

Little Explorers Registration Form

Key Information

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s First Name(s) |  |
| Known As |  |
| Date Of Birth |  |
| Sex | Boy |  |  Girl |  |
| Religion |  | Ethnicity |  |
| First Language |  |
| Any Other Language spoken |  |
| Parent/Carer 1  | Relationship to the child  |  |
| Parental Responsibility  |  Yes |  No |
| Name |  |
| National Insurance Number |  |
| Address |  |
|  |
|  | Post Code |  |
| Email Address  |  |
| Telephone Number  | Home |  | Mobile |  |
| Place of Work |  |
| Job Title |  | Dept |  |
| Address |  |
|  |
|  | Post Code |  |
| Telephone Number |  | Ext. |  |
| Able To Collect Child | Yes |  | No |  |
| Parent/Carer 2 | Relationship to the child |  |
| Parental Responsibility  |  Yes |  No |
| Name |  |
| National Insurance Number |  |
| Address |  |
|  |
|  | Post Code |  |
| Email Address |  |
| Telephone Numbers  | Home |  | Mobile |  |
| Place of Work |  |
| Job Title |  | Dept |  |
| Address |  |
|  |
|  | Post Code |  |
| Telephone Number |  | Ext. |  |
| Able To Collect Child | Yes |  | No |  |
|  |
| Emergency Contacts Other Than Parents/Carers  |
|  | Contact No. 1 | Contact No. 2 |
| Name |  |  |
| Relationship ToChild |  |  |
| Address |  |  |
| Tel. No |  |  |
| Mobile No. |  |  |
| Password forCollecting child |  |  |
| As security is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password. HOW DID YOU HEAR ABOUT LITTLE EXPLORERS?Sessions Required |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Am Session |  |  |  |  |  |
| Pm Session |  |  |  |  |  |
| Full Day |  |  |  |  |  |
| Early start from 7.30am |  |  |  |  |  |
| Start Date |  |

Medical Details

|  |  |
| --- | --- |
| Doctors Name: |  |
| Address |  |
| Tel. No. |  |
| Health Visitor Name |  |
| Address |  |
| Tel No. |  |
| Does your child have a Personal Child Health Record book (Red Book) If yes, please bring to induction visit. |  Yes |  No |
|  |
| Are there any other services involved with the child or family ? |
| Family Nurse  |  Yes | No  | Date Involvement commenced |  |
| Name  |   |
| Contact Information and Telephone Number  |  |
| Social Worker  |  Yes | No | Date Involvement commenced |  |
| Name |  |
| Contact Information and Telephone Number  |  |
| Speech and Language  |  Yes |  No | Date Involvement commenced |  |
| Name  |  |
| Contact Information and Telephone Number  |  |
| CAHMS |  Yes |  No | Date Involvement commenced  |  |
| Name |  |
| Contact Information and Telephone Number  |  |
| Path Finders Team  |  Yes |  No | Date Involvement Commenced |  |
| Name |  |
| Contact Information and Telephone Number  |  |
| Any Other Service | Date Involvement Commenced  |  |
| Main Service Provided  |  |
| Main Contact Name  |  |
| Contact Information and Telephone Number  |  |

Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Diphtheria |  |  | Tetanus |  |  |
| Hib |  |  | Mumps |  |  |
| Measles |  |  | Rubella |  |  |
| Polio |  |  | Whooping Cough |  |  |
| Details Of Other Vaccinations |  |
| Has Your Child Had Any Infectious Diseases? | Yes |  | No |  |
| If Yes Please Give Details |  |

Individual Requirements and Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has Your Child Any Food Allergies or Special Dietary Requirements? | Yes |  | No |  |
| Please Give Details |  |
| Are There Any Foods You Do Not Want Your Child To Have? | Yes |  | No |  |
| Please Give Details |  |
| Has Your Child Any Cultural Or Religious Requirements? | Yes |  | No |  |
| Please Give Details |  |
| Any Other Details That May Be Useful |  |

|  |
| --- |
| Consents |
| Medical Treatment |
| I hereby give consent for the staff of Little Explorers to … |
| Administer Emergency First Aid  | Yes | No |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary  | Yes | No |
| Administer medication  | Yes | No |
| To apply a plaster when necessary  | Yes | No |
| To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months | Yes | No |
| Signature…………………………………………………. Date ………………………………………… |
|  |
| Outings |
| I hereby give consent for the staff of Little Explorers to … |
| To take my child on local visits and outings |  Yes |  No |
| To travel in insured staff cars  | Yes | No |
| To travel on public transport  | Yes | No |
| Signature…………………………………………………. Date ……………………………………… |
|  |
| Photographs |
| I hereby give consent for the staff of Little Explorers to … |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery  | Yes | No |
| Use photographs of my child taken at nursery in another child’s file or diary (as a group) | Yes | No |
| Use photographs of my child in newsletters | Yes |  No |
| Use photographs of my child on the nursery website or Facebook (names of children will never be shared). | Yes | No |
| Use photographs of my child for advertising purposes | Yes | No |
|

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|  |
| **Animals** |
| I hereby give consent for the staff of Little Explorers to … |
| Allow my child to touch and help care for the nursery pet under supervision. | Yes | No |

Signature…………………………………………………. Date ………………………………………… |

|  |
| --- |
| I hereby give consent for the staff of Little Explorers to … |
| Share information about my child with other agencies such as :Speech and Language, Health Visitors, Special educational need support  | Yes | No |
| Signature................................................................ Date...................................................................Please note staff will share information without consent if they are concerned about the welfare of the child |

Registration Fee

A Registration Fee of £40 Is Due With This Registration Form.

Name Of Person Signing:……………………………………………………………………………….

Signature:…………………………………………………… Date:…………………………………….

Office use only

Details of Placement…………………………………………………………………………………....

Date Received………………………………Date Acknowledged……………………………………

Registration Fee…………………………….Cheque ……………Cash……………………………...

Staff Name…………………………………………………………..Date……………..………….……

Adventures in Learning ltd

Terms and Conditions

Sessions:

Full Day Session = 8.00am – 6pm

Morning Session = 8.00am - 1.00pm

Afternoon Session = 1.00pm – .6pm

All session requirements must be confirmed in writing.

A minimum of 2 weeks notice for all session changes must be given.

Fee Payment:

Fees must be paid one month in advance by the first day of the month.

A £10 administration fee will be charged on a weekly basis for all late payments.

You will be issued with an invoice on a monthly basis; any copy invoices/ documentation requests will incur an administration charge of £2.50-£5.00.

Holidays:

The nursery will be closed for one week at Christmas & all Bank Holidays- normal charges apply to these dates.

Sickness/ Absence:

Children who have, or develop, an infectious illness must be excluded from nursery for a minimum of 48hours.

This is in the best interest of the child and the other children and complies with regulations set out by the Environmental Health Department. The nursery must be notified of all absences.

Sickness or absence from Nursery does not qualify for a reduction in fees.

Notice:

One month’s written notice, by either party is required to terminate a child’s place at nursery. One month’s fees in lieu of notice will be charged.

Fees are still payable for the months notice even if the child does not attend the nursery.

Car Parking:

There are designated parking bays for dropping off and collecting children. If these bays are full please ensure that you park your car carefully. Under no circumstances should any car be left parked in an unsuitable manner that could cause danger to children or to the general public.

|  |
| --- |
| AGREEMENTI agree to comply with the terms and conditions set out by Little Explorers.Signed…………………………………………………………Date………………….......Name……………………………………………………………………………………...... |