



Gresham Drive, Lawley Village TF3 5ES  
 Principal: Mrs. Andrea Mitchell  
 Telephone 01952 630383

|  |
|--|
| <b>Lawley Village Day Nursery Ltd<br/>Enrolment Form</b> |
| If you contact us please quote reference: .....          |

**Please use block capitals and ensure all sections are completed including signatures**

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and also on our secure nursery software used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

| <b>Personal Details</b>  |  |
|--|--|
| Child's legal name:  | Known as:  |
| Date of birth:   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Name and address of parent(s) with whom the child lives:   |  |
| Parent Name:<br>.....<br>Relationship to child:<br>.....<br>Mobile: .....<br>Work/Home No: .....<br>Email: .....<br>All nursery communication is sent by email<br>Do you have parental responsibility for this child?<br><b>Yes/No</b> <i>(please delete as appropriate)</i><br>If no, do you have legal contact?<br><b>Yes/No</b> <i>(please delete as appropriate)</i> | Parent Name:<br>.....<br>Relationship to child:<br>.....<br>Mobile: .....<br>Work/Home No: .....<br>Email: .....<br>All nursery communication is sent by email<br>Do you have parental responsibility for this child?<br><b>Yes/No</b> <i>(please delete as appropriate)</i><br>If no, do you have legal contact?<br><b>Yes/No</b> <i>(please delete as appropriate)</i> |
| Name of parent(s) with whom the child <b>does not</b> live:  |  |
| Does this parent have parental responsibility? <b>Yes/No</b> <i>(please delete as appropriate)</i>   |  |
| Does this parent have legal contact? <b>Yes/No</b> <i>(please delete as appropriate)</i>   |  |

|   |  |                            |                                |
|---|--|----------------------------|--------------------------------|
| Does this parent have legal access to the child?  |  | Yes/No                     | (please delete as appropriate) |
| Address:  |  |                            |                                |
| Home telephone number:  |  | Mobile telephone number:   |                                |
| <b>Emergency Contact Details</b><br>Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.<br><b>NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.</b>  |  |                            |                                |
| <u>Emergency Contact 1</u>  |  | <u>Emergency Contact 2</u> |                                |
| Name:   |  | Name:                      |                                |
| Home telephone no:  |  | Home telephone no:         |                                |
| Mobile telephone no:  |  | Mobile telephone no:       |                                |
| Relationship to child:  |  | Relationship to child:     |                                |
| <b>Security Details</b><br>A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.<br>My secure password is: .....  |  |                            |                                |
| Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age.   |  |                            |                                |
| <u>Authorised Person 1</u>  |  | <u>Authorised Person 2</u> |                                |
| Name:   |  | Name:                      |                                |
| Home telephone no:  |  | Home telephone no:         |                                |
| Mobile telephone no:  |  | Mobile telephone no:       |                                |
| Relationship to child:  |  | Relationship to child:     |                                |
| Additional Security Information   |  |                            |                                |
| We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.<br>We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons.<br><b>Therefore, we request that photos of yourselves and any person you authorise to collect your child are either emailed to us or given to the office prior to your child starting nursery.</b><br>The office must be informed of any changes to the person collecting, we will not allow anyone to collect your child without prior notification. |  |                            |                                |

**Health Information**

Does your child suffer from any of the following *(please tick those which apply)*

|                  |  |                         |  |
|------------------|--|-------------------------|--|
| Asthma           |  | Epilepsy                |  |
| Heart Condition  |  | Kidney/Bladder problems |  |
| Diabetes         |  | Bee Sting Allergy       |  |
| Sight Impairment |  | Deafness                |  |
| Wears Glasses    |  | Other                   |  |

If you have ticked any of the boxes above please give details here:

Does your child require prescribed medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)*

Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*  
If yes please give details below

Medical:  
**Supporting documentation will be required from your GP prior to your child starting nursery**  
.....  
.....  
.....

Religious: .....

Does your child have known allergies? **Yes/No** *(Please delete as applicable)*  
If yes please give details below

**Supporting documentation will be required from your GP prior to your child starting nursery**

Name of GP:  
  
Surgery:  
  
Address:  
  
Telephone number:

## Safeguarding Children

Does your family have a social worker for any reason?

Name:

Telephone number:

Based at:

What is the reason for the involvement of Social Services with your family?

