist		
Social Worker		
Portage Worker		

**OTHER EARLY YEARS SETTINGS YOUR CHILD HAS HAD CONTACT WITH:**

	Name of setting	Address
Parent/Toddler group		
Nursery / Playgroup / Preschool		

I agree to let Great Child Day Nursery & Pre - School know as soon as any information changes.

Signature of parent/carer:- \_\_\_\_\_

Date: \_\_\_\_\_

Date child will start at setting: \_\_\_\_\_

**RECORD OF PARENT PERMISSION**

Date.....



Child's name.....

Parent's name.....

**Emergency medical advice / treatment**

I understand that if my child has an accident or becomes ill and needs emergency medical attention. I will be contacted immediately, but if it is not possible to contact me I give permission for my child to receive emergency advice or treatment.

**Signature**

**Photographs / Video for Learning Journal Software**

I understand that my child will sometimes be photographed or videoed which may be used in his/her profile or for displays in the setting or for training purposes.

Borough Display & Training

Website / Promotional Marketing

Special Occasions/festivals e.g. Birthdays

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Signature**

**Outings**

I understand that my child will go on regular short visits to the local environment by walking, nursery vehicle or by public transport. There will be risk assessments for each outing. I give my permission for my child to go on these short outings.

**Signature**

**Administration of Calpol or Anti-histamines**

I give permission for a member of staff from Great Child Day Nursery & Pre- School to administer Calpol to my child in the event of a high temperature. I will also be contacted before a member of staff administers the Calpol.

**Signature**

**Safeguarding & Welfare or children**

I understand that Great Child Day Nursery & Pre-School will take necessary steps to safeguard and promote the welfare of all the children within their settings. The nursery is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused'. This may mean that the nursery will need to report certain incidents to social services without the parent's knowledge

**Signature**

**GDPR**

I understand the circumstances in which information may be shared without my consent. This will only be when it is a matter of safeguarding a child or vulnerable adult. Our Data Retention Policy is available on our website and in the nursery.

**Signature**

**Policies and Procedures & Operational Plan**

I have read and understood the nursery policies and procedures (copies are available on our website) which they have in place, I am aware that there is always a copy at nursery which is available to be read at all times (as the policies and procedures will be updated regularly)

I have also read and understood the nurseries' operational plan as well as the welcome pack for the full

agreement.  
**Signature**

**Special Occasions/Festivals e.g. birthdays**

My child is allowed to celebrate special occasions or festivals like birthdays etc.

**Signature**

**Personal property and belongings**

I understand that the nursery cannot be held responsible for any loss or damage to any parent's, carer's or child's property or belongings. Every reasonable effort will be made by the nursery staff to ensure that property or belongings of any parent, carer or child is not damaged. Please ensure your child's clothing is clearly labelled and we suggest that all toys, books and equipment are left at home. We will not be liable to parents and/or children for any economic loss of any kind, for damage to the child's or parent's property, for any loss resulting from a claim made by any third party or for any special, indirect or consequential loss or damage of any kind.

**Signature**

**Liability**

I understand that the nursery accepts no liability for any losses suffered by parents arising directly or indirectly, as a result of the nursery being temporarily closed or the non-admittance of your child to the nursery for any reason. We accept no responsibility for children whilst in their parent's care on nursery premises.

**Signature**

**Termination, cancellation and change of sessions**

One month's notice is required by either party for any change of sessions or termination of agreement. If parents choose to leave prior to the end of their notice, fees are non-refundable. The minimum period for any permanent change of sessions is one month. If the parent changes the notified start date, we reserve the right to charge from the original start date notified on the Agreement form.

*The nursery reserves the right to terminate the Agreement with immediate effect in case of non-payment of fees, or if a parent, carer or child displays abusive, threatening or otherwise inappropriate behaviour, or for any other reasonable cause. Intimidation or abuse of our staff will not be tolerated and may result in immediate termination. In all other cases the standard notice period of one month will apply.*

**Signature**

**Date of Application:**

**Proposed Start Date:**  
**Deposit Paid:**

**Parent Full name:**  
**Date:**

**Signature:**

**Manager:**  
**Date:**

**Signature:**