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| 1 Details and history of child |

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| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | First Name | |  | |
| Known as |  | | Date of Birth | |  | |
| Sex |  | | Religion/Faith | |  | |
| Nationality |  | | First Language and other languages spoken at home | |  | |
| Doctor | Name | | | | Tel No - | |
| Address  Child’s NHS Number | | | | | |
| Medical History | **Infectious diseases –has your child been vaccinated against the following -please check** | | | | | |
| Tetanus |  | | Diphtheria | |  |
| Chicken Pox |  | | Whooping Cough | |  |
| Poliomyelitis |  | | MMR | |  |
| HIB (Meningitis) |  | | Other | |  |
| Has your child had any infectious illnesses? Please state which and dates | | | | | |
| Known allergies/sensitivities- please provide details | | | | | |
|  | Do you consent to your child receiving a plaster if required  Yes  No | | | | | |
| Food | Food products forbidden by culture or religion - | | | | | |
| Food intolerances /sensitivities – | | | | | |
| Special religious or cultural needs |  | | | | | |
| Other special needs or  routine |  | | | | | |
| **27 Month Check** | **Please provide the nursery with a copy of your child’s 27 month Development Review, this will be used as part of the nursery 2 year check process.** | | | | | |

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| **2 Details of parent/guardian /carer** | | | | | | | |
| Parent/Carer 1 | Name | | | | | Home Tel Number | |
| Relationship to child | | | | |
| E mail address | | | | | | |
| Home Address | | | | | | |
| Workplace name and address | | | | | | |
| Work Phone Number | | | | | | Mobile Number |
| Parent/Carer 2 | Name | | | | | | Home Tel Number (if different) |
| Relationship to child | | | | | |
| E mail address | | | | | | |
| Address (if different from above) | | | | | | |
| Workplace name and address | | | | | | |
| Work phone number | | | | Mobile Number | | |
| **Should one of the child’s parents not have legal access to their child or have parental responsibility then documentation will be needed to confirm this and further information given to the nursery manager.** Should your child have an alternative carer then please provide details below | | | | | | | |
| Alternative Carer | | Name | | | | | Home Tel number |
| Relationship to child | | | | |
| Address | | | | | |
| E mail address | | | | | |
| Workplace name and postcode | | | | | |
| Work phone number | | | | | Mobile number |
| **3 Emergency Contact Numbers other than parent /guardian** | | | | | | | |
| Contact 1 | | | Name | Relationship to Child | | | |
| Home number | Mobile Number | | | |
| Contact 2 | | | Name | Relationship to child | | | |
| Home number | Mobile number | | | |

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| **To ensure the safety and well-being of your child whilst in our care, we would ask that you would sign and date section 17 to provide appropriate authorisations for activities and procedures to be kept on file.**  **4 Drop off and Collection Consent** | | | |
| The following people are authorised to drop off and collect my/our child from nursery, I will formally confirm this in writing and anyone else collecting will require a password and permission in line with the nursery collection policy. **Password to be used** | | | |
| 1 Name |  | Relationship to child |  |
| 2 Name |  | Relationship to child |  |
| 3 Name |  | Relationship to child |  |
| 4 Name |  | Relationship to child |  |
| **5 Outings and nature walks** | | | |

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| I give permission for my/our child to take part in activities out of the nursery premises for play activities, nature walks supervised by the nursery staff, including Forest School.  Yes  No |
| **6 Medical treatment and First Aid** |
| In the event of an accident or injury I will consent to my child to my child receiving treatment from a trained paediatric first aider or in the event of an emergency a member of staff going with my child to hospital. The nursery would endeavour to contact all main carers but the main priority would be that the child received appropriate care and a member of staff would stay with the child until a parent/carer could arrive. I give permission for the nursery staff to act in the best interest of the child in the event of a medical emergency Yes  No |
| **7 Medication** |
| I understand that should my child require regular medication a health plan will need to be put in place and information given in order to put a medical plan in place. Should my child need to take prescribed medication as a one off then a medication form would need to be completed. Medication cannot be administered without formal consent and medicines must be in original packaging. Yes  No |
| **8 Intimate care** |
| I give permission for my child to receive intimate care in the event that my child has soiled his/her clothing, pants, nappy. This level of care will only be performed by a DBS checked member of staff. Yes  No |
| **9 Fees Policy** |
| I agree to pay the nursery fees within 5 days of receipt of invoice. Invoices are sent out at the start of term. I acknowledge that all fees are non-refundable as outlined in the nursery fees policy. I understand that it is necessary to pay half a term’s fees in lieu of written notice, if one terms notice is not given. I give permission for my main e mail address to beused for invoicing, emergency contact list, newsletters, tapestry online journal and general communication by the nursery.  Yes  No |
| **10 Permission regarding observations, educational plans** |
| I understand that the nursery role is to support my child’s learning /development, this is done through observations, record keeping, assessments, and educational plans. This information may be used and passed onto other settings, agencies during transition periods should additional developmental guidance be required to support your child. Yes  No |

