

Little Miracles Nursery Registration Form

Please complete a separate form for each child. Parents must inform us if any of these details change.

Child details

First name _____ Surname _____

Name to be known as _____ Male/ Female _____

Date of birth _____ Age at registration _____ Religion _____

Child's first language _____ Other languages at home _____

Email Address: _____

Address _____

Post code _____ Home telephone number _____

Is another member of the household involved with Little Miracles Nursery? YES/ NO

If yes,
Name _____ Relationship to Child _____

Parent/Guardian details

Parent name (1) _____ Date of birth _____

Address (if different from child's) _____

National Insurance No _____ Contact number _____

Does this person have parental responsibility? YES/ NO

Parent name (2) _____ Date of birth _____

Address (if different from child's) _____

National Insurance No _____ Contact number _____

Does this person have parental responsibility? YES/ NO

Emergency contact details (other than parent/guardian) 2 contact required:

Contact Name (1) _____ Address _____

Contact numbers _____ Relationship _____

Contact Name (2) _____ Address _____

Contact numbers _____ Relationship _____

Little Miracles Nursery Registration Form: Personal Information

Doctor contact details	
Name _____	Phone _____
Address _____	Postcode _____
Health Visitor:	
Name _____	Phone _____
Other Agencies Involved with the Family:	
Family Worker: YES/ NO	Social Worker: YES/ NO
Speech and language therapist: YES/ NO	Educational Psychologist: YES/ NO
Other (Please specify) _____	
Home Visit Permission:	
Do you give permission for a member of nursery staff to visit your home to support your child's transition into nursery. YES/ NO	

Allergies/ Eating	
Does your child eat solid foods? YES/NO	
Does your child have any known allergies? YES/NO	
If yes, please specify _____	
Medical details	
Does your child have any medical condition and/or is he/she receiving medical treatment (including medication)? YES/NO	
If yes, please specify _____	
Special Educational Needs/ Disabilities	
Does your child have any Special Educational Needs or disabilities (including behavioural difficulties)? YES/NO	
If yes, please specify _____	
Is your child up to date with vaccinations?	YES/NO
Is your child toilet trained?	YES/NO

Little Miracles Nursery Registration Form: Attendance

Date child is starting: _____

Please enter the sessions your child will be attending:

	Morning 9.15am – 12.15pm	Afternoon 12.15pm – 3.15pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I will bring my child on time to each session and I will inform the playgroup management if my child will not be able to attend a session.

I give the following people permission to collect my child/ren:

1.
2.
3.
4.

I understand that my child may be at risk of losing their playgroup space if playgroup sessions are not attended.

I understand that parental involvement is very important and I will support my child's learning where possible. I will communicate regularly with my child's key person.

Signed Parent/Guardian:

Date

Signed Key Person

Date

Little Miracles Nursery Consent Form

Please sign with your initials to indicate that you agree with the following statements:

I give permission for my child to be observed and photographed for record keeping purposes on Tapestry and for displays within the playgroup. These will be kept for a reasonable period of time after children have left the provision. Any personal data will be destroyed safely and securely thereafter. Tapestry is GDPR compliant.	
I give permission for photographs of my child to be used to promote Little Miracles Nursery's services to others who may benefit.	
I acknowledge that CCTV cameras are in operation within designated areas of the nursery for safeguarding, safety, and security purposes. I understand that I and/or my child may be recorded while on nursery premises. I consent to the nursery using and storing CCTV footage in accordance with its CCTV and data protection policies.	
I give permission for my child to be taken off the playgroup premises for local trips to the market or library during a session with an appropriate adult: child ratio, according to the Little Miracles Nursery trips policy.	
I give permission for playgroup staff to assist my child with toileting needs including accompanying my child to the toilet and changing nappies, soiled or wet clothes.	
I understand that the Little Miracles Nursery playgroup has students on site from time to time from the local colleges doing child observations as part of their course. I give permission for my child to be observed by the students.	
I give permission for Little Miracles Nursery playgroup to contact medical bodies for advice or treatment in emergencies for our child.	
I acknowledge that the Little Miracles Nursery playgroup will adhere to Little Miracles Nursery's Safeguarding Policy and Procedures.	
I give permission that Little Miracles Nursery may hold the information I have given for the purposes of managing the provision both electronically and in paper form, and I undertake to advise Little Miracles Nursery of any changes to these details. I understand that this information will be available to employees and the management committee of the playgroup and I may inspect the information relating to my child(ren) by giving reasonable notice to the Nursery manager. Are you happy for Little Miracles Nursery playgroup to hold this information for a reasonable period of time, after they have left the provision?	

