

**NURSERY DAYS**

**CHILD REGISTRATION FORM**

Full name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnic origin: \_\_\_\_\_

First language: \_\_\_\_\_

**Days of attendance required**

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Required date of starting: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Mother's place of work: \_\_\_\_\_

Father's name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Fathers place of work \_\_\_\_\_

First person to be contacted \_\_\_\_\_

Please can you put another contact number:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please state the persons authorised to collect your child:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Password/security card number:** \_\_\_\_\_

**Name and address of G.P**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Name and address of health visitor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Please list any allergies or health problems that your child may have:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child any special dietary requirements:**

\_\_\_\_\_  
\_\_\_\_\_

**Please give details of all your child's immunisations:**

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

1. I give permission that in an emergency my child (name of child) \_\_\_\_\_ can receive medical treatment/attention should the need arise.

Full name of parent/carer: \_\_\_\_\_

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

2. I give permission for my child \_\_\_\_\_ to have sun cream applied when necessary.

(Please supply sun cream clearly labelled during hot periods).

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

3. I Give permission for my child \_\_\_\_\_ to have their photograph taken, which could be displayed:

Please tick

Within the nursery

For outside advertising i.e. our website

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

4. In order for us to monitor your child's development, plan for their next steps and record their interests and achievements, we would like to carry out a number of observations during their time at nursery days. Your child's key person and where needed the special educational needs co-ordinator will carry out these observations; observations will be kept confidential and available for you to view at any time.

I give permission to have observations carried out by the relevant staff member of nursery days and to contact any outside agencies if needed.

Print name: \_\_\_\_\_ sign: \_\_\_\_\_

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

**Nursery Days**

**Parental Agreement**

I/we agree to complete a registration form and to pay a deposit of £100 as a guarantee to reserve a place. The deposit is then deducted off our last full month's fees; however, should I/we wish to cancel before the start date the deposit is non-refundable.

I/we agree that fees are to be paid by standing order on the 1<sup>st</sup> of each month and any extras that are booked must be paid for in advance when making the booking. Nursery fees are a fixed amount each month: this figure includes all bank holidays, which have already been deducted.

**ADDITIONAL CONDITION**

All invoices are due for payment before the 10<sup>th</sup> day of the month following the invoice date. Any invoice outstanding beyond this period will be referred to Daniel's Silverman Limited and will be subject to a surcharge of 15% plus vat to cover the collection costs incurred. This surcharge together with all other charges and legal fees incurred will be the responsibility of the customer and will be legally enforceable.

I/we understand that there is a discount of 5% on the second child when the total attendance on both the children is over a full time place. A discount of 10% is given on the second child when they both attend full time.

I/we agree as parents with children that are eligible for government funding, that we will be required to pay the full fee amount and once you have received payment from the government my/our fees will be refunded. I also understand that only 2 parts of the funding are useable per day.

I/we are aware that all your policies and procedures can be found in the 'Operational Plan' situated in the main reception area and am aware of all the contact numbers of the three partners both during and out of hours.

I/we agree that one months written notice is required to terminate your child's place.

Full name of parents/carers: (both signatures required)

1) \_\_\_\_\_signature\_\_\_\_\_

2) \_\_\_\_\_signature\_\_\_\_\_