

Nursery Registration Form

Please complete this form in type or blue / black ink. All questions must be answered in the boxes provided.

Child Details						
Child Surname:			Forename(s):			
Date of Birth:			Gender:			
Address:						
Post Code						
Home Telephone Number			Nationality -			
Religion			1 st Language			
Parent / Guardian Detai	ls					
Parent 1			Parent 2			
Name:			Name:			
Address:			Address:			
			-			
Postcode:		 	Postcode:			
Home Number:			Home Number:			
Mobile Number:			Mobile Number:			
Email Address:			Email Address:			
Employer:			Employer:			
Parental Responsibility:	Yes	No	Parental Responsibility:	Yes	No	



Little Nick Nursery and Preschool 106A West Street, Ewell, Surrey, KT17 1XR Telephone: **07576 043123**

Email: managerewell@littlenicknurseryandpreschool.co.uk www.littlenicknurseryandpreschool.co.uk





Emergency Contact Details

Emergency Contact Details (Different from Parents)	
Contact 3	Contact 4
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Home Number:	Home Number:
Mobile Number:	Mobile Number:
Email Address:	Email Address:
Relationship to Child:	Relationship to Child:
Named Persons Details	
Named Person(s) who may collect the child? (Other than	Parents)
Name:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:
Password for those who collect:	
Dietary Requirements:	
My child has specific dietary requirements	Yes □ No □
If yes, please give details below:	



Health and Additional Needs Information

Please provide details a	bout yo	ur child	d's Health	and Ad	ditional Needs below:
Doctors Surgery:					Doctor Telephone:
					_
Address:					
Postcode:					
rostcouc.					_
Vaccinations to Date:					
vaccinations to Date.					
Illnesses to Date:					
illiesses to Date.					
Medications:	Yes		No		If yes, please give details below:
Wiedications.	163		110		ii yes, piease give detaiis below.
		_		_	
Allergies:	Yes		No		If yes, please give details below:
Medical needs:	Yes		No		If yes, please give details below:



Additional Needs Information:

SEND / Additional Nee	ds Inforn	nation:										
My child has SEND needs:	Yes		No		If yes	, please	e give d	etails	below:			
Any Additional Informa	ation tha	t you fe	el would	l be impo	ortant fo	r the te	eam to l	know:				
I have read and underst	tond the	agreem	ent and	l agree to	adhere	to all c	omnanı	, nolic	ies and r	rocedui	res	
Parent Signature:		авіссііі	Circ arra	1 451 00 10	duncie	to an a	Ompan	y pone	Date:	Toccas.		
.												
Francia Treatment	Consont											
Emergency Treatment			special (eccesions					Yes		No	
My child may have swe My child may have plas				OCCASIONS	•				Yes		No	
My child may have thei			CESSAI y						Yes		No	
My child may have face			occasio	ns.					Yes		No	
Parent Signature:	. P 1								Date:	-		_
-												
Funding Requi	reme	nts:										
Funding Information:												
Do you receive Free Fu	nding?				Yes		No		If ve	nlease	answer	
bo you receive rice ru					163	_	140	_	ii ye.	, picasc	. unswei	•
Funding Start Date:					15/30	Hour	Code:					
Parent Date of Birth:					Paren Numl		onal Ins	urance	:			
					_ Nulli	Jei.						
Additional Notes:												



Parent / Guardian Consent

Medication Consent Form:				
I authorise staff of Little Nick Nursery and Preschool to administer any prescribed medicines to my child at the agreed time as stated by the doctor. I understand that no medicine may be administered without the Medication Administration Form being completed in each individual instant and that my child has had at least one dose at home.	Yes		No	
Parent Signature:	Date:			
Allergies information:				
I have advised Little Nick Nursery and Preschool of any allergies that my child has and will update them if this changes. If a reaction occurs, I am aware that I will be called immediately, and will be expected to collect my child for any necessary treatment.	Yes		No	
Parent Signature:	Date:			
	_			
Transport:				
I give my permission for my child to be taken on any outings using appropriate transport. The transport used will be of sound condition, adequately insured and each child will wear a seat belt. I understand that I will receive a separate form indicating what trips are being operated, and the cost involved. I agree to pay for any additional trips in full no later than the day the trip is running.	Yes		No	
Parent Signature:	Date:			
	=			
Suncream Consent Form:				
I am happy for my child to have sunscreen applied by staff of Little Nick Nursery and Preschool. I will supply the cream to be used labelled with my child's name. If my child doesn't have sun cream that day, I give my consent to use sun cream from Little Nick Nursery and Preschool. I understand that this consent will remain valid whilst your child is in the care of Little Nick Nursery and Preschool.	Yes		No	
Parent Signature:	Date:			
	_	-		
GDPR Data Protection Notice:				
Little Nick Nursery and Preschool's GDPR data protection form can be located in our policies and procedures, and also on our company website. I hereby acknowledge that I have read and understood the Nursery's privacy notice for Employees, Children and Parents.	Yes		No	
Parent Signature:	Date:			



