



Registration Form (a)

Child's Name _____ Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Address _____ _____ _____ Postcode _____ Home Tel _____ Mobile _____
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Please identify parent / carer with parental responsibility 1. _____ 2. _____	Persons authorised to collect the child/contact number 1. _____ Relationship to child _____ 2. _____ Relationship to child _____
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Name and address of child's doctor _____ _____ _____ Tel Number _____	Name and address of Health Visitor/Dentist _____ _____ _____ Tel Number _____
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Parent/Carer 1 Name _____ Contact Number _____ Relationship to child _____ Employers name and address _____ Tel Number _____	Parent/ Carer 2 Name _____ Contact Number _____ Relationship to child _____ Employers name and address _____ Tel Number _____
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Is your child on:

Child Protection Plan Child in Need Early Help

Please give details of any other professional/person working with your family, e.g. speech therapist, social worker, physio etc.

Dietary Requirements

Does your child have any specific dietary needs due to religion or culture?

Please list all allergies / health problems / medication / hospital treatment / that we need to be aware of.

.....
.....
.....

Immunisations received

Diphtheria

HIB

Meningitis C

MMR

Polio

Tetanus

Whooping Cough

Ethnicity (please tick one)

White – British

Asian / British – Pakistani

White – Irish

Asian / British – Bangladeshi

White – Other Background

Asian / British – Other Background

Mixed – White / Black Caribbean

Black / British – Caribbean

Mixed – White / Black African

Black / British – African

Mixed – White / Asian

Black / British – Other

Mixed – Other Background

Chinese

Asian / British – Indian

Prefer not to say

Other Ethnic Group (please specify)

Family Characteristics (please tick any that apply)

Lone Parent Family

Parent in education, training or adult learning

Parent working more than 16 hours per week

Home Language

Religion

Does your child have any disabilities? (please tick)

Autistic Spectrum Disorder

Hearing Impairment

Behavioural Based Disorder

Learning Disability

Communication Impaired

Mental Ill Health lasting more than 12 months

Complex Sensory Impairment

None

Complex Needs Excluding Invasive Care

Physical Impairment

Complex Needs Including Invasive Care

Sight Impairment

Parent / Nursery Agreement

Attendance Schedule

Start date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					

Please circle which applies to your child.

(Free Place) (free place + additional hours) (Part-time) (Full time)

FEES: The current fees for this place will be £.....per week.

(£per month). Payment is required in advance to your child attending the nursery. Nursery fees are annually reviewed.

1st Payment due:.....

Terms and conditions

Deposit

Deposit is required to secure your child's place. This is refunded with four weeks' notice in writing but the first four weeks not inclusive.

Payment of Fees

Payments must be made on the first day of each week that your child attends. Payment is in advance and receipts will be issued. Non payment of fees **will** result in your placement being withdrawn.

Absences/ sickness

All absences and sickness must be notified to the Nursery and will require payment.

Holidays

All Bank Holidays will be charged at the normal rate. The Nursery will close for three staff training days throughout the year. Parents will be notified of the dates in advance. No charges will be made for these closures. However, all family holidays will be paid for in full.

Notice of Termination

4 weeks written notice is required to terminate a place. If no notice is given to terminate a place, 4 weeks charges will be incurred.

Collection of Children

Staff will not allow your child to leave with anyone not nominated by you beforehand.

Illness

Your child will not be able to attend the Nursery if they are ill or have any type of infection that can be passed on to others through normal activities. If your child is taken ill whilst at the Nursery, staff will contact you. In the event of the parent / carer being unavailable, staff will contact the nominated emergency contacts. The nursery reserves the right for staff to contact your child's doctor to take him/her to the hospital if necessary.

Administration of Medication

A child prescribed medicine must have been taking it for a full 24 hours before attending nursery. Medication must be clearly labelled with the child's name, dosage and any instructions.

The medication form must be completed on arrival at Nursery, giving parent's / carer's permission for a member of staff to administer the medicine. Parents / carers will be required to sign at the end of the day to confirm times medication was administered.

Nappies

Parents / carers **must** provide their own nappies for their child.

If requested by the parent / carer, nappy cream will be administered by staff. Nappy cream must be provided by parents / carers and be clearly labelled with the child's name.

The medication book must be completed, giving parents / carers permission for a member of staff to administer the nappy cream.

I have received, read and understand the information for parents / carers and agree to abide by these terms and agreements.

Parent / Carer signature _____

Management signature _____

Date _____

Privacy Notice Acknowledgement: Privacy Notice - Data Protection Act 1998

We at **Precious Kids Childcare Ltd** are a data controller for the purposes of the Data Protection Act. We collect information from you and may receive information about you. Please confirm below we have shared the Privacy Notice with you:

Parent / Carer signature/ _____ Date: _____

Management signature _____ Date: _____

Parent / Carer Consent

Below is a table with various activities within daycare. Please read and tick the relevant box if you agree to give your consent.

Consent	Yes/No	Initials
Do you give consent for your child to receive medication providing you give information about the medicine, dosage, times to be taken and sign the Nursery's medication form on the day medication is required		
Do you allow your child to take part in outings by transport (Bus/Taxi/Coach) or on foot accompanied and supervised by Nursery staff. (planned /unplanned) i.e. local park/shops/library etc Trips to theme parks etc would be advised to you by a separate letter and consent slip.		
Do you allow photographs of your child to be displayed and viewed by other parents / carers / visitors within the center		
Do you allow camcorder videos to be taken of your child together with other children for the benefit of parents viewing their progress and interaction with other children.		
Do you allow your child to participate in having their face 'painted' on the occasional 'Fun Days' at the Nursery		
Do you allow your child to have emergency treatment onsite or offsite (every effort will be made to contact the Parent/Guardian).		
Do you allow your child to have FIRST AID treatment administered by a senior member of staff.		
Do you allow your child to use garden toys		
Do you give permission for the Nursery staff to use medicated wipes and plasters if necessary.		
Do you allow photos of your child to be used in our prospectus and on our website		
Do you understand and accept that your child must wear / bring sensible / suitable footwear when in nursery		
I agree / do not agree to my child's photograph being used in another child's Learning Journey.		
I give consent for students to carry out and record observations on my child for the purpose of study.		
I give consent for the application of sun screen when necessary		
I give permission for data to be kept on the nursery computer system		

Parent / Carer signature _____ Date _____

Parent / Carer name _____
(block capitals)

All information provided is covered by the Data Protection Act 1998 and is strictly confidential.

PK Childcare – Policies and Procedures

PK Childcare has a comprehensive list of Policies and Procedures. They are available at all times in the Nursery for parents to access and read at any time they wish to do so.

Please sign below to confirm that we have informed you of this.

Parent / Carer signature _____ Date _____

Name of Child _____
(block capitals)