

REGISTRATION FORM AFTER SCHOOL / HOLIDAYS

Please write clearly and photocopy for your own records. **All** fields are required.

CHILD DETAILS

First Name:	Gender:
Last Name:	Date of Birth:
Known as:	Nationality:
Language:	

PARENT / CARER DETAILS

Name:	Home Tel:
Relationship to child:	Work Tel:
Address:	Mobile Tel:
.....	Email:
Postcode:	

Name:	Home Tel:
Relationship to child:	Work Tel:
Address:	Mobile Tel:
.....	Email:
Postcode:	



EMERGENCY CONTACT DETAILS

This must be a non-parent who will only be contacted if either parent/carer cannot be reached.

Contact Name:	Home Tel:
Address:	Work Tel:
.....	Mobile Tel:
Postcode:	Email:

AFTER SCHOOL PLACEMENT REQUESTED

Please state exact times required for each day of the week.

Monday	Tuesday	Wednesday	Thursday	Friday

Date you would like your child to start attending Little Learners Day Nursery:

HOLIDAY PLACEMENT REQUESTED

Please state exact times required for each day of the week.

Monday	Tuesday	Wednesday	Thursday	Friday

Date you would like your child to start attending Little Learners Day Nursery:

WHO WILL BE ALLOWED TO COLLECT YOUR CHILD?

Please tick where applicable

Mother Father Other:

*Your child will not be released to any other person without prior notification from the registered parent/carer.
(See late and non-collection policy for further details)*

Name:
Contact No:
Relationship:

CHILD'S DOCTOR

Name:
Practice:
Contact No:

CHILD'S HEALTH VISITOR

Name:
Practice:
Contact No:

MEDICAL CONDITIONS

Does your child suffer from any of the following medical conditions:

- Asthma Eczema Diabetes Epilepsy
 Development Problems (i.e. speech) Other - please specify:

If yes, please specify if your child requires any medication:

ALLERGIES

Does your child have any allergies: Yes No

What causes the allergic reaction? (Specify which food, medication, animal, seasonal, etc.):

What reaction does your child have:

What medication needs to be administered (e.g. Epipen), or does any action need to be taken:

VACCINATIONS

Is your child up to date with his/her vaccinations: Yes No

DIETARY REQUIREMENTS

Does your child have any special dietary requirements: Yes No

If yes, please provide details:

ADDITIONAL MEDICAL INFORMATION

Any other information that you feel we should be made aware of.



PERMISSION

Please note: we will be using a photograph of your child within the nursery setting. Please indicate which permission you give by ticking the appropriate box below:

- I hereby give permission for photographs of my child to be used on the Little Learners Day Nursery social media pages and in newspaper/magazine articles about Little Learners Day Nursery.
- I hereby give permission for photographs of my child to be used in Little Learners Day Nursery promotional material.
- I hereby give permission for Little Learners Day Nursery staff to administer the recommended dose of Paracetamol suspension to my child should he/she be in pain or have a high temperature whilst in their care.
- I hereby give permission for Little Learners Day Nursery staff to apply a plaster to my child's skin.

WHERE DID YOU HEAR ABOUT US?

We would be very grateful if you could let us know how you heard about Little Learners Day Nursery? (e.g. Recommended by family/friend, social media, search engine, leaflet, etc.)

TERMS & CONDITIONS

All fees are due monthly in advance of sessions. The preferred method of payment is monthly standing order. Weekly cash payments are at the discretion of the nursery owner. All late payments will incur a late fee surcharge of £10. At the discretion of the nursery, children may be excluded if fees remain outstanding and the registration terminated. A non-refundable administration fee of £100 to be paid at time of registration is required to secure a nursery place. Fees are calculated for 52 weeks minus bank holidays and then divided into 12 equal monthly payments. Late collection of your child will incur a fee of £15 plus £10 per 30 mins (See late and non-collection policy for further details). You will be invoiced for any extra charges incurred. Fees are payable during all periods of absence from the nursery. One month written notice is required if you wish to cancel a nursery place or that month will be payable. An administration fee of £20 will be charged if you wish to change the hours / days your child attends the nursery and one month notice is required. Fees are payable during the whole of this time. For re-presented payments, a minimum charge of £20 will be applied. Little Learners Day Nursery does maintain all insurance required by law. If at any time a child's behaviour is identified as being a danger to themselves or others, parents will be notified and outside help will be sort, if a solution cannot be found Little Learners Day Nursery has the right to terminate the child's place without notice. **Data protection:** Our Privacy notice is provided in your starter pack and displayed in the entrance hall. All policies in the Little Learners Day Nursery parents handbook form part of this contract. A copy of the parents handbook is displayed in the entrance hall or available to download from our website: www.littlelearners.biz

DECLARATION

I hereby acknowledge I have read and agree to the Little Learners Day Nursery Terms & Conditions and confirm that the above permission has been given by myself the undersigned.

Parent / Carer Signature: Date:

TRIPS & OUTINGS

In order to support our curriculum we may from time to time take the children out of the Little Learners Day Nursery premises on an outing or trip. In order that we do not have to keep giving out consent forms for every trip please sign the general consent form below. No child will be allowed out of the building unless a member of staff accompanies him or her. Please note that all staff have been police checked.

CONSENT FORM FOR TRIPS & OUTINGS

I agree to my child taking part in outings and trips organised by Little Learners Day Nursery and give permission for my child to be taken out of the Little Learners Day Nursery premises accompanied by a member of staff.

Parent / Carer Signature:

Print Name: Date:

EMERGENCY TREATMENT

I hereby give permission for my child to be given emergency treatment (first aid and CPR) by a qualified staff member of Little Learners Day Nursery.

I also give my permission for my child to be transported by ambulance or staff car to the accident and emergency department for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed doctor/surgeon or hospital when deemed immediately necessary or advisable by the doctor/surgeon to safeguard my child's health.

In case of emergency and if emergency transportation is needed, I agree to pay all costs of transportation.

Parent / Carer Signature:

Print Name: Date: