



Bidborough Village

Nursery School

Unleash Your Child's Imagination

bvns.co.uk

New Starter Welcome Pack

Child's Name:



Bidborough Village Nursery School

NURSERY REGISTRATION / ACCEPTANCE FORM

I accept the place for Child's Name:..... in the following sessions:

Dates of Intended Start in Nursery __ / __ / __

Please complete the section below, detailing which sessions you would like your child to attend. Sessions cannot be guaranteed until confirmation from the Nursery Manager.

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 am - 12:00 pm					
12:00 pm - 3:00 pm					

Term

Autumn

Spring

Summer

How will you be settling your Nursery Account?

Bank Transfer	Cheque	Childcare Voucher (please give details of the scheme)

Parents Declaration

NOTICE PERIOD: 6 weeks written notice is required, otherwise a 6 weeks' fees are payable in lieu of notice. Please refer to the Nursery's Terms and Conditions for full details.

Any changes in hours of attendance are subject to prior agreement and availability

Father's / Carer's Signature

Mother's/ Carer's Signature

Name in Full

Name in Full

Date:

Date:

Emergency Contact Information Form

Full Name of Child:

D.O.B.

Primary Contact

Relationship to Child

Child's main Address

Post Code:

Home Telephone:

Work:

Mobile:

Email:

OTHER EMERGENCY CONTACT NUMBERS

Name

Relationship to Child

Home Telephone

Work Telephone

Mobile:

OTHER EMERGENCY CONTACT NUMBERS

Name

Relationship to Child

Home Telephone

Work Telephone

Mobile:

Health Form / Dietary Requirements

Full Name of Child:

Doctor's name, address and phone number

Does your child have any special health requirements ? (if yes please specify)

Does your child have any known allergies? (e.g. food, animal, plasters, medicine, etc.)

Does your child have any special dietary requirements or preferences?

Is your child up to date with all the required vaccinations?

Does your child have any regular medication? (If yes, please give details of the name of the medication, dosage and frequency)?

Emergency Treatment Permission Form

In the event of your child requiring emergency treatment and Kenarik Esraeilyan or her representative being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment.

Signed: _____

Name: _____

Date: _____

Plaster Permission

Plasters may be used if your child sustains a minor injury whilst at nursery. Nursery plasters are of the hypoallergenic variety. If you are happy for us to apply plasters if the teaching team feel it necessary, please sign below.

Child's name _____

Parent / carer name _____

Signature _____

Local Outings Permission

From time to time we would like to take children for a short walk in the surrounding area. This might be because the walk would greatly compliment our science projects or help children to explore the world around them. If you are happy for us to take your child for short walks please sign below.

Child's name _____

Parent / carer name _____

Signature _____

**Please note that the safety of children will be ensured by supervision of our experienced staff as well as daily outings risk assessments will be performed prior to each walk.*

Authorised Persons to Collect Child from Nursery

We take our responsibility to protect children when in our care very seriously. Therefore, please ensure that you inform us if there are any changes to this list in future, and let us know at the beginning of a session if someone other than yourself will be collecting your child.

Full Name of Child: _____

I give permission for the following people to collect my child from Nursery:

1. Name: _____ Telephone No: _____

Relationship to Child: _____

2. Name: _____ Telephone No: _____

Relationship to Child: _____

3. Name: _____ Telephone No: _____

Relationship to Child: _____

4. Name: _____ Telephone No: _____

Relationship to Child: _____

(Please continue overleaf)

I will inform the Nursery School of any changes to this list in writing and I will inform the Nursery School at the beginning of each session who will be collecting my child if it is not myself.

Signed: _____

Name: _____

Photograph and Video Permission Form

To comply with the Data Protection Act 1998 we need your permission before we take or use any photographs of your child.