**FOR OFFICE USE** - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

## Health Visitor

Name:

Telephone number:

Based at:

Has your child had their two year old progress check?

**Yes/No** *(Please delete as applicable)*

If so, on what date was this completed?

Are you able to share this information with the setting?

**Yes/No** *(Please delete as applicable)*

**If there is any domestic or environmental changes that could affect your child please notify a senior member of staff immediately. I.e: parents separating, court orders, death in the family, new partner. It is vital that we are kept up to date as changes can have an effect on your child**

**Nursery Sessions Required**

Please indicate your preferred sessions. Please refer to the fee structure for details of session times. A minimum of two sessions are required per week.

Date you would like the sessions to start from: .....

| Full and Part Time Sessions  |               |                 |                |           |
|--|---------------|-----------------|----------------|-----------|
|  | Drop off time | Collection time | All year round | Term Time |
| Monday   |               |                 |                |           |
| Tuesday  |               |                 |                |           |
| Wednesday  |               |                 |                |           |
| Thursday   |               |                 |                |           |
| Friday   |               |                 |                |           |
| Please indicate if these sessions are all year round or Term Time Only |               |                 |                |           |

| Short day Sessions – 8.30am – 3.30pm                                   |               |                 |                |           |
|--|---------------|-----------------|----------------|-----------|
|  | Drop off time | Collection time | All year round | Term Time |
| Monday   |               |                 |                |           |
| Tuesday  |               |                 |                |           |
| Wednesday  |               |                 |                |           |
| Thursday   |               |                 |                |           |
| Friday   |               |                 |                |           |
| Please indicate if these sessions are all year round or Term Time Only |               |                 |                |           |

**Funded Sessions**

If you require a place for a 2, 3 or 4 year old using either 15 or 30 hours of Government funding you are required to complete a separate application and declaration form.

Places are limited and please check with the nursery regarding any availability

| Funded sessions  |
|--|
| I/We understand that one month notice in writing is required for changes in funded sessions or termination of a child’s place. If a child leaves to attend another setting during the term the funding is transferred to the new setting. If the required notice period is not given parents are liable to cover the private costs for the month as per the nursery current fees in place. |
| Signed Mother/Father/Carer .....   |
| Signed Mother/Father/Carer .....   |
| Date.....  |

We must be notified if your child is unwell and will not be attending nursery.

We will follow our Sickness and Illness policy for exclusions, we will be able to tell you when your child can return to nursery depending on the illness.

If the condition is an infectious illness the nursery must be made aware as some conditions need to be reported to Public Health.

Management have the right to exclude a child if it is deemed necessary to prevent infection of others.

I/We understand that my child cannot return to nursery after being given a first dose of prescribed medication for 24 hours.

We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

We have a no mobile phone policy within nursery.

We ask that mobiles are switched off or left in the car while dropping off or collecting your child. Under no circumstances should a call be made or taken while in nursery, any person seen using their phone while in the building will be asked to end the call.

This is to safeguard the children that are in our care and we ask that all persons adhere to our policy.

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

Our safeguarding policy ensures the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police.

Nursery staff have a duty to report any suspicions of abuse or neglect of children in their care to Nursery management and relevant agencies.

Nursery Safeguarding leads: Andrea Mitchell, Rebecca Webb, Jackie Poole, Kimberley Cassells, Samantha Allen

I/We understand that if the staff at nursery suspects that any child in their care may have been abused or neglected, they have a duty to report any incidents.

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

I/we give/do not give my permission for my child to go on short walks. I/We understand that I/we will be notified of any arranged outings where transport is involved. **(delete as appropriate)**

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

### Ethnicity and Cultural background

How would you describe your child's ethnicity/cultural background?

What is the main religion of your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting?

