

**Registration form**

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

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| Basic Details |
| Child’s name: | Known as: |
| Date of birth: | Gender: |
| Name of parent(s) with whom the child lives: |
| Parent Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)*If no, do you have legal contact? **Yes/No** *(please delete as appropriate)* | Parent Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)*If no, do you have legal contact? **Yes/No** *(please delete as appropriate)* |
| Address of parent(s) with whom the child lives: |
| Home telephone number: | Mobile telephone numbers:Parent:Parent: |
| Email address(es) (Without this there will be no access to child’s learning Journal)Would you prefer to receive invoices, newsletters and information via email? **Yes/No** *(please delete as appropriate)**If YES please sign here to consent to us contacting you for the purposes above ………………………………………………………………….* |
| Name of parent(s) with whom the child **does not** live: |
| Does this parent have parental responsibility? **Yes/No** *(please delete as appropriate)* |
| Does this parent have legal contact? **Yes/No** *(please delete as appropriate)* |

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| Does this parent have legal access to the child? **Yes/No** *(please delete as appropriate)* |
| Address: |
| Home telephone number: | Mobile telephone number: |
| Emergency Contact Details*Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.***NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.** |
| Emergency Contact 1NameHome telephone noMobile telephone noRelationship to child | Emergency Contact 2NameHome telephone noMobile telephone noRelationship to child |
| Security Details |
| A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone colleting your child. If they do not have the password we will not release your child to them.My secure password is |
| Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age. |
| Authorised Person 1NameHome telephone noMobile telephone noRelationship to child | Authorised Person 2NameHome telephone noMobile telephone noRelationship to child |
| Additional Security Information |
| We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child. |

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| Health Information |
| Does your child suffer from any of the following *(please tick those which apply)* |
| Asthma |  | Epilepsy |  |
| Heart Condition |  | Kidney/Bladder problems |  |
| Diabetes |  | Bee Sting Allergy |  |
| Sight Impairment |  | Deafness |  |
| Wears Glasses |  | Premature Birth |  WEEKS |
| Other |  |  |  |
| If you have ticked any of the boxes above please give details here: |
| Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)*  |
| Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*If yes please give details below |
| Does your child have known allergies? **Yes/No** *(Please delete as applicable)**44* If yes please give details below |
| Name of GP:Surgery:Address:Telephone number: |

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| Safeguarding Children |
| Does your family have a social worker for any reason? |
| Name Telephone numberBased at |
| What is the reason for the involvement of Social Services with your family? |
| **FOR OFFICE USE** - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child’s named Child Protection file. |

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

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| Health Visitor |
| Name Telephone numberBased at |
| Has your child had their two year old progress check? **Yes/No** *(Please delete as applicable)*If so, on what date was this completed?Are you able to share this information with the setting? **Yes/No** *(Please delete as applicable)* |

The following section requires information classed as ‘sensitive personal data’ for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child’s needs.

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| Ethnicity and Cultural background |
| How would you describe your child’s ethnicity/cultural background? |
| What is the main religion of your family? |
| 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 s/he is in our setting? |
| What is/are the main language(s) spoken at home?If English is an additional language, will this be your child’s first experience of being in an English-speaking environment? **Yes/No** *(Please delete as applicable)* |
| Special Educational Needs and Disabilities |
| Does your child have any special needs or disabilities? **Yes/No** *(Please delete as applicable)*If yes please give details below |
| What (if any) special support will your child require in our setting? |
| Professionals involved with the child |
| NameAgencyRoleTelephone no | NameAgencyRoleTelephone no |