Parent / Guardian Consent

Photographs / videos:			
I hereby agree that during the care of my child, the staff of Little Nick Nursery and			
Preschool or their nominee may take photographs / record videos of my child,			
which may be used:			
to promote the company through advertising in a local paper	Yes	No	
on the company website	Yes	No	
on social media sites	Yes	No	
 on Tapestry (our Interactive learning diary application) 	Yes	No	
on internal and external displays	Yes	No	
as evidence required by OFSTED	Yes	No	
Parent Signature:	Date:		
Uncollected Child Policy:			
I understand and agree to the Uncollected child policy, and accept the consequences if I fail to collect my child, or arrange for an appropriate adult to collect my child. I am aware that Social Services will be called for failure to collect my child.	Yes	No	
Parent Signature:	Date:		
	_		
Emergency Treatment Consent:			
I give permission to administer any emergency treatment necessary for my child.			
This could also include contacting the emergency services, should the situation			
prevail, or transport to emergency care if we feel this would be the best option for	Yes	No	
your child. Please advise of any cultural or religious beliefs, should we need to			
contact the emergency services.			
Parent Signature:	Date:		



Required Sessions

Please tick the first choice of sessions you require:

Sessions		Mon	Tue	Wed	Thu	Fri
All Day	8.00 – 17.00					
Morning	8.00-12.00					
Afternoon	13.00-17.00					

Preferred start date:		
Sibling Details		
Name	Age	School
Where / How Did You Hear About Us	<u>?</u>	

Little Nick Nursery and Preschool

This form, once signed, completes a contract between Parent/Carer and Little Nick Nursery and Preschool.

• Fees are to be paid in advance of childcare via bank transfer

Sort Code: 60-24-28 Account Number: 11751347

- Full payment booked session is due, regardless of drop off and pick up times. Your child must be dropped off and collected within the pre-booked hours to avoid additional charges, and to comply with ratios.
- Sessions booked but not attended are still chargeable eg: due to sickness, holidays or occasional days off. From the time of booking a contracted day i.e. a Monday you are guaranteed this place for your child/ren every Monday. An invoice will be raised for each contracted day and the fee is payable in advance.
- All children receiving Government Funded hours will be charged an additional supplement as per the Fees sheet.
- No refunds or concessions due to late drop off, or early collection. All parents/carers are requested to make sure that their child/ren are collected by the agreed collection time. The latest collection time will be 6.00pm. Little Nick are not insured to care for children after this time. All staff are paid up to 5/6.00 p.m. so please make sure you have collected by this time. If you are unavoidably delayed please contact us ASAP. If a parent/carer is late to collect their child/ren a fee will be charged for each late collection (please see separate sheet for costs)
- Refunds are not given for sickness, occasional days off, holidays or any other unexpected days off taken.
- Children who arrive late on trip days will not be given a refund of fees paid for the trip, or the daily session fee.
- An 8 week notice period with full pay must be given to terminate or 4 weeks to amend your contract. If you require an additional contracted day we will try and accommodate you if possible. Please give as much notice as possible for any additional days required. A contracted day can only be swapped in exceptional circumstances please do not ask for days to be swapped continually. Please note a swapped day may be charged for in addition to the contracted day.
- If 2 payments are missed you will automatically be charged the late payment fee per week until your payment is up to date. (Please see separate sheet for costs)
- Monthly payment must be made on the 1st of each month.
- Any unexpected closure will be managed very carefully, with parents being kept informed of all necessary steps we may need to take.
- If your child has any sickness or diarrhoea, they must stay away from the nursery for 48hr from last episode.
- If your child becomes unwell within our care we would ask that your child be collected within 1 hour of the phone call.
- We will be closed over the Christmas period and other 'school' holidays, dates to be confirmed.
- Closures due to Bank Holidays, fees will not be charged.

I have read and understand the policies and procedures of Little Nick Nursery and Preschool and hereby agree to undertake and adhere to the policies as written. I accept that by signing this form, I undertake to follow the policies and procedures in full, and failure to do so could result in my child being removed from roll. We reserve the right to amend and change any of the Nursery's terms and conditions.

Parent Signature:	Date:	
Manger Signature:	Date:	