Little Blossoms Day Nursery

Holiday Club!

Registration Form

Name of Child: ……………………………………………………………………………………………………

Date of birth: ……………………………………………………………………………………………………

Gender: € Male € Female

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick required sessions | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Full Day | Full Day | Full Day | Full Day | Full Day |
| 8-1 | 1.00-6.00 | 9-3 | 8-1 | 1.00-6.00 | 9-3 | 8-1 | 1.00-6.00 | 9-3 | 8-1 | 1.00-6.00 | 9-3 | 8-1 | 1.00-6.00 | 9-3 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please tick the box that applies to you

€ £15.00 HALF DAY € £25.00 FULL DAY € £19.00 – 9.00-3.00

Please circle the payment method you wish to use:

Online/Childcare Vouchers/ € Weekly

Voucher name: ………………………………………………………………

*£25 registration fee payable to secure your child’s place (Non-refundable)*

14 days notice > – no payment required

7 days notice – 50% payment required

Under 5 days – full payment required

Late collection of child will result in a £25.00 fee for the first 10 minutes and £5.00 every 5 minutes thereafter.

Late payments will also be charged at £25.00 per week until payment is made.

Children must also not be dropped off before their session time starts.

Family Details:

Child’s full name: ………………………………………………………………………………………………………………

Name known as: ………………………………………………………………………………………………………………

Full address: ………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

…………………………………………………………………………… Postcode: ………………………………………………

Date of Birth: ………………………………………………… Religion/culture …………………………………

First language spoken ………………………………………………………………………………………………………

Birth certificate seen and copy made: € Yes € No

Parent/Carer 1:

Full name: ……………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Daytime/Work contact: ……………………………………… Mobile: ……………………………………………

Home contact: ……………………………………………………… Email: ………………………………………………

Place of work and address: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does this parent/carer have parental responsibility for the child? € Yes € No

Parent/Carer 2:

Full name: ……………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Daytime/Work contact: ……………………………………… Mobile: ……………………………………………

Home contact: ……………………………………………………… Email: ………………………………………………

Place of work and address: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does this parent/carer have parental responsibility for the child? € Yes € No

Emergency details if parents/carers are unavailable:

Full name: ……………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Daytime/Work contact: ……………………………………… Mobile: ……………………………………………

Home contact: ……………………………………………………… Email: ………………………………………………

Place of work and address: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does this parent/carer have parental responsibility for the child? € Yes € No

Other person(s) with legal contact- to be completed where those with parental responsibility are separated and an S8 order is in place.

Full Name: ……………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………

Contact number: …………………………………………… Email: ………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Contact arrangements seen and made copy € Yes € No

Other persons authorised to collect the child- must be over the age of 16 years

Person 1:

Full name: ………………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………… Postcode ……………………………………………………

Contact number: ………………………………………… Email ……………………………………………………………

Person 2:

Full name: ………………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………… Postcode ……………………………………………………

Contact number: ………………………………………… Email ……………………………………………………………

Person 3:

Full name: ………………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………… Postcode ……………………………………………………

Contact number: ………………………………………… Email ……………………………………………………………

Password for collection of the child by any of the named authorised persons

…………………………………………………………………………………………………………………………………………………

Medical Needs:

Is your child up to date with all immunisations? € Yes € No

Member of staff seen Health Record book to confirm immunisation dates

 € Yes € No

Does your child have on going medical needs or disabilities? Please specify.

€ Yes € No ………………………………………………………………………………………………………………………

Is your child involved with any external agencies? E.g Paediatrician, Speech and Language therapist. Please specify. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child require a health care plan? Please specify. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child require any medication whilst in the care of Little Blossoms? Please specify. € Yes € No ……………………………………………………………………………………………………

Does your child have any allergies or food tolerances? Please specify. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child have any dietary requirements? E.g vegetarian, please specify.

€ Yes € No ……………………………………………………………………………………………………………………

Does your child require any additional support whilst at Little Blossoms? Please specify. € Yes € No …………………………………………………………………………………………………

Name of GP: …………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………

……………………………………………………………………… Postcode ……………………………………………………

Contact number: ……………………………………… Email ……………………………………………………………

What school/nursery does your child usually attend…………………………………………........

Permissions:

I give permission for the administration of-

Sun cream € Yes € No

Epipen/Anapen or inhaler administered by a trained member of staff (supplied by me) € Yes € No

Calpol (Or other paracetamol based medicine) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible. € Yes € No

I give permission for my child to be taken to the toilet by a member of staff at when in the care of Little Blossoms. € Yes € No

I give permission for my child to be taken out on trips e.g. Local Park.

 € Yes € No

I give permission for my child to be taken out on planned excursions, e.g visiting a farm. € Yes € No

I agree for my child’s face to be painted € Yes € No

I agree for hypoallergenic plasters to be administered to my child

 € Yes € No

I consent to my child watching a ‘U’ rated film € Yes € No

I consent to my child watching a ‘PG’ rated film € Yes € No

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand that my child may be taken to hospital accompanied by the manager or a senior member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

As part of the on-going recording of your child’s learning and development, staff members regularly take photographs of all children during their play. Only cameras supplied by Little Blossoms are used for this purpose. The photographs taken will be used for displays within the setting and children’s individual learning and development record. Some photographs may be used for external media, e.g Little Blossoms website and local advertising.

I give permission for photographs to be taken of my child at Little Blossoms

 € Yes € No

I give permission for photographs to be taken of my child and used in the media such as, Facebook and twitter page and Little Blossoms Website

 € Yes € No

In the absence of the nursery manager, I am happy to leave my child in the care of the senior members of staff at Little Blossoms. € Yes € No

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

All policies and procedures are available on our website

I have read and understood all the policies and procedures at Little Blossoms and I agree to abide by these rules.

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

How did you hear about Little Blossoms?

You already use us €

Recommendation €

Leaflet/Flyer €

Email €

Other (please state) €

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Notes (Anything else we may need to know about your child)

Office Use only:

Consents ticked and signed € Admin fee rec’d €

All areas signed and dated € First week fees received €