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

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| Permissions and Consent |
| Permission for the setting to act in loco parentis |
| If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child’s time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section. |
| I / We parent(s)/guardian(s) of do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.I / We do not agree to this statement and indicate our wishes as followsSignatures of parent(s)Date |
| Permission for the application of sun cream |
| Please read the statements below and strike through the statement that **does not** apply  |
| I / We parent(s)/guardian(s) of give consent on my behalf to apply their own supply of high factor children’s sun cream to my child.ORI / We parent(s)/guardian(s) of do not agree to the above statement and I / We will supply our own sun cream, clearly labelled with my child (rens) name.Signatures of parent (s)Date |
| Please tick the statements below if you consent to the following: |
|  | I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc |
|  | I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting |
|  | I consent to my child having their photograph taken to be used for publicity purposes – website, flyers. |
|  | I consent to my child’s photograph being used on the settings social media sites |
|  | I consent to my child’s artwork (with their name) being displayed in the setting |
|  | I consent to my child’s photograph being used in learning journeys of other children within the setting |
|  | I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children’s behaviour |
|  | I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary |
|  | I consent to my child’s learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority |
| Please sign below to confirm your consent for the indicated statements above:Signature of Parent(s)/Guardian: |

Further information regarding how we use children’s images within the setting can be found in our Image Use Policy.

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| SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below. |
| I / We confirm that the information provided on this form is correct to the best of our knowledge.Signature of Parent (s)/Carer (s)Date |

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

Office Use

**Attendance Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Full Day |  |  |  |  |  |

**Please Highlight or Circle**

Term Time Full Year

**Checklist**

|  |  |
| --- | --- |
| Famly form filled in |  |
| Email address legible |  |
| Key person assigned |  |
| Terms and conditions handed to parent |  |

Woodlands Nursery and Pre-School

**Term and Conditions**

Woodlands Nursery and Pre-School here after referred to as the nursery offer a definite /provisional place to the child referred to

overleaf who is to join the nursery on the following terms. These terms and conditions relate to the contract between the nursery

and the parent/guardian. The headings in this agreement are inserted only for convenience and shall not affect its construction.

1. Woodlands Commitment

1. We will:

1.a Inform you if you nursery application has been successful. You must

confirm within one week of receiving the acceptance that you wish to

take the place at the Nursery. If you do not inform us in this time the

place may be withdrawn.

1.b Provide the agreed facilities for your child at the agreed times (subject to

any days the nursery is closed.)

1.c Try and accommodate any requests you may make for any additional

sessions and/or extended hours of childcare at the nursery.

1.d Provide you with verbal updates as to your child’s progress on request.

1.e Notify you of any days on which your child’s nursery will be closed.

1.f Try to make available a place for any sibling at the nursery. (However we

cannot guarantee that a place will be available.)

2. Your Commitment to Woodlands

2. You will:

2.a Complete a medicine consent form if Woodlands staff are required to

administer medicines to your child (Prescribed or over the counter)

2.b Immediately inform us if your child is suffering from a contagious

disease. This is for the benefit of the other children in the nursery, you

must not allow your child to attend the nursery whilst suffering from a

contagious disease, which could be easily passed on to another child

during normal daily activities at the nursery.

2.c Immediately inform us of any changes to your contact details

2.d Keep us informed of whom will be collecting your child, if the person

collecting your child is not usually responsible for collecting them we will

require id. If we are not satisfied that an individual is allowed to collect

your child, we will not release your child into their care.

2.e Inform us if your child is subject of a court order and provide us with a

copy of such order on request.

2.f Immediately inform us if you are unable to collect your child from the

nursery at the official collection time. A late payment charge may be

applied.

2.g Inform us as far in advance of any dates on which your child will not be

attending the nursery.

2.h Provide us with at least 1 month’s notice of your intension to decrease

the number of hours your child spends at the nursery or to withdraw your

child from our nursery and end this agreement. If insufficient notice is

given you will be responsible for the full fees for your child for 1 month

from the date of any changes as if their hours had not decreased. If you

are ending this Agreement, notice must be given in writing and posted to

the Nursery Manager

3. Payment

3.a Our Fees are based on a weekly fee that shall be notified to you in

advance of your child starting at the nursery. We may review these fees

at any time but shall inform you of the revised amount at least 1 month

before it takes effect. If you do not wish to pay the revised fee, you may

end this agreement with 1 months notice in writing to the nursery

manager.

3.b Fees must be paid on a monthly basis, in advance. We calculate the

amount payable by taking your child’s weekly fee, multiplying the same

by 49, being the number of weeks the nursery is open plus a week’s

holiday, and dividing by 12 to give a monthly payment.

