4Child’s Name…………………………..

Home Address………………………................

………………………………………………….

Postcode………………………………………..

Home Tel……………………………………….

Mobile………………………………………….

Date of Birth……………………………

Male Female

Place Of Birth

Please identify parent / carer with parental Emergency Contact Authorisation

Responsibility 1………………………………………... 1………………………………………… Relationship to child…………………………

2………………………………………… 2……………………………………………

Relationship to child…………………………

Contact Number………………………………

Name and address of child’s doctor………. Name and address of Health Visitor/Dentist....

…………………………………………….. ………………………………………………..

…………………………………………….. ………………………………………………..

Tel Number………………………………... Tel Number…………………………………..

Parent/Carer 1…………………………………. Parent/ Carer 2………………………………

Name…………………………….................... Name………………………………………...

Contact Number………………………………. Contact Number…………………………….

Relationship to child………………………….. Relationship to child………………………...

Employers name and address……………….... Employers name and address……………….

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

Email…………………………………… Email………………………………………..

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

Other Ethnic Group (please specify) Prefer not to say

**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 Including Invasive Care Physical Impairment

Complex Needs Excluding Evasive Care Sight Impairment**Parent / Nursery Agreement**

**Attendance Schedule Start date: ………………………………**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Full Day** |  |  |  |  |  |

**Please circle your child’s requirements as applicable below.**

**(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 reviewed annually.

**1st Payment due:.........................................................................................**

**Terms and conditions**

**Deposit**

A deposit will be required to secure your child's nursery place, which is refunded upon receipt of your final months’ payment.

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**

The nursery is open 51 weeks a year. It will be closed on statutory bank holidays and 1 (one) week at Christmas.   
However, all holidays (including 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 must have been taking a prescribed medicine for a full 24 hours before bringing the medicine to 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 and Wipes**

Parents / carers must provide their own nappies and wipes 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.

**Nursery Events**

I agree to be sent information about Nursery events and services.

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

Parent / Carer signature…………………………………..................................................................

Management signature……………………………………………………………………………...

Date…………………………………………………………………………………………………

**Privacy Notice Acknowledgement: Privacy Notice - Data Protection Act 1998**

We at Merry Kidz Day Nursery 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 are 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 centre? |  |  |
| 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.**

**Merry Kidz Day Nursery – Policies and Procedures**

Merry Kidz Day Nursery 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)……………………………………………………………………..