|  |
| --- |
| 1 Details and history of child |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | First Name | |  | |
| Known as |  | | Date of Birth | |  | |
| Sex |  | | Religion/Faith | |  | |
| Nationality |  | | First Language and other languages spoken at home | |  | |
| Doctor  Dentist | Name | | | | Tel No - | |
| Address       Child’s NHS Number  Practice Address | | | | | |
| Medical History | Infectious diseases –has your child been vaccinated against the following -please check | | | | | |
| Tetanus |  | | Diphtheria | |  |
| Chicken Pox |  | | Whooping Cough | |  |
| Poliomyelitis |  | | MMR | |  |
| HIB (Meningitis) |  | | Other | |  |
| Has your child had any infectious illnesses? Please state which and dates | | | | | |
| Known allergies/sensitivities –please provide details | | | | | |
| Was your child born prematurely?  If “yes” by how much? | | | | | |
| Food | Food Preferences - | | | | | |
| Food Dislikes - | | | | | |
| Food intolerances /sensitivities – | | | | | |
| Food products forbidden by culture or religion - | | | | | |
| Special religious or cultural needs |  | | | | | |
| Other special needs or  routine |  | | | | | |
| **27 Month Check** | **Please provide the nursery with a copy of your child’s 27 month Development Review, this will be used as part of the nursery 2 year check process.** | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2 Details of parent/guardian /carer | | | | | | | |
| Parent/Carer 1 | Name | | | | | Home Tel Number | |
| Relationship to child | | | | |
| E mail address | | | | | | |
| Home Address | | | | | | |
| Workplace name and address | | | | | | |
| Work Phone Number | | | | | | Mobile Number |
| Parent/Carer 2 | Name | | | | | | Home Tel Number (if different) |
| Relationship to child | | | | | |
| E mail address | | | | | | |
| Address (if different from above) | | | | | | |
| Workplace name and address | | | | | | |
| Work phone number | | | | Mobile Number | | |
| **Should one of the child’s parents not have legal access to their child or have parental responsibility then documentation will be needed to confirm this and further information given to the nursery manager.** Should your child have an alternative carer with parental responsibilty then please provide details below | | | | | | | |
| Other person with parental responsibility | | Name | | | | | Home Tel number |
| Relationship to child | | | | |
| Address | | | | | |
| E mail address | | | | | |
| Workplace name and postcode | | | | | |
| Work phone number | | | | | Mobile number |
| 3 Emergency Contact Numbers other than parent /guardian | | | | | | | |
| Contact 1 | | | Name | Relationship to Child | | | |
| Home number | Mobile Number | | | |
| Contact 2 | | | Name | Relationship to child | | | |
| Home number | Mobile number | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| To Ensure the safety and well-being of your child whilst in our care, we would ask that you would sign and date section 17 to provide appropriate authorisations for activities and procedures to be kept on file.  4 Drop off and Collection Consent | | | |
| The following people are authorised to drop off and collect my/our child from nursery, I will formally confirm this in writing and anyone else collecting will require a password and permission in line with the nursery collection policy. **Password to be used** | | | |
| 1 Name |  | Relationship to child |  |
| 2 Name |  | Relationship to child |  |
| 3 Name |  | Relationship to child |  |
| 4 Name |  | Relationship to child |  |
| 5 Outings and nature walks | | | |