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| **11 Attending other settings** | | | | | | | | |
| Should your child be attending/have attended another setting we would like to work with them to support your child’s learning and development.  Yes  No  **If yes please complete below** | | | | | | | | |
| Name of Setting + Key worker | |  | | | | | | |
| Telephone number | |  | | | | | | |
| E mail address | |  | | | | | | |
| Name of class/keyworker | |  | | | | | | |
| Date of Entry/leaving | |  | | | | | | |
| Days attended/ing | |  | | | | | | |
| **12 –Photographs and Images** | | | | | | | | | |
| Photographs are used to support your child’s learning development in their learning journey’s. Images may also be used in media such as the nursery website, Facebook or promotional material. Children will never be named without consent. Please delete as appropriate regarding promotional and social media.  I give permission for photographs to be used on the nursery website/facebook page  I do not give permission for my child’s photographs to be used on the nursery website/facebook page | | | | | | | | | |
| **13 -Entry details** | | | | | | | | | |
| Term Start Date | | Autumn  Spring  Summer  – Year | | | | Leaving Date |  | | |
| **Nursery Hours**  Morning Session 9.00am-1.00pm  Afternoon Session 1.00pm-3.00pm  Full Day Session 9.00am-3.00pm  If you wish to increase your sessions at any time please complete the Nursery Hours Form on Tapestry, | | | | | | | | | |
| Preferred Sessions  **Lightwater** | | | | AM | PM | Preferred Sessions **Staines** | AM | PM | **Manager confirmed** |
| Monday | | | |  |  | Monday |  |  |  |
| Tuesday | | | |  |  | Tuesday |  |  |  |
| Wednesday | | | |  |  | Wednesday |  |  |  |
| Thursday | | | |  |  | Thursday |  |  |  |
| Friday | | | |  |  | Friday |  |  |  |

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| **14 -Declaration by carer** |
| To secure your child’s place with us we require a £50 non-refundable registration fee payable via Bacs transfer  **LIGHTWATWER:** sort code: 20-81-11 A/C Number: 93590631  **STAINES:** sort code: 20-81-11 A/C Number: 10154776  *Please use your child’s name and nursery as a reference.*  Once this is received along with the registration form your child place will be confirmed.  Please hand in these forms to the nursery manager to secure the place.    Signature       Name       Date  **Manager – Deposit received – YES**  **NO** |
| **15 -Confirmation of legal guardianship and data recording** |
| Data will be stored for record keeping and for claiming the grant on the nursery computer for administrative and recording purposes and also the Surrey County Council Website to process the Early Years Free Entitlement. Without permission we will not be able to claim the grant etc on your behalf.  In order for Little Burrows Montessori Nursery to be able to claim the EYFE grant on your behalf the nursery manager/owner must see proof of legal guardianship via your child’s passport or birth certificate – for all funding FEET, universal 15 hours and 30 hours funding. Links for details of funding can be found on the nursery website.  Birth Certificate Received – **YES  NO**  Seen by nursery manager/owner (name)  Signed       Dated |
| **16 Non-attendance and change of contact details** |
| Please could you contact the nursery directly via the nursery mobile should your child not be attending nursery due to illness, holidays etc. This is in accordance with the nursery “Child Protection Policy”. Please contact by 10 AM.  In order for the nursery to have your latest contact details please could you inform the nursery of any changes to your home phone, mobile and address. |
| **17 Consent and Terms of Conditions** |
| I give consent to the activities, policies and procedures as outlined in sections 4 -16.  Name –       Relationship to Child -  Signature       Date |

**Information Held By the Nursery : GDPR compliant**

* I understand that staff will share EYFS profile data with the local authority (Surrey)
* I understand that Little Burrows use an online journal called Tapestry to create a learning journal for each child. Parents will have access to the journal and will be required to sign the relevant forms.
* I understand that staff will raise safeguarding concerns with the Local Safeguarding Children Board.
* I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child
* I understand that my child’s records including registration form, register entries, first aid, grant forms will be kept for the legal retention period this could be electronically or in paper format.
* Please contact your nursery directly via the nursery mobile or e mail address by 10.00am if your child is not attending due to illness, holiday etc in accordance with our Child Protection Policy.

**Financial Terms and Conditions**

* All signatories to the contract will be jointly liable for the payment of fees.
* A registration fee will be taken to secure a place
* The registration fee will hold the place for a maximum of one term after the intended start date. If the space is not taken up within one term the deposit will be forfeited. This is to prevent the nursery holding a place indefinitely and denying another family access to the service. The relevant cut off dates are: 31st December, 31st March and 31st August.
* Failure to start attending planned sessions without any notification will result in the space being offered to other children on the waiting list.
* Fees are payable at the start of each term. Outstanding fees will be subject to a late payment charge of 5% (of the outstanding balance).
* Fees can be paid via bacs transfer. Little Burrows Montessori Nursery accepts workplace childcare vouchers and is part of the government’s ‘tax free’ childcare scheme.
* Fees remaining outstanding after one month will result in the cancellation of a nursery space unless a satisfactory payment arrangement is made and adhered to.
* If outstanding fees are not paid the debt will be recovered through the small claim’s court/debt management company.
* The nursery is open term time only, bank holidays, polling days etc are not charged.
* Extra sessions can be booked on request if the sessions are available.
* Late collections will be charged at a rate of £5 per part 15 minutes. One off, unexpected late collections of up to 5 minutes will not be charged if we have been informed beforehand.
* If a child is ill or on holiday, even with prior notice, missed sessions are invoiced and must be paid.

