

Little Treasures

Please complete accurately in BLOCK CAPITALS, Thank you

Child's Full Name: _____ Date of Birth: _____

Name known as: _____ Gender (Male or Female): _____

Child's Full Address: _____

_____ Postcode: _____

Full name of Parent(s)/Carer(s) whom the child lives with:

Mr, Mrs, Miss, Ms, Other _____ **Does this person have parental responsibility? Y/N**

Home Phone No. _____ Mobile: _____ Work: _____

Mr, Mrs, Miss, Ms, Other _____ **Does this person have parental responsibility? Y/N**

Home Phone No. _____ Mobile: _____ Work: _____

Please provide an email address for correspondents including the use of a specialised nursery app we use to show your child's progression _____

Full name of Parent(s) whom the child doesn't live with (**if applicable**): _____

Does this person have legal access to the child? Yes/No

Does this person have parental responsibility? Yes/No

Address: _____

_____ Postcode: _____

Phone Number: _____ Mobile: _____ Work: _____

Emergency Contact Details: *In order to adequately safeguard your child/children we require the names and details of additional emergency contacts which will be stored and used if we cannot contact the main carers. It is your responsibility to ensure that these contacts are made aware of the arrangements.*

We require at least **two alternative relatives or friends**

1) Full Name: _____ Relationship to Child: _____

Phone Number: _____ Mobile: _____ Work: _____

Is this person authorised to collect your child? Yes / No (They must be over 16years old)

2) Full Name: _____ Relationship to Child: _____

Phone Number: _____ Mobile: _____ Work: _____

Is this person authorised to collect your child? Yes / No (They must be over 16years old)

3) Full Name: _____ Relationship to Child: _____

Phone Number: _____ Mobile: _____ Work: _____

Is this person authorised to collect your child? Yes / No (They must be over 16years old)

Collection Password: _____ **(To be given to any person authorised to collect)**

Personal details of Child

Does your child have any special dietary needs? Yes / No

If yes please give details _____

Is there any foods or drinks you would prefer your child not to have? Yes / No

If yes please give details _____

Does your child suffer from any allergies? Yes / No

If yes please give details _____

Is your child on regular medication? Yes / No

If yes please give details _____

What is your child's Ethnic background?

White British ____ White Irish ____ Traveller of Irish Heritage ____ Gypsy / Roma ____

White Eastern European ____ White Western European ____ Any other white background ____

White and Black Caribbean ____ White and Black African ____ White and Asian ____

Any other mixed background ____

Indian ____ Pakistani ____ Bangladeshi ____ Any other Asian background ____

Black Caribbean ____ Black African ____ Any other Black Background ____

Chinese ____ Any other Ethnic background (please state) _____

What is your child's Nationality? _____

What is the main language spoken at home? _____

Does your child have any special needs or disabilities? Yes / No

If yes please give details _____

Do you or your partner have any special needs or disabilities? Yes / No

If yes please give details _____

Details of Health Professionals

Doctor's Name: _____ Telephone Number: _____

Address: _____

Health Visitor: _____ Telephone Number: _____

Address: _____

Dentist : _____ Telephone Number: _____

Address: _____

Any other Professionals

Name: _____ Role: _____

Telephone Number: _____

Name: _____ Role: _____

Telephone Number: _____

Vaccinations

Has your child been immunised against any of the following:

Diphtheria _____ Meningitis C _____ Polio _____ Tetanus _____

MMR _____ Hib _____ Whooping Cough _____ Pneumococcal _____

Sessions

Please complete the hours you require (*Please see prospectus for session hours*)

Monday	Tuesday	Wednesday	Thursday	Friday

I require this place to start from : - _____

My child will have cooked meals (extra cost) I will provide a packed lunch

If your child is funded please choose one of the following:

Term time funding (15 hours for 38 weeks) **Stretched funding (11 hours for 51 weeks)**

30 hours Funding Term Time **30 hours stretched (22.5 hours for 51 weeks)** conditions apply

Do you require these sessions during non funded weeks (these will be charged at full price)

Yes No Different hours (Please state) _____

Please return the completed form along with a copy of birth certificate and a £50 non returnable registration fee to reserve a space.

(Funded only children: A £50 deposit is required to reserve a space and will be refunded at the end of the first half term subject to no outstanding payments due, any family receiving a monthly invoice are not entitled to a refund and will be required to pay the registration, thank you)

To Be Completed at Induction Session with a Member of Staff

I give Permission for this information to be stored:

If your child became unwell during the day are we able to administer Calpol/Nurofen if needed? (We would always attempt to contact parents first)

Please sign to give permission: _____ Date: _____

Are we able to apply sun cream to your child whilst in our care.

Please sign to give permission: _____ Date: _____

Are we able to take your child out on local spontaneous trips to the shops, park or library.

Please sign to give permission: _____ Date: _____

For us to administer first aid or seek medical advice and treatment in the event of an accident or emergency.

Please sign to give permission: _____ Date: _____

Payment Agreement

Fees are payable monthly in advance on the 1st of each month unless prior arrangements have been made to pay fees weekly in advance by standing order.

Our preferred method of payment is Direct Debit.

Cheques are made payable to Little Treasures

If fees remain unpaid you will receive a late payment reminder letter informing you that you have 5 working days to pay your fee's from the date of the letter; otherwise your child will not be able to attend until your fees have been paid.

If your child should leave Little Treasures we require a minimum of four weeks notice.
If I cannot give four weeks notice, I agree to pay the equivalent of four weeks fees in lieu.

Please note if the centre is closed or closes early due to Extreme weather conditions fees will still be payable.

Please sign to agree to the payment terms: _____ Date: _____

All invoices will be emailed unless other arrangements with the management have been made.

Email Address for Invoice to be sent: _____ (please write clearly)

Security Password for account (This enables you to open your invoice):

Office use only

Reg fee paid _____ Discount Applied _____ Admin Fee _____ Consent given for emergency contact _____
Applied to; Email _____ First Steps _____ Tapestry _____ Text messaging service _____

General Data Protection Regulations

Due to the *General Data Protection Regulations (GDPR)* coming into force from 25th May 2018 we are asking you to sign this permission form for the following:

1. I give permission for Little Treasures to keep my child/children's documents within the nursery and to only share details with staff and external professionals for example Ofsted, Child protection agencies, medical professionals and any other outside agencies.
2. I give permission for Little Treasures to store my child/children details as given on the Registration form for First Steps Data base, Tapestry, text messaging service and email address for invoices in line with our privacy notice.
3. I give my permission for my bank details to be stored and used for invoices.
4. I give permission for my child/children's photo to be displayed with their first name attached to it within the nursery. We use this information to help the children recognise their name, show when their birthday are, key worker groups and other various teaching activities.

Please sign to say that you have read and given permission for Little Treasures to store and use your child/children's and your personal information in line with the new *General Data Protection Regulation (GDPR)*.

Full name: _____

Signature: _____ Date: _____