|  |
| --- |
| I give permission for my/our child to take part in activities out of the nursery premises for play activities, nature walks supervised by the nursery staff, including Forest School.  Yes  No |
| 6 Medical treatment and First Aid |
| In the event of an accident or injury I will consent to my child to my child receiving treatment from a trained paediatric first aider or in the event of an emergency a member of staff going with my child to hospital .The nursery would endeavour to contact all main carers but the main priority would be that the child received appropriate care and a member of staff would stay with the child until a parent/carer could arrive. I give permission for the nursery staff to act in the best interest of the child in the event of a medical emergency Yes  No |
| 7 Medication |
| I understand that should my child require regular medication a health plan will need to be put in place and information given in order to put a medical plan in place. Should my child need to take prescribed medication as a one off then a medication form would need to be completed. Medication cannot be administered without formal consent and medicines must be in original packaging. Yes  No |
| 8 Intimate care |
| I give permission for my child to receive intimate care in the event that my child has soiled his/her clothing, pants, pull up. This level of care will only be performed by a DBS checked member of staff. Yes  No |
| 9 Fees Policy |
| I agree to pay the nursery fees within 5 days of receipt of invoice. Invoices are sent out prior to the start of term and due by the end of the first week. I acknowledge that all fees are non-refundable as outlined in the nursery fees policy. I understand that it is necessary to pay half a term’s fees in lieu of written notice, if one terms notice is not given. Sessions with 15 hours universal funding or 30 hours will be charged a Quality Premium Supplement as outlined in the nursery fees policy. This is not obligatory but required in order to maintain high quality nursery care and materials. I give permission for my main e mail address to be used for invoicing, emergency contact list, newsletters, parent contact sheet and general communication by the nursery.  Yes  No |
| 10 Permission regarding observations, educational plans |
| I understand that the nursery role is to support my child’s learning /development, this is done through observations, record keeping, assessments, and educational plans. This information may be used and passed onto other settings, agencies during transition periods should additional developmental guidance be required to support your child. Yes  No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11 Attending other settings | | | | | | | | |
| Should your child be attending/have attended another setting we would like to work with them to support your child’s learning and development.  Yes  No **If yes please complete below** | | | | | | | | |
| Name of Setting + Key worker | |  | | | | | | |
| Telephone number | |  | | | | | | |
| E mail address | |  | | | | | | |
| Name of class/keyworker | |  | | | | | | |
| Date of Entry/leaving | |  | | | | | | |
| Days attended/ing | |  | | | | | | |
| 12 –Photographs and Images | | | | | | | | | |
| Photographs are used to support your child’s learning development in their learning journey’s. Images may also be used in media such as the nursery website, Instagram, Facebook, promotional material or photo books that go on sale to other parents. Children will never be named without consent. Please delete as appropriate regarding promotional and social media.  I give permission for photographs to be used  I do not give permission for my child’s photographs to be used | | | | | | | | | |
| 13 -Entry details | | | | | | | | | |
| Term Start Date | | Autumn  Spring  Summer  – Year | | | | Leaving Date |  | | |
| **Nursery Hours**  Tilford Meadow Nursery School - 9.00AM - 12.00/1.00 PM or 3.00PM -Wednesday finish 1.00  Woodland Nursery School - 9.10AM -12.10/1.10 PM or 3.10PM. FINISH 1.10 of Fridays  Pine Wood Nursery- 9.00 AM-12.00/1.00PM or 3.00PM. Longer sessions available Mon-FRi  Please Indicate the sessions required - | | | | | | | | | |
| Preferred Sessions  **Tilford Meadow** | | | | AM | PM | Preferred Sessions **Woodland /Pine Wood** | AM | PM | **Manager confirmed** |
| Monday | | | |  |  | Monday |  |  |  |
| Tuesday | | | |  |  | Tuesday |  |  |  |
| Wednesday | | | |  | NA | Wednesday |  |  |  |
| Thursday | | | |  |  | Thursday |  |  |  |
| Friday | | | |  |  | Friday |  |  |  |
| Increasing to please add additional sessions. | | | | Sessions |  | Increasing to please add additional sessions. | Sessions |  |  |
| Term | | | |  |  | Term |  |  |  |
| Term | | | |  |  | Term |  |  |  |

|  |
| --- |
| 14 -Declaration by carer |
| To secure your child’s place with us we require a £50 non-refundable registration fee payable via Bacs transfer to sort code 09-01-27 A/C Number 97526681 with your child’s name and nursery as a reference.  Once this is received along with the registration form your child place will be confirmed.  Please e-mail the form to csnurseryshools@gmail.com    Signature       Name       Date       **Manager – Deposit received – YES**  **NO** |
| 15 -Confirmation of legal guardianship and data recording |
| Data will be stored for record keeping and for claiming the grant on the nursery computer for administrative and recording purposes and also the Surrey County Council Website to process the Early Years Free Entitlement. Without permission we will not be able to claim the grant etc on your behalf.  In order for CS Nursery Schools Ltd to be able to claim the EYFE grant on your behalf the nursery manager/owner must see proof of legal guardianship via your child’s passport or birth certificate – for all funding FEET, universal 15 hours and 30 hours funding. Links for details of funding can be found on the nursery website.  Birth Certificate/Passport details received – **YES  NO**  Seen by nursery manager/owner (name)  Signed       Dated |
| 16 Non-attendance and change of contact details |
| Please could you contact the nursery directly via the nursery mobile should your child not be attending nursery due to illness, holidays etc. This is in accordance with the nursery “Child Protection Policy”. Please contact by 10 AM, we will contact you and any emergency contacts as necessary, to enquire about your child’s absence. If unable to make contact then the nursery will make a “welfare call” via 911.  In order for the nursery to have your latest contact details please could you inform the nursery of any changes to your home phone, mobile and address. There is a contact update form available on the nursery website csnurseryschools.co.uk |
| 17 Consent and Terms of Conditions |
| I give consent to the activities, policies and procedures as outlined in sections 4 -16.  Name –       Relationship to Child -  Signature       Date |