I understand and agree to the Terms and Conditions as described above

Name:     Signature:      Date:

Name:      Signature:     Date:

**Payment of fees**

Thank you for enrolling your child at Little Burrows Montessori Nursery. Some of the information you have given us as part of the enrolment process will be used to ensure that fees are paid to cover the cost of sessions taken. The details of how we will use that information is as follows:

* We will use your email address to send you your invoice.
* We will use your telephone number to contact you to discuss outstanding fees or invoice queries.
* If invoices remain outstanding, we reserve the right to pass your details to our solicitor or to a debt collection agency so that they can recoup our fees.

I understand the privacy notice as described above

Name:      Signature:

Date:

Name:     Signature:

Date:

**Tapestry – Parent Agreement Form**

Agreed guidelines for accessing and using Tapestry ‘Online Learning Journeys’

As a parent I will... (please tick each statement)

 Not publish any of my child’s observations, photographs or videos on any social media site.

Keep the login details secure and agree that they will not be shared with anyone else.

Speak to a member of staff if I experience any difficulties accessing my child’s learning journey.

Ensure comments made are appropriate and in the best interest of my child.

Understand that my child’s image may be used in another child’s profile if they are engaged in the same activity (forename only) or in the background of a photo taken of another child.

Ensure I do not use any other children’s full names/details within the comments I make

**I agree to the guidelines:**

Name of Child:

Print name:       Signature: Date:

Onceparents have signed and returned this contract, a password/login will be issued. This password will need to be signed for by the parent whose email was given on your child’s application forms. …………………………………………………………………………………………………

**For completion in nursery with a member of staff.**

I agree that I have received my child’s password for tapestry and will not share this with anyone else.

Name of Child:

Print name: Signature: Date:

Staff Member:

I understand that by completing and returning this registration document I am agreeing to the all terms and conditions as outlined above

PROCEDURE FOR NEW STARTERS

Please bring this form with you on the first day.

|  |  |
| --- | --- |
| Child’s Name: Keyworker:  Date: | Staff member  to complete |
| Registration fee has been paid (£50) |  |
| Health form has been completed. Confirm any allergies and confirm all information. |  |
| Permission Form has been signed. |  |
| Application form has been completed. Confirm all details are correct (phone numbers) |  |
| Tapestry permission has been signed. |  |
| Parents Declaration and Photograph Statement has been signed. |  |
| Parents know where to find their child’s:  Peg, shoe shelf, water bottle tray, sunhat basket and topic box |  |
| Explain Child Protection and GP referral statements. |  |
| Parents know where to find the Policy & Procedures folder. |  |
| Discuss what information is kept on each child.  (Entry forms, tapestry, photographs, SEN paperwork) |  |
| Any Special Requirements? |  |

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| PARENT’S DECLARATION: |
| * I have checked the Application form and Health form and all information is correct. |
| * I have been shown all information that will be kept on my child. |
| * Any photographs /video/film I or members of my family take of my child and other children at Nursery Events, will **not** be uploaded to any internet sharing site, eg facebook, instagram, youtube, or sent by email to friends or family. |
| * I have been shown where the Policy and Procedure folder is kept. |
| * I have been shown the Child Protection Policy and agree that procedures will be activated if concerns are raised. I understand that my child’s GP /Health Visitor/Surrey Children’s Services may be contacted by Little Burrows Montessori in the event of any serious concerns. |
| *I have read the Prospectus and Welcome Pack and policy folder I understand the terms and conditions.*  PARENT’S SIGNATURE: Date: |

- - - - - - - - - - When complete cut here and hand section below to parent - - - - - - - - - -

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| PARENT’S DECLARATION: |
| * I have checked the Application form and Health form and all information is correct. |
| * I have been shown all information that will be kept on my child. |
| * Any photographs /video/film I or members of my family take of my child and other children at Nursery Events, will **not** be uploaded to any internet sharing site, eg facebook, instagram, youtube, or sent by email to friends or family. |
| * I have been shown where the Policy and Procedure folder is kept. |
| * I have been shown the Child Protection Policy and agree that procedures will be activated if concerns are raised. I understand that my child’s GP /Health Visitor/Surrey Children’s Services may be contacted by Little Burrows Montessori in the event of any serious concerns. |
| *I have read the Prospectus and Welcome Pack and policy folder I understand the terms and conditions.*  PARENT’S SIGNATURE: Date: |

**NOTICE OF LEAVING** One half term’s notice in writing must be given if you wish to withdraw your child before they are due to leave for school. If notice is not given fees for six weeks will be payable in full. If an extra morning is booked for the following term which you decide not to take up at the start of the term, fees for that morning will be due for six weeks.

Signed: Print Name:

Date: