

**Prepcare Day Nursery  
Registration Form**

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

(Please provide a copy of your child's birth certificate) \*\*

Parent/Carer's Name: _____	Parent/Carer's Name: _____
Home Address _____ _____ _____	Home Address _____ _____ _____
Home Number _____	Home Number _____
Place of work and hours: _____ _____	Place of work and hours: _____ _____
Work Tel Number: _____	Work Tel Number: _____
Mobile Number: _____	Mobile Number: _____
Email: _____	Email: _____

**\*I do/ \*do not agree to receive my invoices and newsletter via email. \*\***

**Please send to the following email address (Only 1 address applicable): \_\_\_\_\_ \*\***

**Password for email to access invoice: \_\_\_\_\_**

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 provide a copy of a letter stating the above) \*\*

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 someone 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
<b>Am</b>					
<b>Pm</b>					
<b>Short Day</b>					
<b>Full Day</b>					

**Fees are charged monthly in advance from the first working day of each month. \*\***

**A reservation fee of £100.00 is required which is non-refundable. Please make cheques payable to Prepcare LTD, and send it to us along with your registration form.**

Signature of Parent/ Carer: \_\_\_\_\_ Date: \_\_\_\_\_

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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 £100.00 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 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: \_\_\_\_\_

**Consent to Medical Treatment**

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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 \_\_\_\_\_

**Miscellaneous Information:**

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 LTD to share information about my child with other relevant settings and professionals.

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

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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 a Prepcare lunch / tea? Yes (  ) Not at present. I will provide my own (  )

If so how would you like it prepared (smooth, lumpy, as it is): \_\_\_\_\_

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 (  )  
\_\_\_\_\_

**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 sudo cream 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 use the climbing frames and play equipment on the playground and field.\*\*

I do/ do not give permission for my child to be photographed at Rugby Prepcare Day Nursery/for Press/Advertising(online and in print)/ Rugby Prepcare Day Nursery website/ Events by Rugby Prepcare Day Nursery Parents/ Carers e.g. concerts, assembly, presentations, celebrations. (Please circle if there any that you do not consent)\*\*

I do/ do not give permission for my child to be videoed at Rugby Prepcare Day Nursery/at Arnold Lodge School/ for Press/Advertising(online and in print)/ Rugby Prepcare Day Nursery website/ Prepcare website/ Events by Rugby Prepcare Day Nursery/parents/ carers e.g. concerts, assembly, presentations, celebrations. (Please circle if there any that you do not consent)\*\*

I have received an EY Log registration letter and agree for my child's information to be received this way.\*\*

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 \_\_\_\_\_

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**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 have a dummy or other comforter? \_\_\_\_\_

**Miscellaneous Information:**

Does your child suffer from any allergies: \_\_\_\_\_

Nappy cream supplied by parents/carers such as sudo cream 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 with prior notification.\*\*

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 use the climbing frames and play equipment on the playground and field.\*\*

I do/ do not give permission for my child to be photographed at Rugby Prepcare Day Nursery/ / for Press/Advertising(online and in print)/ Rugby Prepcare Day Nursery website/ Arnold Lodge School website/ Events by Rugby Prepcare Day Nursery/ /or Parents/ Carers e.g. concerts, assembly, presentations, celebrations. (Please circle if there any that you do not consent)\*\*

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I have received an EY Log registration letter and agree for my child's information to be received this way.\*\*

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

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

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Name of Setting/ childminder \_\_\_\_\_ Name of Key person: \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_