I am the parent / legal guardian of the child named below and I give permission for my child to be photographed or videotaped whilst in the care of the nursery or setting for the following purposes (please tick all that apply)

(Internal use) Nursery only - this may include:

Photo Albums	<input type="checkbox"/>	Your Child Personal Profile	<input type="checkbox"/>
Display	<input type="checkbox"/>		

(External use) Promotional and publicity material - this may include:

Adverts in local and national media	<input type="checkbox"/>	Parent Information Packs	<input type="checkbox"/>
Flyers	<input type="checkbox"/>	Internet/ Social Media	<input type="checkbox"/>

Child Name _____

Parent's Name _____

Parent's Signature _____

Date _____

Conditions of use:

- This form is valid for two years from the date of signing. The consent will automatically expire after this time.
- This form will be stored securely for two years from date of signing.
- External images may remain in the public domain - for example on promotional material - for longer than two years.
- Images may be used in whole or in part.
- For Child Protection reasons, children's names will not be given in any **external** publications.
- We will show parents any images we would like to use for our external promotional material before we go to print.

The Early Years Foundation Stage - New Starters Information Form

Name of child:	Date of birth:
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Likes to be known as:	Attends another setting:
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Please specify child's ethnicity (white, Mixed or multiple ethnic group, Asian, African, Caribbean or black, other ethnic group)

Number of sessions per week:	Start date:	Additional languages:
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Child's main language:	Home language:
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UNIQUE CHILD

What activities/experiences does your child enjoy at home?

What is/are their favourite toy/toys?

Do you have any worries or concerns about your child?

Does your child wear any jewellery/clothing for religious purposes?

POSITIVE RELATIONSHIPS

How well does your child manage their feelings? i.e. what happens when they get upset?

Does your child prefer to play alone, with others or both?

Who does your child have a strong attachment to?

Do you have any pets at home?

ENABLING REQUIREMENTS

We promote healthy eating in our nursery. Are there any foods that your child particularly likes/dislikes or that you do not want them to try?

Does your child have any food allergies?

What are your child's current interests?

Do you have a garden/outside space at home?

Does your child enjoy being outdoors and/or indoors?

How do you expect your child to cope with starting at the setting/how would you like us to deal with them settling in? What would you like us to say? i.e. leaving and saying you'll be "back in a little while"/"gone to the shops" etc.

LEARNING AND DEVELOPMENT

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT

Does your child prefer to play with children older/younger/same age?

How well does your child cope with new people/routine/schedules and change?

Do they use a comforter? i.e. dummy, blanket, teddy etc.

COMMUNICATION AND LANGUAGE

Does your child like books/stories? Do you use the local library?

Can they respond to simple instructions?

Can your child make themselves understood? i.e. do they use gestures/speak in single word utterances/sentences?

PHYSICAL DEVELOPMENT

Is your child able to use tools? i.e. pencil/scissors/pen/cutlery etc.

Does your child like physical activities such as running, jumping, climbing, crawling etc.? Is there anything they cannot do that you are worried about?

Please tick the relevant boxes regarding your child's level of potty training

Nappies/pull ups	<input type="checkbox"/>	Potty	<input type="checkbox"/>	Sit down	<input type="checkbox"/>	Needs reminders	<input type="checkbox"/>
Underwear	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Stand up	<input type="checkbox"/>	Does not need reminders	<input type="checkbox"/>

LITERACY

Does your child like to "make marks" with paint, crayons, pencils and other utensils?

Does your child participate in art/craft messy activities, such as rolling cars through shaving foam/dry sand etc.?

MATHEMATICS

Can your child count?

Do they enjoy puzzles?

Can they stack, arrange and build towers out of bricks and blocks?

UNDERSTANDING OF THE WORLD

Does your child know any colours?

Is your child curious? Are they interested in finding things out for themselves, researching in books and exploring?

Are they showing an interest in computers?

EXPRESSIVE ARTS AND DESIGN

Does your child have favourite songs/rhymes?

Does your child like to engage in imaginative play, such as dressing up, role playing?

Does your child enjoy creating narratives and stories whilst playing with small world sets?

