



Centre Place Nursery Registration Form



Received By:		Date when Received:	
Child's Surname			
Child's First Name(s)			
Known As			
Date Of Birth			
Sex	Boy		Girl
Religion		Ethnicity	
First Language			
Any Other Language spoken			
Parent/Carer 1	Relationship to the child		
	Parental Responsibility		Yes No
Name			
National Insurance Number			
Date of Birth:			
Address			
		Post Code	
Email Address			
Telephone Number	Home		Mobile
Place of Work			
Job Title		Dept	
Address			
		Post Code	
Telephone Number		Ext.	
Authorised to Collect Child	Yes		No
Parent/Carer 2	Relationship to the child		
	Parental Responsibility		Yes No
Name			
National Insurance Number			
Date of Birth			
Address			
		Post Code	

Email Address				
Telephone Numbers	Home		Mobile	
Place of Work				
Job Title		Dept		
Address				
				Post Code
Telephone Number			Ext.	
Authorised to Collect Child	Yes		No	

Do any other individuals have legal contact arrangements with the child?	Yes	No
If Yes please provide details below and a copy of relevant documentation		

Emergency Contacts Other Than Parents/Carers

	Contact No. 1	Contact No. 2
Name		
Relationship To Child		
Address		
Tel. No		
Mobile No.		
Password for Collecting child		

As security is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the Nursery and be aware of your chosen password.

Sessions Required

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Am Session					
Pm Session					
Full Day					
Additional Requirements					
Start Date					

Medical Details

Doctor's Name:			
Address			
Tel. No.			
Health Visitor Name			
Address			
Tel No.			
Does your child have a Personal Child Health Record book (Red Book) If yes, please bring to induction visit.	Yes	No	

Are there any other services involved with the child or family ?			
Health Visitor	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
Social Worker	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
Speech and Language	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			

CAHMS	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Any Other Service	Date Involvement Commenced			
Main Service Provided				
Main Contact Name				
Contact Information and Telephone Number				

Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:

	Yes	No		Yes	No
Diphtheria			Tetanus		
Hib			Mumps		
Measles			Rubella		
Polio			Whooping Cough		
Details Of Other Vaccinations					
Has Your Child Had Any Infectious Diseases?	Yes		No		
If Yes Please Give Details					

Individual Requirements and Details

Has Your Child Any Food Allergies or Special Dietary Requirements?	Yes		No	
Please Give Details				
Are There Any Foods You Do Not Want Your Child To Have?	Yes		No	
Please Give Details				
Has Your Child Any Cultural Or Religious Requirements?	Yes		No	
Please Give Details				
Any Other Details That May Be Useful				

Consents

Medical Treatment		
I hereby give consent for the staff of Centre Place Nursery to ...		
Administer Emergency First Aid	Yes	No
Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary	Yes	No
Administer medication	Yes	No
I give permission for Staff to administer paracetamol based products such as Calpol in case of raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the settings procedure on the administration of medicines	Yes	No
To apply a plaster when necessary	Yes	No
To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream, hat and appropriate clothing during the summer months. All clothing MUST be labelled with your child's name.	Yes	No
I give permission for nappy cream (supplied by me) to be administered to my child when it is required, in accordance with manufacturer's instructions	Yes	No
Signature..... Date		

Outings		
I hereby give consent for the staff of Centre Place Nursery to ...		
To take my child on local visits and outings	Yes	No
To travel on public transport	Yes	No
Signature..... Date		

Photographs		
I hereby give consent for the staff of Centre Place Nursery to ...		
Photograph my child and for those photographs to be used in my child's file and displays around the nursery	Yes	No
Use photographs of my child taken at Centre Place nursery in another child's file or diary (as a group)	Yes	No
Use photographs of my child in newsletters	Yes	No
Use photographs of my child on the nursery website	Yes	No
Use photographs of my child for advertising purposes	Yes	No
Signature..... Date		

Consent Statement for Information Storage & Information Sharing		
I hereby give consent for the staff of Centre Place Nursery to ...		
To ensure that you and your family are provided with the most effective support, it may be necessary to share/collect personal information about you and your family with our partner agencies/community groups, such as Children's Services, the NHS and other health providers (including GPs), Housing, Department of Work and Pensions, Police, Probation Services, Education and the Youth Offending Team. If more needs are identified during our checks than have been indicated on this assessment form we will contact the referrer to offer further services to you and your family. In some circumstances, information can be shared between agencies without consent, for example where sharing information might prevent a crime or safeguard the welfare of a child or young person	Yes	No
Signature..... Date.....		
Please note staff will share information without consent if they are concerned about the welfare of the child		

Centre Place Nursery Terms and Conditions

Day care Sessions:

Full Day Session	=	8.00am – 6.00pm
Morning Session	=	8.00am – 1.00pm
Afternoon Session	=	1.00pm – 6.00pm

Funded Sessions are:

Morning session	=	9.00am – 12.00pm
Afternoon Session	=	1:00pm – 4.00pm

A minimum of 2 weeks notice for all session changes must be given.

Fee Payment:

Fees must be paid in advance by the first day of the month.

Payments can be made by Standing Order, Internet/Telephone banking, card payment, cash and we also accept Child Care vouchers.

Holidays:

The nursery will be closed for one week at Christmas & all Bank Holidays- normal charges apply to these dates. The nursery will be closed for 5 training days throughout the year. Notification will be given closer to the time. No payment will be required on these dates.

There is an entitlement to four weeks holiday per year with a reduction in fees of 50% during this time, the allocation of days will depend on the number of sessions taken per week. Holiday requests must be received prior to the month of the holiday.

Sickness/ Absence:

Children who have, or develop, an infectious illness must be excluded from nursery for a minimum of 48 hours. This is a minimum requirement and will depend on the nature of the illness. If your child is on prescribed antibiotics, including creams, they will be excluded from nursery for a minimum of 48 hours.

This is in the best interest of the child and the other children and complies with regulations set out by the Environmental Health Department. The nursery must be notified of all absences.

Sickness or absence from Nursery does not qualify for a reduction in fees.

One month's written **Notice:** notice, by either party, is required to terminate a child's place at nursery.

Fees are still payable for the month's notice, even if the child does not attend the nursery.

Clothing and Personal Items:

The Nursery cannot accept responsibility for loss or damage to personal items or clothing.

Parents should supply sufficient clothing for their child's daily needs and a spare set of clothing in case of accidents. All clothing **MUST** be labelled with your child's name.

Sun cream and sunhats should be supplied in the warmer months. Suitable footwear and clothing for colder weather and outdoor play must also be provided.

NURSERY COPY

AGREEMENT

I agree to comply with the terms and conditions set out by Centre Place Nursery

Signed.....Date.....

Name.....

AGREEMENT

I agree that I have seen the Birth Certificate and Red book at Centre Place Nursery

Staff
Signature.....Date.....

Name.....

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CUSTOMER COPY

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Signed.....Date.....

Name.....

AGREEMENT

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Staff
Signature.....Date.....

Name.....