

Nursery Registration Form



Key Information

Child's Name:

Name to be used at nursery:

Date of Birth: Gender: **Male** / **Female**

Religion: First Language:

Any other languages spoken:

Address:

..... Postcode:

Parent / Carer Details (with whom the child lives)

1. Name: Email:

Home Tel: Mobile Tel:

Place of work: Job Title:

Work Tel: Ext:

Does this parent have parental responsibility? **Yes** / **No**

Does this parent have legal contact? **Yes** / **No**

2. Name: Email:

Home Tel: Mobile Tel:

Place of work: Job Title:

Work Tel: Ext:

Does this parent have parental responsibility? **Yes** / **No**

Does this parent have legal contact? **Yes** / **No**

Name of Parent / Carer who your child does not live with

Name: Tel:

Address:

..... Postcode:

Does this parent have parental responsibility? **Yes / No**

Does this parent have legal contact? **Yes / No**

Emergency Contacts who can collect your child

(other than parents / must be over 16 years of age)

	Contact 1	Contact 2
Name:
Relationship to child:
Home Tel:
Mobile Tel:
Password for collecting child:

As security it is of the upmost importance, you must inform the nursery of any changes to collection arrangements. The person collecting your child should be known to our nursery and be aware of your chosen password.

Health Information

Doctor's Name: Telephone:

Address: Postcode:

Health Visitor's Name: Telephone:

Immunisations

Please tick if your child has had the following vaccinations:

Whooping Cough	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Polio	<input type="checkbox"/>
Hib Meningitis	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>

Medical Information

Does your child have any of the following? (If you answer yes please give details)

Any allergies?

An epipen?

Any on-going health issues (eg, eczema/asthma)?

Any medical conditions?

Take regular medication?

Any major illness, operations or hospital stays?

Any special dietary requirements?

Are there any concerns or further details we need to be aware about?

Is there any other information that will help us in the care of your child? (eg, do they sleep during the day? Do they have a comforter?)

Consent

Preferred Start Date: Copy of birth certificate ☐

Signed: Relationship to child:

Date:

By signing the registration form you are agreeing to the terms and conditions attached. These must also be signed with both a copy for the nursery and a copy for the parent/carer.

Office Use Only:

Date Received: Date on System:

Confirm Start Date: Signed (Manager):

Terms and Conditions

1. A full day session is up to 9 hours between 07:30 and 18:30. Morning session is 4.5 hours between 07:30 and 13:00, afternoon session is 4.5 hours between 13:00 and 18:30. If part morning and part afternoon session is used you will be charged a full day.
2. Fees are invoiced monthly in advance and are due on the day your child commences nursery, and monthly on the 1st of each month thereafter. Non-payment of fees will result in your child's place being withdrawn.
3. Fees are calculated per calendar month, based on a 52 week year and divided by 12 and are payable all year round. There are no reductions for Bank Holidays, closure or sickness.
4. If collection is made later than 18:30 you will receive a late fine of £5.00 for every 15 minutes or part thereof.
5. There is an entitlement to two weeks holiday per year with a reduction in fees of 50%. Holiday requests must be received prior to the month of the holiday. Holiday entitlement is calculated on an annual basis from the child's start date and must be taken as complete weeks.
6. If your child is absent from nursery, the manager must be notified. Children who have or develop an infectious illness must be excluded from nursery for a minimum of 48 hours. This is in the best interest of all children and complies with the regulations set out by the Environmental Health Department.
7. One month's written notice is required should you decided to withdraw your child from nursery. Fees are still payable during the notice period even if the child does not attend the nursery.
8. If your child is withdrawn from nursery for any reason, you may not approach staff members to care for your child until a period of six months has passed.
9. The nursery cannot accept responsibility for loss or damage to personal items or clothing. All items of clothing must be labelled. Wellingtons and warm clothes should be provided in poor weather and sun hats and sun cream in summer for outdoor play. A spare set of clothing should be provided in case of accidents.
10. There may be occasions where your child will be included in visits and outings away from the nursery. You will be advised of these and should let us know if you do not wish your child to be included.

I agree to comply with the terms and conditions set out by South View Day Nursery (UK) Ltd. (NURSERY COPY)

Signed: _____ Name: _____ Date: _____

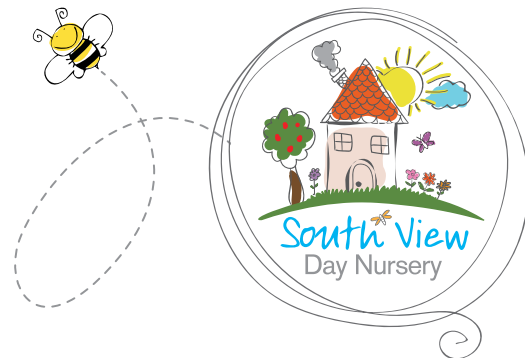
Terms and Conditions

1. A full day session is up to 9 hours between 07:30 and 18:30. Morning session is 4.5 hours between 07:30 and 13:00, afternoon session is 4.5 hours between 13:00 and 18:30. If part morning and part afternoon session is used you will be charged a full day.
2. Fees are invoiced monthly in advance and are due on the day your child commences nursery, and monthly on the 1st of each month thereafter. Non-payment of fees will result in your child's place being withdrawn.
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I agree to comply with the terms and conditions set out by South View Day Nursery (UK) Ltd. (PARENT/CARER COPY)

Signed: _____ Name: _____ Date: _____

Nursery Agreed Hours



Child's Name:

Date of Birth:

<u>SESSIONS REQUIRED</u>	AM SESSION / ARRIVAL TIME	PM SESSION / DEPARTURE TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
TOTAL HOURS (to be completed by manager)		

1 X half day is 4 ½ hours (morning or afternoon sessions)

1 X full day is 9 hours

Additional hours will be charged at £4.00 per hour (or part thereof)

THE ABOVE HOURS MUST BE STRICTLY ADHERED TO. ANY CHANGE IN HOURS MUST BE AGREED WITH THE NURSERY MANAGER TO ENSURE ADEQUATE COVER IS PROVIDED.

SIGNED: PARENT/CARER

SIGNED: SOUTH VIEW

DATED:

AGREED MONTHLY FEES £:



Permission Form



Please tick below to allow nursery staff to carry out the following. If you have any questions regarding any of the permissions, please do not hesitate to ask the manager.

Child's Name:

Date of Birth:

I give permission for South View to:

Photograph/video my child for the purpose of observation and record keeping, and be used in their Learning Journey.

☐

Photograph my child within group activities which may be used in Learning Journeys of other children within our nursery.

☐

Use photographs of my child for displays in the nursery setting.

☐

Use photographs of my child on the South View website & APP.

☐

Take my child on trips within the local community with age appropriate ratios being adhered to and risk assessed.

☐

Administer age appropriate paracetamol to my child if and when required, which I must supply to South View.

☐

Act in loco parentis; administer First Aid in an emergency, take my child to hospital, and seek any necessary emergency treatment.

☐

Apply sun cream during hot periods. I understand that I should apply sun cream to my child before they attend nursery of at least factor 40, and I will supply the nursery with sun cream to re-apply as necessary.

☐

Share information regarding my child with other appropriate professionals.

☐

Signature: Name: Date:
(Parent/Carer)