ADDITIONAL INFORMATION

Other language spoken at home:

Ethnic origins:

Details of another settings or childcare attended:

Details of any other agencies or professionals working with your child and their role:

Parent's comments/concerns for us to consider

I/We agree to observations and records being kept by Bidborough Village nursery School

Parent/Guardian/Carer Signature:

Print Name:

I/We have been shown the policies, read them and understood them

Parent/Guardian/Carer Signature:

Print Name:

Date:

Staff/key worker's Signature:

Key Person Introduction

Bidborough Village Nursery School, Bidborough Village Hall,
Bidborough Ridge, Bidborough, Kent TN3 OXD

Tel: 07517145731 Email: info@bvns.co.uk



Bidborough Village

Nursery School

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Dear _____ Date: _____

We are really pleased that we are going to be involved with your family in providing the best start in life for your child. As you are aware, your child has a special member of staff, often referred to as a Key Person, who will ensure your child's specific needs and interests are met. (We have buddy Key Person in action too.) Naturally, this can be done much more effectively if we understand what fascinates and interests your child at home. We invite you to chat to us regularly to help us provide appropriate activities and opportunities for your child to support and develop their learning. It is also equally helpful to know what your child dislikes or has difficulty with or any other concerns you may have. These conversations may also provide you with some additional ideas and activities to provide at home.

Your child's progress and learning will be captured in a special book. (Learning Journal) We invite you to be as fully involved in this as possible as we would like to create a very precious and much valued record of your child's journey through their early years. Photographs and notes about your child's playing and exploring at home and in the nursery will be a unique record to share with the whole family. Your child will also find it a familiar and comforting book that will help them settle when moving on to another nursery or school.

We also welcome your contributions to your child's book. Perhaps if you go on holiday or a day out, your child could bring something into the setting such as a photo to discuss with us. You could write a little diary or a few notes of what your child did or saw during their time away from the setting to share with us.

Once a term (Three times a year) we would like to meet you to chat through, summarise and celebrate what progress your child has made. This is linked to areas of learning identified in the national Early Years Foundation Stage (EYFS). This two-way conversation will be captured on a My Unique Story format which will be inserted into your child's special book.

We appreciate you have busy lives, but hope you are able to give some time to creating this record of your child's learning which we know your child and family will treasure forever.

Yours sincerely

Key Person for (Child's name) _____

Sun Cream Permission Form:



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Dear Parents/carers,

As the weather is warming up, please can you ensure that sun cream has already been applied to your child before coming to nursery. Should this not be possible, we would like to ask you permission to help safeguard your children, by applying the nurseries sun cream.

Sun Cream - can prevent discomfort and sunburn.

If you are happy for us to use Sun cream on your child please sign below.

Nursery Sun cream : Yes / No

I give permission for : _____

Child's name : _____

Parent/Carer name : _____

Signature : _____

Date: : _____

Administering Medicine Form



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Tel: 07517145731 Email: info@bvns.co.uk

Staff use

- Read through all notes overleaf
- Check medicine expiry date
- Check if any medicine was already administered at home

Parent/Carer to complete

Child's Name: _____

Date of Birth: _____

I authorise a member of the Nursery Staff to give the following medicine to my child:

Medicine name and dosage: _____

(_____ antibiotic 1x5ml spoonful)

Date and time to be administered _____

Any other instructions _____

Signed _____ Print Name: _____

(Parent/Carer)

Date: _____

Staff member to complete and sign

I administered _____ With medication (medicine name and dosage)

at (time) _____

Signed _____ Print Name _____

Witnessed by _____ Print Name _____

Parent/Carer to sign

I acknowledge that the above medicine was administered at.....(time).

Signed:.....Print Name:.....Date:.....

Notes on Medication

- Always check what dose of medication has been given at home and at what time. Check that requested times are appropriate to last given dose ie the required time will have elapsed before you give another dose
- Always follow the direction on the bottle if they differ from the parents request you must discuss with parent. We can only follow the instructions as they appear on the bottle unless that parent or carer can provide a separate doctors note confirming different instructions
- Always check the medicine's expiry date. Only use if within these dates,
- Medicines must always be in their original packaging for us to be able to administer them
- Check appropriate storage method, ie Refrigerated or not
- If ever in doubt, call Kenarik 07948 804 920 to check appropriate action.