I have understood all the details given to me by Little Miracles Nursery staff and I have read the playgroup policy summaries in the Parent Pack.

Parent Name _____

Signature: _____

Date _____

Terms and Conditions Contract

Abusive behaviour of any kind towards members of staff may result in the loss of your playgroup place.

(1) I AGREE ALL INFORMATION GIVEN ON THIS FORM IS CORRECT

(2) I AGREE TO PAY ON THE FIRST DAY OF MY CHILDS ATTENDANCE IN ADVANCE FOR THE MONTH *(If fees are applicable)*

(3) PARENT/CARERS WILL RECEIVE A PERIOD OF ONE MONTH NOTICE PRIOR TO ANY FEE INCREASE *(If fees are applicable)*

(4) IF MY CHILD IS ABSENT FROM THE NURSERY I FULLY UNDERSTAND THAT I STILL HAVE TO PAY THE FEES. (THIS INCLUDES ABSENCE FOR SICKNESS) *(If fees are applicable)*

(5) I AGREE TO GIVE FOUR WEEKS NOTICE OF WITHDRAWAL OF MY CHILD FROM THE NURSERY (4 WEEKS MUST BE AT TIMES THAT THE NURSERY IS OPEN) OTHERWISE I WILL LOSE MY ONE WEEKS DEPOSIT. *(If fees are applicable)*

(6) I WILL KEEP MY CHILD AWAY FROM THE NURSERY IF SHE OR HE IS NOT WELL

(7) I WILL COLLECT MY CHILD AS PROMPTLY AS DISTANCE PERMITS, OR I'LL MAKE ARRANGEMENTS FOR COLLECTION IF S/HE IS NOT WELL.

(8) I UNDERSTAND THAT THERE IS £5 LEVY FOR EVERY 5MINS OF LATE COLLECTION (TO BE PAID AT THE TIME OF COLLECTION) THE DEFINITION OF LATE APPLIES FOR ANY TIME AFTER YOUR CHILD SESSIONS FINISHES. PERSISTENCE LATE COLLECTIONS WILL JEOPARDIZE CHILD'S PLACEMENT.

(9) I UNDERSTAND THAT MY CHILD PLACE WILL BE TERMINATED IF MONTHLY FEES ARE NOT PAID IN ADVANCE, WITH RE-ENROLLMENT DEPENDING ON AVAILABILITY AND PAYMENT OF OUTSTANDING FEES *(If fees are applicable)*

(10) I UNDERSTAND THAT, IN ORDER TO KEEP MY CHILD'S PLACEMENT IN THE PLAYGROUP I MUST PAY FULL PLAYGROUP FEES FOR 38 WEEKS PER YEAR

(11) I HAVE BEEN MADE AWARE OF THE PLAYGROUP POLICIES AND PROCEDURES AND THE CONTRACT AGREEMENT. I CLEARLY UNDERSTAND WHAT I HAVE READ, AND I AGREE TO CARRY OUT THE PARENT/CARER RESPONSIBILITIES UNDER THE SAME AGREEMENT.

(12) I HAVE RECEIVED THE WELCOME BROCHURE AND FULLY UNDERSTAND THE CONTENTS

(13) SHOULD THE MANAGERS DETERMINE THAT I HAVE NOT CARRIED OUT THIS CONTRACT, MY CHILD WILL BE WITHDRAWN FROM THE NURSERY AFTER FOUR WEEKS NOTICE, ANY OUTSTANDING FEES WOULD NEED TO PAID AND THIS AGREEMENT WOULD BE TERMINATED *(Subject to approval by Management)*

PARENT/CARER SIGNATURE.....DATE.....

PRINT NAME.....

SIGNED ON BEHALF OF LITTLE MIRACLES NURSERY PLAYGROUP

Nursery.....DATE.....

PRINT NAME.....

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