

Birchfield Prepare Day Nursery
Registration Form

Child's Name: _____ Date of Birth: _____ Sex M/F: _____

Father/Carer's Name: _____ Home Address _____ _____ Home Number _____ Place of work and hours: _____ _____ Work Tel Number: _____ Mobile Number: _____ Email: _____	Mother/Carer's Name: _____ Home Address _____ _____ Home Number _____ Place of work and hours: _____ _____ Work Tel Number: _____ Mobile Number: _____ Email: _____
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Please tick who has parental/legal responsibility for your child: Mother () Father () Both ()
 Other () (please specify name) _____

Please specify anyone who must not have legal contact with your child: _____

Please specify at which address your child resides: _____

Please give details of any persons to be contacted if parents/carers are unavailable or others with whom the child may sometimes stay:

Contact 1: Name: _____ Relationship to child: _____

Address: _____

Telephone number: _____

Contact 2: Name: _____ Relationship to child: _____

Address: _____

Telephone number: _____

Please provide a password that can be used should somebody other than yourself be collecting your child: _____

Family Doctor: _____ Tel Number: _____

Address: _____

Child's:

Religion	Ethnicity	First Language	Nationality
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Start Date: _____ **Part Time () Please state days and sessions below: Full time ()**

	Monday	Tuesday	Wednesday	Thursday	Friday
Am					
Pm					
Short Day					
Full Day					

I wish to pay fees Monthly () 1st of each month or Four Weekly ()

A reservation fee of £50.00 is required which is non-refundable. Please make cheques payable to Prepare LLP, and send it to us along with your registration form.

Signature of Parent/ Carer: _____ Date: _____

I do/ do not agree to receive my invoices and newsletter via email to the email address provided above.

It is my /our intention to look at Birchfield School for my/our child's future education. Yes () No () Maybe ()

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Contract/Terms and Conditions

I / We agree to pay all fees in respect of care given at Prepcare Nursery. Fees which may be varied from time to time appear on a separate sheet and form part of this contract. Fees are calculated on an annual basis. All absences including holidays, sickness and other absences are therefore charged whether or not your child actually attends on these days. All fees are invoiced on a four weekly / monthly basis and are strictly payable in advance by Direct Debit. Payments other than by direct debits and late payments are subject to a 5% admin / interest charge per period.

I / We understand that one months' notice must be given in writing for any change of sessions or cancellation of nursery places.

I / We understand that we may be liable for charges for which notice is not given.

Payment of registration fees reserves a child's place for up to three months from the date of receipt of fee subject to the nursery confirming in writing that such a place is available.

A registration fee paid more than three months before the agreed start date places a child's name on the register for a place. Three months prior to the start date the parent must confirm in writing if a reservation is required.

Once confirmation of a reservation has been received by nursery; four weeks' notice in writing is required in the event that the place is no longer needed. In the event that such notice is not received four weeks fees shall be payable.

I / We agree not to ask nursery staff members to babysit for my / our child privately or to engage in employment either directly or indirectly with any current member of staff or any member of staff who is or has been a member of staff within six months of my / our child leaving the nursery.

I / We have been informed that a copy of nursery policies and procedures and OFSTED report is displayed in the reception area and a copy is available on request.

I / We agree to abide by such policies and procedures

I / We consent to my / our child being taken on outings and outside the nursery grounds. I understand that public or private transport might be used for this purpose.

I / We agree not to use my / our mobile phone when in the nursery premise for the safety of the children and staff under the nursery phone policy.

I / We understand that Prepcare Nursery or the company is not responsible for loss or damage of personal property or belongings whilst on the nursery premises. The company reserve the right to change at any time its terms and conditions. The company reserves the right to terminate the availability of a place(s) without notice and with no liability to you.

I / We will inform Prepcare on or before a booked session should my child be unable to attend for any reason e.g. on holiday, illness.

I / We will inform Prepcare of any changes to personal and or contact details; including additional address(es) where a child resides.

I / We enclose a cheque for £50.00 registration fee for the nursery place which is non – refundable.

I / We apply for a place in accordance with these terms and other terms outlined in the brochure and other related information.

The terms of this document will cover the entire time that your child is at Birchfield Prepcare Day Nursery.

I / We agree with and agree to be bound by the terms of this document.

Name of Child: _____ Date: _____

Signature of Parent/Carer: _____

Signature of Parent/Carer: _____

Agreed start date: _____ Signed Management: _____ Reg Fee Paid: _____

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Consent to Medical Treatment

I give my / our consent to _____ receiving necessary emergency medical treatment and dental treatment, or for an anaesthetic to be administered for an operation to be performed when such treatment is required.

I understand that this is only to be used in a situation when I cannot be contacted:

Name of Child: _____

Name of Parent/Carer: _____

Address: _____

Tel Number: _____ Signed: _____ Date: _____

Please state below any medical conditions such as diabetes, epilepsy, asthma etc. Also any allergies to drugs, food allergies or any religious considerations, e.g. Jehovah's Witness that a Doctor should be made aware of:

Please indicate what particular treatment, if any, should be given in the event that your child suffers the effects of one of the above whilst at nursery:

Signed: _____ Date: _____

In the event of your child experiencing a temperature at nursery, we will contact you, and with your agreement, Calpol / Nurofen may be administered to help control the temperature.

