Registration Form

Password:



PLEASE COMPLETE & SIGN ALL SECTIONS All of our policies and procedures are available to view, please feel free to request them.

Today's date: DD / M M / Y Y Y Y

 Payment
 Paid on:

 £70 Deposit refunded when child leaves with 2 weeks' notice
 D D / M M / Y Y Y Y

 £30 Administration Fee
 D D / M M / Y Y Y Y

 First week's fee (Amount: £)
 D D / M M / Y Y Y Y

The Playhouse Day Nursery
5 Saint Mary's Road, Bearwood, West
Midlands, B67 5DG
Tel: 0121 429 4261
yvonne@theplayhouse-daynursery.co.uk
web: www.playhouse day
nursery.co.uk
https://theplayhouse-day-nursery.co.uk/

Child's Start Date: DD/M	1 M / Y Y Y Y Child's Final Atte	endance Date: D D /	MM/YYYY		
Child's Details					
Child's Full Name:					
Child's Preferred Name:		Date of Birth:		Age:	
Religion:	First Language:	Ethnicity:			
Address:	,				
Parent(s)/Carer(s)					
Mother's Full Name:					
First Language:		Ethnicity:			
Daytime Tel No:		Mobile No:			
Email:		-			
Home Address:		Work Address:			
Father's Full Name:					
First Language:		Ethnicity:			
Daytime Tel No:		Mobile No:	Mobile No:		
Email:					
Home Address:		Work Address:			
Primary Contact in the E	vent of an Emergency				
Name:		Relation to child:			
Tel No:		Mobile No:			
Email:					
Address:					

Name of Doctor's Surgery/Doctor's Name:			
Surgery Address:			
Postcode:	Tel No:		
Postcode:	Tel No:		
Please list the vaccinations your child has received:			
, , , , , , , , , , , , , , , , , , , ,			
		_	<u> </u>
		Seen by	Date seen
Personal Child Health Record (PCHR) or "Redl	book" proof of		
vaccinations			
Please give details of any dietary requirements and/or	food allergies for	vour child:	
. reace 8.10 details of any alexally requirements and, e.	reed anergree rer) = =/	
Please give details of any health problems;			
Please give details of any additional needs your child n	nay have:		
MEDICAL CONSENT GIVEN BY PARENT(S)/CARER(S)			
In the event that your child needs emergency medical h	elp, it is our duty t	o call 999 first and you	second. In all
cases, a qualified member of staff will travel with your o			
there. In the event of treatment being necessary whilst	your child is in our	care, parents/carers w	ill be contacted, if
possible, before such treatment is sought.			
Signed (parent/s)/saver/s\\	Print Name:		
Signed (parent(s)/carer(s)):	Print Name:		
	•••••		
Please state any more relevant information we may ne	ed to know about	your child:	
		•••••	•••••

****PLEASE ENSURE THAT YOU NOTIFY THE NURSERY OF ANY CHANGES TO THESE DETAILS****

Will your child be at	tending for the fu	nded 15/30 hours <u>only</u> (ELF	2 or NEF)? (please cir	cle):
		Yes / N	lo	
Please indicate which	h days your child	will be attending the nurse	ry (please tick):	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Approximate time o	f arrival:	Арргохі	mate time of collection	on:
		collecting your child (please		· · · ·
child is being collect	ed by them. We re	ecommend that you provid	e this person with a p re may confirm with t	your child on the day your password, which you also tel he person that they are who
Use of your child's p	hotograph for dis	play purposes in the nurser	y and for quarterly ne	<u>ewsletters</u>
nursery news letter a	and interaction wit	aphs of your child in the nui th the other children and sta os attending the setting.		ving their work, in our y be given to you or stored in
Signed:		Print name:		
Date:		••••		
Use of your child's p	hotograph on our	nursery Facebook page		
I am singing to state Facebook page. Plea	• •	er) have no obligations to ph	notographs of my child	d being used for the nurserys
Yes	No			
Signed		Print name		
Date:				