**I understand that Tilford and Pine Wood Nursery School uses Tapestry to track children’s learning and development.**

* Are you happy for us to use your email address to add you as a user on Tapestry ? YES  NO
* Are there any other adults who would like to be added as users to your child’s Tapestry account? YES  NO
* Details:
* Name:
* Email address:
* Tilford and Pine Wood Nursery School will contact via email to invite participation in Learning and Development records
* I understand that there are photographs of my child in support of their learning and development that will be stored on Tapestry. The photographs may be as an individual or part of a group (Tilford and Pine Wood Nursery School) YES  NO

**All Nurseries**

* I understand that staff will share EYFS profile data with the local authority (Surrey)
* I understand that staff will raise safeguarding concerns with the Local Safeguarding Children Board.
* I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child
* I understand that my child’s records including registration form, register entries, first aid, grant forms will be kept for the legal retention period this could be electronically or in paper format.
* Please contact your nursery directly via the nursery mobile or e mail address by 10.00am if your child is not attending due to illness, holiday etc in accordance with our Child Protection Policy.
* Should your contact details change in any way please download an update form from the nursery website and return to your nursery manager.
* Once you have registered your child you are then able to be put on the waiting list for an earlier start date if applicable.
* Dual nursery registration is not an option. Any change of setting within

CS Nursery Schools Ltd requires one terms notice as laid out in our fees policy, and a re-registration with the other nursery within the group.

**Financial Terms and Conditions**

* All signatories to the contract will be jointly liable for the payment of fees.
* A deposit will be taken to secure a place
* The deposit will hold the place for a maximum of one term after the intended start date. If the space is not taken up within one term the deposit will be forfeited. This is to prevent the nursery holding a place indefinitely and denying another family access to the service. The relevant cut off dates are: 31st December, 31st March and 31st August.
* Failure to start attending planned sessions without any notification will result in the space being offered to other children on the waiting list.
* Fees are payable at the start of each term. Outstanding fees will be subject to a late payment charge of 5% (of the outstanding balance).
* Fees can be paid via bacs transfer. The CS Nursery Schools Ltd accepts workplace childcare vouchers and is part of the government’s ‘tax free’ childcare scheme.
* Fees remaining outstanding after one month will result in the cancellation of a nursery space unless a satisfactory payment arrangement is made and adhered to.
* If outstanding fees are not paid the debt will be recovered through the small claim’s court/debt management company.
* The nursery is open term time only, bank holidays, polling days etc are not charged.
* Sessions cannot be swapped. Extra sessions can be booked on request if the sessions are available.
* Late collections will be charged at a rate of £5 per part 15 minutes. One off, unexpected late collections of up to 5 minutes will not be charged if we have been informed beforehand.
* If a child is ill or on holiday, even with prior notice, missed sessions are invoiced and must be paid.

I understand and agree to the Terms and Conditions as described above

Name:     Signature:      Date:

Name:      Signature:     Date:

**Privacy notice for parents**

**Payment of fees**

Thank you for enrolling your child at CS Nursery Schools Ltd. Some of the information you have given us as part of the enrolment process will be used to ensure that fees are paid to cover the cost of sessions taken. The details of how we will use that information is as follows:

* We will use your email address to send you your invoice. This will be sent via QuickBooks.
* If you do not have an email address, we will use your home address to send an invoice to you or give it to you by hand.
* We will use your telephone number to contact you to discuss outstanding fees or invoice queries.
* If invoices remain outstanding, we reserve the right to pass your details to our solicitor or to a debt collection agency so that they can recoup our fees.

I understand the privacy notice as described above

Name:      Signature:

Date:

Name:     Signature:

Date:

I understand that by completing and returning this registration document I am agreeing to the terms and conditions as outlined above

CS Nursery Schools Ltd – Company Number 7421455

Carolyn stidston -15 Douglas Grove, Lower Bourne, Farnham, Surrey GU10 3HP

Phone 01252 793863 Mobile 07786 515866 e mail [csnurseryschools@gmail.com](mailto:csnurseryschools@gmail.com)

Data Controller CS Nursery Schools Ltd

Data Processor/Protection Officer -Carolyn Stidston

Registration form updated by Carolyn Stidston February 2023