Child details The Secret Garden Children's Day Nursery

Name of child									Da	Date of birth						Ge	Gender M/F				
Name of parent(s) with whom the child lives:																					
1								Does this parent have parental responsibility? Yes/No													
2								Does this parent have parental responsibility? Yes/No													
Address																					
Email																					
Telephon	е	Mobile																			
Name of parent with whom the child does not live																					
Does this parent have parental responsibility? Yes/No Does this parent have legal access? Yes/										es/N	No										
Address																					
Telephone								Mobil	е												
Emergen	су с	ontact d	etail	s				•		•											
Parent 1 - Work/daytime contact number																					
Parent 2 - Work/daytime contact number																					
Any other emergency contact numbers																					
Name of Doctor and surgery					•					Tele	pho	one									
Personal details of child											<u>'</u>										
Is your child up to date with immunisations? Please provide details of immunisations received Yes/no																					
Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (delete)																					
Details of condition/ dietary needs or allergy Action needs									led i	if ne	ces	sary									
Do you give permission for your child to have face painted? Yes / No (delete)																					
Do you give permission for your child to be given a plaster if necessary? Yes / No (delete)																					
How would you describe your child's ethnicity or cultural background?																					
What is the main religion in your family? (if any)																					

What lan	guage(s) is/ are spoken at home								
Does you	r child have any special needs or di	sabilities? Ye	s/No	(delete) Details:					
Are any c	f the following in place for the child?	?							
Early Yea	rs Action/ Action plus Yes/No (dele	te) Stateme	nt of s	special educational need Yes/No					
What spe	cial support will he/she require in ou	ur setting?							
Names of	health visitor or other profession	nals involved	d with	child					
Name		Role							
Agency		Telephone							
Does you	r family have a social care worker fo	or any reasor	? Yes	/No (delete)					
Name:		Based at:							
Tel:									
of three.	d could be taken out of the setting a For any major outings, we will inforn ive permission for your child to go o	n you and as	k for y						
Staff will	on permission: make observations for your child when the consent to these records		sed to	plan for your child's learning and					
Signatur	e	Date							
be kept in keepsake	phy: Photographs and videos may be your child's learning journal which yor used for our displays. Photograp n our brochures, in the local newsp	ou can keep hs are also o	when ccasic	you child has left nursery as a mally used for promotional					
I/We con	sent to photographs being taken of	my child and	being	used in the setting.					
Signatur	е	Date							
I/We con	sent for my child's photograph to be	used on our	broch	ures, website and press release					

Date

Signature

Terms and Conditions Child Name:
Emergencies / sickness
In the event of a medical emergency the child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary. The setting will continue to make contact with their parent/career if they had not been able to reach them immediately.
Consent given: YES/NO Signed
Children must not attend the setting when they are unwell or have a contagious illness or infection in the event of the child becoming ill at the setting, the parent/carer will be contacted to arrange for the child to be taken home. (see sickness policy)
Fees
The Secret Garden Children's Day Nursery reserves the right to review the fees. In the event of there being a change to the fees, one calendar month's notice shall be given.
Payment of fees can be made by debit or credit card, cash, cheque, bank transfer or child care vouchers. If cash is given please ask for a receipt immediately when given to a setting manager.
Fees are required to be paid in advance on the 1st of each month.
Refunds for a child's sessions cannot be given where a child is absent.
One month's notice is required to cancel your child's place within our nursery.
Sessions
Changes made to a child's agreed sessions must be made in writing, one month in advance.
We our happy to offer extra sessions on an ad hoc basis to meet the needs of parents
 Please give as much notice as possible if you require extra sessions so that we can organise staff to accommodate your child.
Extra sessions will be added onto your next invoice
Extra sessions booked but not take are non-refundable.
The nursery reserves the right to charge parents/carers a late fee when they do not collect their child at the agreed time.
All policies and procedures are available for parents to access at the setting.
As a parent/career I acknowledge that I have read and understood the Terms and Conditions set out above. I declare that all the information I/have provided on the registration form is accurate to the best of my knowledge and that if any information changes, it is my responsibility to inform the nursery in writing immediately.

 1. Parent/career name:
 Signature
 Date

 2. Parent/career name:
 Signature
 Date

Name of child:_

Mobile

Relationship to child

Persons authorised to collect your child

1. Name

Telephone

2. Name			D,	elationship to child					
Telephone				obile					
3. Name									
				elationship to child					
Telephone				obile elationship to child					
4. Name									
Telephone			M	obile					
Password to be	used w	hen necessary	, •						
Parent/career r	ame:		Signatı	ure	Date				
Inductio	n arran	gements – to l	 be completed	by manager with	parent				
		Admin (Checklist – Al	OMIN USE ONLY					
Name of child			Starting in wh	nich class?	Date starting				
Days and time	s of atte	ndance	Monday:	T	「uesday:				
Wednesday:			Thursday:		Friday:				
Hot lunches re	quired:	Mon Tu	es: We	d: Thurs:	Fri:				
Name of Key p	person			Settling in proces	SS				
Has the registra	ation for	l m been checke	d to ensure all	parts are complete	 e?				
_				the nursery manag					
			-	t to the parents ad	_				
									
Has the child been added to the permission checklist? Nursery: Has a pocket and Peg been made for the child?									
Nursery: If the child is eligible for funding has a letter and form been issued?									
Nursery: Has a parent information pack been issued?									
Has the child's start date been added to the diary?									
Allergies/ med									
_		•		led to the list on th	e computer?				
	_				•				
• •		-		printed/updated by					
				to the SEN registe	· I f				
Has a risk asse		•	·						
Has a health ca	are plan	and agreement	to administer	medicine been coi	mpleted if applicable?				