Use of your child's photograph on our nursery website page

website page (please circle and sign) No Yes Signed: Print name: Date: I am signing to state that I (parent/carer) have no objections to photographs of my child being used for the nursery's quarterly newsletter, which will be circulated to all parents/carers. Please note if photographs of your child are included in the newsletter, their name will not be included, nor will photos of them alone i.e. only group pictures will be included. Signed: Print name: Date: **Consent for Trips & Outings** I am signing to state that I (parent/carer) have no objections to my child being taken out by qualified staff on ad hoc outings to Lightwoods Park or the local shops. For all other scheduled trips, consent letters will be sent out in advance. Signed: Print name: Date: The Playhouse day nursery use an online portal called babysdays to log all the children's information, development and their daily activities at the nursery. Parents also has access to their own child's profile. Please sign below to give consent to use the babysdays app for your child. Signed: Print name: Date: Ofsted We are registered with Ofsted and abide by their guidelines. It is The Playhouse Day Nursery's policy to always care for your child in the best possible way. Please sign to state that you understand that if a practitioner in the nursery, suspects that a child in their care may have been subjected to abuse or neglect, they have a duty to report this to the Ofsted Area Office. Signed (parent(s)/carer(s)): **Print Name:**

I am signing to state that I) parent/carer) have no obligations to photographs of my child being used for the nursery's

Is your child known to any Social Services agency? If yes, please provide details.
#Safeguarding Children and Legal Parental Responsibility
In the case that you are no longer married, cohabiting or in a relationship with your child's father/mother please read the following:
Please notify us if there are any legal interventions in place which prevent a parent/carer from collecting your child from the nursery. As part of our own and the Early Years Foundation Stage's (EYFS) policies on Safeguarding, we
must ask for your signed confirmation as to who has parental/carer responsibility for your child. Please provide the full names and relations to your child of the person/people who have parental/carer
responsibility for your child:
Are there any legal interventions, restraints which prevent either parent from being able to collect the child from the nursery setting (if so, please provide a copy of the legal documentation): Yes / No Aside from yourself, who else has permission to collect your child from nursery (please provide their full names and relation to your child and use the password system, if they are to collect your child):
Signed: Print name:
Date:

Fee Structure

Fees cover the weekly consumable costs and activities and resources. However, if your child is only attending for the funded hours, £13.50 will be required for the consumables and activities and resources provided on each week they attend for the 15 hours. Those attending 30 hours funding, weekly cost per week is £18.50.

We also ask parents/carers of children who attend outside of the funded hours, to give £1 per week for the cooking money. This is to cover the cost of ingredients for cooking activities which are conducted at least once a week. The following will need to be provided for babies: nappies, a change of clothing (labelled), formula milk and all necessary toiletries – e.g. creams, lotions, wipes, etc.

	Up to 4 Years	Before and/or After School
Weekly Full year	£250.00	Full week £90.00
Weekly fee term time only	£250.00	

Daily	£70.00	1 day drop off +pick up £35.00
Morning session 9am till 1pm	£45.00	1 day just drop off or pick £17.00
Afternoon sessions 1pm till 5pm	£45.00	

Please speak to a staff member for additional fees including 15 and 30 hours funding.

All fees are to be paid in advance and not in arrears - fees that are paid late will attract a 5% late payment charge and returned cheques will attract a £12.50 additional charge. All Fees are revised every year, Parents/carers will be informed of the new fee structures.

Please see your Information Pack for more details about fees and payment terms and conditions.

Fee Payment Agreement

I/We have read the full terms and conditions regarding the payment of fees, detailed in the Nursery Information Pack. I/We accept to pay the fees according to these terms and conditions for the attendance of the aforementioned named child at The Playhouse Day Nursery.

Signed:	Print name:	
Date:		
Signed:	Print name:	
Date:		

Policies & Procedures Agreement

I/We have read and understood the regulations outlined on pages 2-5 of the Information Pack and I am aware that there is a full set of Policies and Procedures by which the nursery operates and these are available for me to see whilst using the services of the nursery.

signed:	••••••••••••••••••••••••••••••••••••••	
Date:		
Signed:	Print name:	
Date:		
For marketing purposes, please tell us how you	u heard about The Pl	ayhouse Day Nursery:

Registration Form



All of our policies and procedures are available to view, please feel free to request them.

Additional form for parents/carers of babies (aged 0-24 months)

Please give details of the following where they apply.
Please provide a brief outline of your baby's daily routine:
Quantity of milk per feed (ounces):
Time of Early morning feed (approx):
Interval of feeding:
At which feeds are solids given:
Sleep pattern: