REGISTRATION FORM

CHILD’S DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Forenames | |  | |
| Surname | |  | |
| Home address | |  | |
| Postcode | |  | |
| Date of Birth |  | Gender |  |

FAMILY DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship | Title | Forename | | Surname | |
| Address | | |  | | |
| Postcode | | | Contact Tel No | | |
| Daytime Tel No | | | Mobile No | | |
| Authorised to Collect | Yes No | | Emergency Contact | | Yes No |
| Email address | | |  | | |
| Relationship | Title | Forename | | Surname | |
| Address | | |  | | |
| Postcode | | | Contact Tel No | | |
| Daytime Tel No | | | Mobile No | | |
| Authorised to Collect | Yes No | | Emergency Contact | | Yes No |
| Email address | | |  | | |
| Relationship | Title | Forename | | Surname | |
| Address | | |  | | |
| Postcode | | | Contact Tel No | | |
| Daytime Tel No | | | Mobile No | | |
| Authorised to Collect | Yes No | | Emergency Contact | | Yes No |
| Email address | | |  | | |
| Relationship | Title | Forename | | Surname | |
| Address | | |  | | |
| Postcode | | | Contact Tel No | | |
| Daytime Tel No | | | Mobile No | | |
| Authorised to Collect | Yes No | | Emergency Contact | | Yes No |
| Email address | | |  | | |

PLACES REQUIRED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proposed start date | | |  | | | |
|  | Monday | Tuesday | | Wednesday | Thursday | Friday |
| Morning (8am till 1pm) |  |  | |  |  |  |
| Afternoon (1pm to 6pm) |  |  | |  |  |  |

CHILD’S HEALTH INFORMATION

**Doctor’s Details**

|  |  |
| --- | --- |
| Health Board | Practice |

ETHNIC BACKGROUND

Please tick ONLY ONE of the following categories

|  |  |  |
| --- | --- | --- |
| African – African/British/Scottish | Caribbean or Black Caribbean/  Caribbean/ British/ Scottish | White Gypsy Traveller |
| African – Other | Caribbean or Black - Other | White – Irish |
| Asian – Bangladeshi/ British/  Scottish | Mixed or multiple origins | White –Other |
| Asian – Chinese/ British/  Scottish | Not Disclosed | White –Other British |
| Asian – Indian/ British/  Scottish | Not known | White –Polish |
| Asian – Other | Other - Arab | White –Scottish |
| Asian – Pakistani/ British/  Scottish | Other - Other | If other, please provide details |

**Religion**

Please tick any religious affiliation below

|  |  |  |
| --- | --- | --- |
| Buddhist | Sikh | Not Disclosed |
| Christian | Jewish | Not Known |
| Christian RC | Muslim | Other |
| Hindu | None | If other, please provide details |

**National Identity**

Please tick ONE category below

|  |  |  |
| --- | --- | --- |
| British | Not Disclosed | Scottish |
| English | Not known | Welsh |
| Northern Irish | Other | If other, please provide details |

FAMILY PASSWORD

We operate a family password system, in the instance of the usual person not being able to collect the child this password will

be asked for. Parents/ guardians must advise the nursery prior to the new person collecting the child. This password must

remain confidential to the family/ designated people responsible for collecting the child.

Please indicate your password

MEDICATION CONSENT

Please tick below to state you agree to the following:

**I will inform the nursery of my child being given any medicines prior to attending on the day of nursery.**

**I give consent for a member of St Margarets Nursery to apply sun cream (supplied by parent/ carer).**

**I give my consent for my child to participate in the tooth brushing programme.**

MEDICAL TREATMENT CONSENT

Should your child become unwell whilst at St Margarets Nursery we require your consent to treat them.

I do I do not give an employee trained in first aid consent to treat my child.

I do I do not give a doctor or other medical professional consent to treat my child.

I understand that St Margarets Nursery will contact me immediately in the event of a medical professional treating your child.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPHIC CONSENT

I do I do not give permission for us to take photographs/ videos of your child to be used within

the nursery setting.

I do I do not give permission for us to take photographs/ videos of your child to be used in

Newspapers/magazines.

I do I do not give permission for us to take photographs/ videos of your child to be used on

social media and St Margarets Nursery’s website.

Please note, inspectors require evidence of the activities we offer the children in our care. Photographs may be used in

the nursery in the normal publicity of good work/ a positive nursery ethos.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUTINGS/ TRIPS CONSENT

I do I do not give my consent for my child to be taken on local walks.