3.c All payments under this Agreement must be paid by direct debit. We

may agree to payment by cash or cheque, but it is your responsibility to

obtain a receipt from the nursery manager as proof of payment.

3.d If you request additional sessions you will need to pay for these sessions

in advanced to the Nursery Manager.

3.e If you have been unable to collect your child by the official collection time

and as a result we have provided additional childcare, you may be

charged a late fee. (£5 for every 5 minutes you are late)

3.f If you fail to make payment in full by the due date we will enforce an

interest charge of 2% above the base rate of our bank on the fee

outstanding for every day the invoice remains unpaid, along with an

administration fee of £25.00.

3.g No refund will be given for periods where your child’s nursery place is

unfilled due to illness or holidays. Woodlands nursery is closed on bank

holidays; no refund will be given for this closure as this has been taken

into account when calculating your child’s fees.

3.f Where the nursery offers a reduced fee rate after a child’s birthday that

reduction will take effect from the first day of the following billing period.

4. Suspension

We may suspend the provision of childcare to your child and add 1

Month’s notice at any time if:

4.a You have failed to pay any fees.

5. Termination

5.a You may end this Agreement at any time, giving us at least 1 month's

notice, in writing to the nursery manager.

5.b. We may immediately end this Agreement if:

5.b.a You have failed to pay your fees.

5.b.b You have breached any of your obligations under this Agreement and

you have not or cannot put right that breach within a reasonable period

of time of us asking you to.

5.b.c You behave unacceptably, as we will not tolerate any physical or verbal

abuse towards staff.

5.b.d Your child's behaviour is unacceptable or endangers the safety and well

being of any of the other children at the nursery.

5.b.e We take the decision to close your child's nursery. We will give you as

much notice as possible of such a decision.

5.c You may immediately end this Agreement if:

5.c.a We have breached any of our obligations under this Agreement and we

have not or cannot put right that breach within a reasonable period after

you have drawn it to our attention.

5.c.b We suffer any event of insolvency.

6. Employment of Staff

6.a If, during this Agreement and for a period of 6months after the

termination of this Agreement, you (directly or indirectly).

6.a.a Employ or otherwise engage the services of any member of our staff

who has had contact with your child under this Agreement in the last 6

months.

6.a.b Allow or permit the provision of any childcare services to your children

by any member of our staff who has had contact with your child under

this Agreement in the last 6 months. Then you shall pay to us a figure

representing 20% of the relevant member of staff's gross annual salary

at the time they left our employment and/or services. This figure

represents the costs to us of recruiting a suitable replacement member

of staff.

7. General

7.a We have an obligation to report any instances where we consider that a

child may have been neglected or abused to the relevant authorities.

We may do so without your consent and/or without informing you.

7.b If the nursery setting has to close or we take the decision to close due to

events or circumstances that are outside our control, we shall be under

no obligation to provide alternative childcare facilities to you. If the

closure exceeds 3 days in duration (excluding any days when the

nursery would otherwise be closed), we will credit you with an amount

that represents the number of days the nursery is closed in excess of 3

days.

7.c If you have any concerns regarding the services we provide, please

discuss these with your child's keyworker. If these concerns have not

been resolved to your satisfaction please contact the Nursery Manager.

Customer satisfaction is of paramount importance to us and any

concerns/complaints will be reported to the Nursery Manager for review.

7.d We carry a wide range of toys and equipment at our nursery. Unless we

specifically request otherwise your child should not bring any of their own

toys to nursery. If they do bring toys with them, we accept no

responsibility for any loss or damage to those toys.

7.e From time to time we may have photographs taken of the children who

attend the nursery. These photographs may be used for promotional

purposes. If you do not wish your child to be included in these

photographs, you should write to the nursery manager.

7.f As the number of children with nut allergies is increasing, with the

support of parents we aim to keep the facility NUT FREE. Parents are

requested not to send food or empty food packaging into the facility.

Parents are also requested not to use creams, sun creams, oils etc on

their child that may contain nut oil, e.g. arachis, as this may have severe

consequences to another child or member of staff.