

## Little Treasures

Please complete accurately in BLOCK CAPITALS, Thank you

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name known as: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Email \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Email \_\_\_\_\_

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: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Email \_\_\_\_\_

**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 that we hold their data on file and made aware of the arrangement of being an emergency contact.*

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

1) Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

1<sup>st</sup> Contact Number: \_\_\_\_\_ 2<sup>nd</sup> Contact Number: \_\_\_\_\_

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

2) Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

1<sup>st</sup> Contact Number: \_\_\_\_\_ 2<sup>nd</sup> Contact Number: \_\_\_\_\_

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

3) Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

1<sup>st</sup> Contact Number: \_\_\_\_\_ 2<sup>nd</sup> Contact Number: \_\_\_\_\_

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 (11.5 hours for 50 weeks)**

**30 hours Funding Term Time**  **30 hours stretched (23 hours for 50 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 fee is required to reserve a space and will be refunded after the 6 weeks from your child's start date 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 1<sup>st</sup> 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.

If fees remain unpaid you will receive a late payment reminder informing you that you have 5 working days to pay your fee's; otherwise your child will not be able to attend until your fees have been paid. A 10% late payment charge may also be added.

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 and sent through the Family app.

**Email Address for Invoice to be sent: \_\_\_\_\_ (please write clearly)**

**Office use only**

Reg fee paid \_\_\_\_\_ Discount Applied \_\_\_\_\_ Applied to; Email \_\_\_\_\_ Family \_\_\_\_\_ Tapestry \_\_\_\_\_

# General Data Protection Regulations

Due to the General Data Protection Regulations (GDPR) 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 Family Data base, Tapestry 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 General Data Protection Regulation (GDPR).

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_