

# Registration Form

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

<b>Payment</b>	<b>Paid on:</b>
£70 Deposit <i>refunded when child leaves with 2 weeks' notice</i>	
£30 Administration Fee	
First week's fee = £	

Today's date: .....

Edgbaston Park Day Nursery  
65 Rotton Park Road, Edgbaston  
Birmingham, B16 0SG  
Tel: 0121 454 2833  
web: www.edgbastonpark-daynursery.co.uk

Child's Start Date: ..... Child's Final Attendance Date: .....

## Child's Details

<b>Child's Full Name:</b>	
<b>Child's Preferred Name:</b>	<b>Date of Birth:</b>
<b>Religion:</b>	<b>Child's First Language:</b>
<b>Address:</b>	

## Parent(s)/Carer(s)

<b>Mother's Full Name:</b>	
<b>Mother's Date of Birth:</b>	
<b>Daytime Tel No:</b>	<b>Mobile No:</b>
<b>Email:</b>	
<b>Home Address:</b>	<b>Work Address:</b>
<b>Father's Full Name:</b>	
<b>Father's Date of Birth:</b>	
<b>Daytime Tel No:</b>	<b>Mobile No:</b>
<b>Email:</b>	
<b>Home Address:</b>	<b>Work Address:</b>

## Primary Contact in the Event of an Emergency

<b>Name:</b>	<b>Relation to child:</b>
<b>Tel No:</b>	<b>Mobile No:</b>
<b>Email:</b>	
<b>Address:</b>	

Name of Doctor's Surgery/Doctor's Name:	
Surgery Address:	
Postcode:	Tel No:

Please list the vaccinations your child has received:.....  
 .....

	Seen by	Date seen
Personal Child Health Record (PCHR) or "Redbook" proof of vaccinations		

Please give details of any dietary requirements and/or food allergies for your child:.....  
 .....  
 .....  
 .....

Please give details of any health problems:.....  
 .....  
 .....

Please give details of any additional needs your child may have:.....  
 .....

**MEDICAL CONSENT GIVEN BY PARENT(S)/CARER(S)**

In the event that your child needs emergency medical help, **it is our duty to call 999 first and you second.** In all cases, a qualified member of staff will travel with your child in the ambulance to the hospital and will meet you there. In the event of treatment being necessary whilst your child is in our care, parents/carers will be contacted, if possible, before such treatment is sought.

Signed (parent(s)/carer(s)): ..... Print Name: .....  
 .....  
 .....

Please state any more relevant information we may need to know about your child:  
 .....  
 .....  
 .....

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

Will your child be attending for the funded 15 hours only (EEE)? (please circle):

Yes / No

Please indicate which days your child will be attending the nursery (please tick):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Approximate time of arrival: ..... Approximate time of collection: .....

Who will be the main person/people collecting your child (please note their relation(s) to your child)?

.....

**Please notify the nursery if anyone other than those named above will be collecting your child on the day your child is being collected by them. We recommend that you provide this person with a password, which you also tell your child's key practitioner and nursery management, so that we may confirm with the person that they are who they say they are.**

**Use of your child's photograph for display purposes in the nursery and for quarterly newsletters**

From time to time we will use photographs of your child in the nursery for displays showing their work, in our nursery news letter and interaction with the other children and staff. These images may be given to you or stored in our secure archive once your child stops attending the setting.

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.

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 (for eg) the Edgbaston Reservoir or Summerfield Park. For all other scheduled trips, consent letters will be sent out in advance.

Signed: ..... Print name:.....

Date: .....

**Safeguarding -Birmingham's Local Authority Threshold document "Right Service, Right Time"**

As a nursery that comes under Birmingham's Local Authority we are bound to adhere to the Safeguarding procedures as detailed by the Local Authority and we are to report all safeguarding concerns immediately to Birmingham's Multi Agency Safeguarding Hub (MASH) using the "Right Service, Right Time" model. Further information about this can be found on [www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk).

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 MASH.

**Signed (parent(s)/carer(s)):**

**Print Name:**

.....  
.....

.....  
.....

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 costs of breakfast, lunch, afternoon tea, drinks and snacks. **However if your child is only attending for the funded hours, £5.00 will be required for the meals and snacks provided on each for the week.**

**Fees are payable throughout the year irrespective of your child's attendance during half term breaks, summer holidays, family holidays or absence as a result of sickness (i.e coughs, colds, diarrhoea, chickenpox etc)**

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.

	<b>Up to 4 Years</b>	<b>Before and/or After School</b>
<b>Weekly</b>	£200.00	£100.00
<b>Weekly + Early Education Entitlement (EEE)</b>	£160.00	-
<b>Daily</b>	£60.00	£20.00
<b>Half day (4 hours)</b>	£40.00	£10.00

**All fees are to be paid in advance and not in arrears - fees that are paid late will attract a 20% late payment charge and returned cheques will attract a £15.00 additional charge. Failure to pay will result in a debt recovery company being used to retrieve any outstanding fees. Please see the registration form to sign the Fee payment agreement**

**Fee Payment Agreement**

I/We (name(s)).....  
.....

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 Edgbaston Park Day Nursery.

Signed: ..... Print name:.....

Date: .....

Signed: ..... Print name:.....

Date: .....

**For marketing purposes, please tell us how you heard about Edgbaston Park Day Nursery?**

.....



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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: .....

.....