I do I do not give my consent for my child to be taken on local public transport.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms and Conditions

1. **In these Terms and Conditions**
   1. “The Nursery” is St Margaret’s Nursery and Preschool.
   2. “The Parents” are the parent(s) or guardian(s) or the person responsible for any child attending the nursery.
2. **Parent/Carer Agreement**
   1. The Parent/Carer Agreement must be signed and returned to the day before your child’s first day at the nursery. Signature(s) of the Parent/Carer Agreement confirms the acceptance and understanding of the terms and conditions outlined in the agreement.
3. **Payment of Fees**
   1. A registration fee of £75 is payable upon booking a place at the nursery. This is non-refundable.
   2. Our registration fee is subject to change.
   3. The registration fee guarantees your child’s place at the nursery for the agreed sessions and start date.
   4. All fees are payable within the first week of the month and invoice are issued by email on the 1st of each month.
   5. We accept all major credit and debit cards (apart from American Express).
   6. Payment can be made be made by cash and cheque (cheques are to be made payable to; St Margaret’s Nursery Trading Ltd).
   7. Standing orders and bank transfers can be made to the following account details;

Account Name – St Margaret’s Nursery Trading Ltd

Account Number –

Sort Code –

* 1. We accept all forms of childcare vouchers. Account numbers are available on request.
  2. Fees are annualised and split over 12 equal monthly payments, based on the 51 week opening times (closed for one week during the Christmas period). Extra hours and sessions out of the agreed fixed booking pattern may be added to monthly invoices therefore the values of the invoices received can vary.
  3. Fees are payable during absence from the nursery, including holiday and sickness. No refunds or deductions will be given.
  4. Fees are payable when the nursery is closed due to circumstances that are out of our control such as ‘Acts of God’ or increment weather. We will take reasonable action to prevent a loss of childcare wherever possible.
  5. Extra sessions need to be booked in advance by emailing [info@stmargaretsnursery.net](mailto:info@stmargaretsnursery.net) and [accounts@stmargaretsnursery.net](mailto:accounts@stmargaretsnursery.net) to request them. If extra hours are needed these are only bookable on the day that they are required and this can be requested in person at Reception or by the email addresses above.
  6. If extra sessions are booked they are payable even in the child does not attend.
  7. If extra sessions or hours are taken with prior agreement a penalty charge of £25 will be applied to your account.
  8. One month’s notice must be given in writing if a change in days/sessions is required.
  9. A late payment charge of £25 will be added onto the child’s account if payment terms are not adhered to.
  10. Fees are subject to annual review but can be revised at other times with reasonable notice given.
  11. We will give 4 weeks’ notice in writing for any increase in fees.
  12. Discounts to fees are subject to terms and conditions. They may be subject to change or termination with immediate effect.
  13. The nursery withholds the right to suspend and/or terminate a place at the nursery if fees or a balance on account remains unpaid after the agreement payment date.

1. **Notice of Removal**
   1. One month’s written notice must be given if you wish to withdraw your child from the nursery. You are liable to pay the fees for this months’ notice period.
   2. Registration fees cannot be refunded.
   3. If notice is given and you terminate your child’s place at the nursery for any reason you are required to pay all outstanding fees. If payment is not made, then details will be passed onto a debt collection agency to collect the outstanding balance.
   4. The nursery reserves the right to exclude any children on register where reasonable.
   5. The nursery reserves the right to exclude any parent if their behaviour becomes threatening or aggressive. This can be done with immediate effect.
   6. The nursery reserves the right to exclude a child if nursery fees remain unpaid.
2. **Child Protection**
   1. Parents are required to abide by all nursery security and safeguarding policies and procedures whilst on the nursery premises.
   2. Management have the right to contact Social Services of The Child Protection Unit if a child discloses abuse or staff suspect abuse. This is in accordance with our Child Protection Policy.
3. **Change of Address, Telephone Number or Circumstances**
   1. We require parents to inform the nursery of any changes of address, telephone number or circumstances.
   2. We require two additional emergency contacts at point of registration.
4. **Drop off and Collection**
   1. No child can leave the nursery unattended and nursery staff must know the person collecting the child or been given instruction from the parent or carer if someone new is picking up the child.
   2. All children must be collected on time at the end of their session and not dropped off earlier than the agreed session time.
   3. The nursery reserves the right to charge a late collection fee of £25.00 for unconfirmed late collection.
   4. The nursery reserved the right to withdraw placement for a child that is consistently picked up late.
   5. If a child is brought into nursery outside of their agreed hours, the nursery reserves the right to refuse the child.
5. **Illness**
   1. Parents are required to inform the nursery if their child has encountered contact with any infectious disease before the child is due to attend nursery that day.
   2. Children will not be allowed to attend nursery if the illness is infectious or if the child is deemed by nursery staff to be too unwell to attend the nursery.
6. **Loss and Damage**
   1. The nursery cannot accept responsibility for the loss or damage to property or clothing.
7. **Change of Clothing**
   1. Children must be dressed appropriately for all weather conditions.
   2. A change of clothing must be brought for each child in a bag clearly marked with their name.
8. **Holiday**
   1. Any absence due to holiday remains fully chargeable in line with the child’s current sessional bookings.
   2. We kindly request that the nursery is informed of any holidays a child it going to have by emailing the nursery at [info@stmargaretsnursery.net](mailto:info@stmargaretsnursery.net)
   3. We cannot offer the facility of swapping any days and if extra days are required this must be booked as extra sessions and are fully chargeable.

|  |
| --- |
| AGREEMENT  I agree to abide by the terms and conditions and policies and procedures of St Margaret’s Nursery which I have read and fully understand.  Parent/Carer 1 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Carer 2 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |