

Parent agreement and nursery agreement

Nursery copy

Charges

Fees are payable monthly and in advance, wherever possible we would prefer this to be paid via BACS. We regret that we are not able to accept payment in arrears and your place will be cancelled if this occurs. With regard to afterschool and holiday places, if a place has been booked and the child is absent without any prior notification the full fee will be charged. We regret that we no longer accept cheques.

Notice to leave

One month's calendar notice is required for termination of a placement until this date you will be liable for all fees.

Arrival and collection

All children must be signed in and out by the individuals collecting and dropping children off.

Should the named adult be late for collection (after 6.00 pm) then you will be charged at a rate of £10.00 for every ten minutes they are left in our care, unless it is in an emergency situation where the person in charge should be notified as soon as possible.

Activities

Some routine activities of the nursery may involve leaving the nursery premises i.e. visits to the local park. For your child to take part in these activities you need to give your permission. However, separate consent will be sought for occasional activities such as day trips.

Emergency aid

Consent to any emergency medical treatment may be necessary. It is important that this contract acts as your authorisation for staff to sign any written form of consent required by the hospital authority if a delay in getting your signature is considered by the doctor to endanger your child's health and safety.

Medication

If you require your child to be given medication by a member of staff, you will need to provide detailed instructions in writing along with the clearly labelled medication.

Photographs

We request permission for photos taken of your child within the nursery to be used throughout the nursery and on occasion in the local press.

Face Paints

Permission is also sought for your child to have face paints applied to his/her skin.

Child Protection Issues

It is a legal requirement for all nursery practitioners to contact the relevant authorities should they suspect that a child in their care is suffering abuse.

Transport

I give my permission for my child to be transported in the nursery vehicle.

I have read and understood the above contract along with the parents' handbook, which details all the Nurseries policies and procedures. The information I have given is correct to the best of my knowledge. Should there be any changes to the information given in this document then I will notify the play worker immediately in writing. I agree to abide by the terms and conditions of this contract and accept the policies and procedures laid down in the parent's handbook. I also understand that action may be taken should my family or I fail to abide by these terms and conditions.

Child Name: _____

Parent Signed: _____

Dated: _____

Staff Signed: _____

Printed: _____

Nursery registration form

Please note that a £30 non refundable fee is payable at the time of registration.

Child's full name	
Preferred name if applicable	
Sex	
Date of Birth	
Age	
Ethnic origin	
Religion	
Preferred language	
Additional information	
Additional needs	
Nursery sessions required	
Parent/Carers full name	

address	
E-mail	
Mobile number	
Work number	
Home number	
Parent/carer's full name	
address	
E-mail	
Mobile number	
Work number	
Home number	
<p>Emergency contact details Details of persons nominated to collect the child from the nursery and / or who may act as an emergency contact in the event of illness / accident. (Children will only be allowed to leave with either of the two the named contacts below. The manager must be advised beforehand of any changes to this).</p>	
<p>Emergency contact one</p> <p>Name Relationship to child Address</p> <p>Home number Work number Mobile number</p>	
<p>Emergency contact two</p> <p>Name Relationship to child Address</p> <p>Home number Work number Mobile number</p>	

<p>Medical information Doctor/ health visitor's details</p> <p>G.P Name</p> <p>Health Visitors name</p> <p>Practice name / Practice address</p>	
<p>Dietary requirements/ Medical requirements</p>	
<p>other requirements</p>	
<p>Has your child had the following vaccinations? Please tick box to indicate YES:</p> <p>Polio, whooping cough and diphtheria <input type="checkbox"/></p> <p>Tetanus <input type="checkbox"/></p> <p>MMR <input type="checkbox"/></p> <p>Meningitis <input type="checkbox"/></p> <p>Hib <input type="checkbox"/></p> <p>Rubella <input type="checkbox"/></p>	

Childs Routine

Name:

Date of Birth:

Food and drink

Does your child have any milk feeds? If so what time?

What food does your child like best?

What food does your child not like?

Sleep time

Does your child have a sleep in the day? If yes, at what time?

Does your child have a comforter?

Separation

How does your child handle separation from you?

How does your child like to be comforted when distressed?

Preferences / rituals

Are there special preferences at rest, mealtime, playtime etc?

Does your child have any phobias and or fears that you feel we should know about?

If there is any other information that you feel we should know please document this here.