I do / do not give permission for Paediatric Paracetamol (Calpol) / Paediatric Ibuprofen (Nurofen) to be administered to my child.

Signed: _____ Date: _____

Note: symptoms and illnesses that require a child's exclusion include, but are not limited to, diarrhoea, sickness, fever conjunctivitis and communicable diseases (i.e. chicken pox, measles, mumps meningitis and hepatitis). It is the role of the nursery Manager and Deputy to ensure that no child is admitted to the nursery suffering from an illness. I agree not to send my child to nursery with any of the above illnesses, and to inform the nursery if my child contracts any of the above.

Signed: _____ Date: _____

Is your child up to date with vaccinations? Yes () No ()

Please give details _____

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Child Profile – Babies/Tweenies

Child' Name: _____ Date of Birth: _____

To enable us to settle your child in to nursery we would appreciate the following information: A member of staff will be happy to talk through the information with you.

Diet:

If your baby is bottle fed, please state the formula milk you use: _____

How often does your baby require a feed? _____

Would you like your child to have lunch / tea? Yes () Not at present ()

If so how would you like it prepared: _____

Are there any dietary requirements that we need to be aware of?

Please list any foods which your child must not have, e.g. beef:

Does your child suffer from any food allergies? Yes () No ()

What is your child's favourite food? _____

Sleep Routine:

How often does your child sleep? _____

How long does your child sleep (any restrictions)? _____

In addition to a cot I give permission for my child to sleep as follows (please tick as applicable):

- ❖ In a bouncy chair (up to 6 months old)
- ❖ In a pushchair
- ❖ On a sleep mat
- ❖ On their front.

Does your child require a dummy or other comforter? _____

Miscellaneous Information:

Does your child suffer from any allergies: _____

Nappy cream supplied by parents/carers such as sudocrem may be applied if needed when changing your child's nappy. Are you happy for such cream to be applied? Yes () No ()

I do / do not give permission for staff to apply sun cream to my child that is provided by parents/carers.

I do / do not agree for staff to apply a plaster to my child if needed.

I do/ do not give permission for my child to be taken on off-site visits.

I do/ do not give permission for my child to be photographed for press/ website/ internally.

I do/ do not give permission for my child to be videoed at nursery events by Prepcare/ parents e.g concerts.

Please give details of siblings, favourite activities, toys and friends etc. _____

Please describe any allergies not already mentioned or any other information (such as a disability) that you feel we should know about your child. _____

My child does/ does not attend another setting/ childminder. If so please complete information below.

Name of Setting/ childminder _____ Name of Key person: _____

Address _____ Telephone number _____

As part of the EYFS we are required to share information about your child with other relevant settings and professionals. I give/do not give permission to Prepcare LLP to share information about my child with other relevant settings and professionals.

I do/ do not give permission for my child's Learning Journey to be shown to prospective parents and visitors e.g. OFSTED.

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Child Profile – Toddlers/Pre-school

Child' Name: _____ Date of Birth: _____

To enable us to settle your child in to nursery we would appreciate the following information: A member of staff will be happy to talk through the information with you.

Diet:

Would you like your child to have lunch / tea? Yes () Not at present ()

Are there any dietary requirements that we need to be aware of?

Please list any foods which your child must not have, e.g. beef:

Does your child suffer from any food allergies? Yes () No ()

What is your child's favourite food? _____

Sleep Routine:

How often does your child sleep? _____

How long does your child sleep (any restrictions)? _____

Does your child require a dummy or other comforter? _____

Miscellaneous Information:

Does your child suffer from any allergies: _____

Nappy cream supplied by parents/carers such as sudocrem may be applied if needed when changing your child's nappy. Are you happy for such cream to be applied? Yes () No ()

I do / do not give permission for staff to apply sun cream to my child that is provided by parents / carers.

I do / do not agree for staff to apply a plaster to my child if needed.

I do / do not give permission for my child to be taken on off-site visits.

I do/ do not give permission for my child (aged 3 and over) to travel via Coach/ Mini bus on trips and outings.

I do/ do not give permission for my child to be photographed for press/ website/ internally.

I do/ do not give permission for my child to be videoed at nursery events by Prepcare/ parents e.g concerts.

Please give details of siblings, favourite activities, toys and friends etc. _____

Please describe any allergies not already mentioned or any other information (such as a disability) that you feel we should know about your child. _____

My child does/ does not attend another setting/ childminder. If so please complete information below.

Name of Setting/ childminder _____ Name of Key person: _____

Address _____

Telephone number _____

As part of the EYFS we are required to share information about your child with other relevant settings and professionals. I give/do not give permission to Prepcare LLP to share information about my child with other relevant settings and professionals.

I do/ do not give permission for my child's Learning Journey to be shown to prospective parents and visitors e.g. OFSTED.