What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child's first experience of being in an English-speaking environment?  
**Yes/No** (Please delete as applicable)

### Ethnicity Codes:

Please circle the most relevant code shown below. Collection of ethnic information is necessary for the purpose of identifying and keeping under review the existence/absence of equality of opportunity for children of different race/ethnic origins and enabling such equality to be promoted/maintained as appropriate.

|                             |      |                            |      |
|-----------------------------|------|----------------------------|------|
| British                     | WBRI | Mirpuri Pakistani          | AMPK |
| Irish                       | WIRI | Other Pakistani            | AOPK |
| Traveller of Irish Heritage | WIRT | Bangladeshi                | ABAN |
| White European              | WEUR | Any other Asian background | AOTH |
| Gypsy/Roma                  | WROM | Caribbean                  | BCRB |
| Any other white background  | WOTW | African                    | BAFR |
| White & Black Caribbean     | MWBC | Any other Black background | BOTH |
| White & Black African       | MWBA | Chinese                    | CHNE |
| White and Asian             | MWAS | Japanese                   | OJPN |
| Any other mixed background  | MOTH | Korean                     | OKOR |
| Indian                      | AIND |                            |      |

### Special Educational Needs and Disabilities

Does your child have any special needs or disabilities?  
**Yes/No** (Please delete as applicable)  
 If yes please give details below

What (if any) special support will your child require in our setting?

**Professionals involved with the child**

Name:

Name:

Agency:

Agency:

Role:

Role:

Telephone no:

Telephone no:

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

**Permissions and Consent**

**Permission for the setting to act in loco parentis**

If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section.

I / We parent(s)/guardian(s) of ..... do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

I / We do not agree to this statement and indicate our wishes as follows

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

**Permission for the application of sun cream**

Nursery provide sun cream at a small charge for the summer period. The cost will depend on how many days your child attends nursery and will be added to your invoice. The sun cream cost will be reviewed annually.

Alternatively you can provide your own sun cream which needs to be kept at nursery and must be labelled with your child's name.

Any sun cream provided by parents must be SPF50

I will provide my own sun cream

I would like nursery sun cream

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....



| Please tick the statements below if you consent to the following:  | Yes/No |
|--|--------|
| I/We agree for my/our child's first name to be displayed around the setting  |        |
| I/we agree for my/our child's first name to be displayed on the nursery newsletter   |        |
| I / We agree for my/our child's photo to be displayed around the setting   |        |
| I/we agree for my/our child's photo to be displayed on the computer in reception   |        |
| I/we give consent for my/our child's date of birth to be displayed on birthday boards within rooms   |        |
| I/we agree for Lawley Village Day Nursery to use The Learning Book to record observation of our child  |        |
| I/we agree for my/our child's photo to be used on The Learning Book  |        |
| I/we agree for videos of my/our child to be used on The Learning Book  |        |
| I/we agree for audio clips of my/our child to be used on The Learning Book   |        |
| I/we agree for my/our child's photo to be used in another child's Learning Book  |        |
| I/we agree for videos of my/our child to be used in another child's Learning Book  |        |
| I/we agree for my/our child's first name to appear in another child's Learning Book  |        |
| I/we agree for my/our child's photo to appear on the Nursery Website   |        |
| I/we agree for my/our child's photo to appear on the Nursery Prospectus  |        |
| I/we agree for my/our child's photo to appear on printed advertisement   |        |
| I/we agree for my/our child's photo to appear in newspaper articles  |        |
| I/we agree for my / our child's first name to appear in newspaper articles   |        |
| I/we agree for you to hold information regarding my family's race, ethnic origin and religious or philosophical beliefs  |        |
| I/we agree for the Nursery to share relevant information with Health visitors, other childcare settings, doctors and emergency services and other agencies such as speech and language Therapists and specialist Teachers.   |        |
| I/we agree to emails being sent to the email addresses provided relating to invoices / newsletters and any other relevant information provided paperless by the Nursery  |        |
| I/we agree to photographs or ourselves and family members being displayed in the Nursery   |        |
| I/we agree to photographs of ourselves and other authorised family members to be held on my child's file for collection purposes and agree to make sure those persons are aware of the Nursery's data protection Policy and right to withdraw that information upon request. |        |
| I/we agree to give two emergency contact numbers on my enrolment form in the case of an emergency and agree to make sure those persons are aware of the Nursery's data protection Policy and right to withdraw that information upon request.                                |        |
| I/we agree to my/our information being shared with Local authorities in order for my/child to receive any Government 2,3 and 4-year-old funding. This will include proof of identity including a child's passport or birth certificate                                       |        |
| I/we agree to share any information with the nursery regarding any court orders relating to myself/ourselves or my/our child   |        |
| I/we agree that personal data of my/our child will be shared with schools for progression into the next step of education.   |        |

Further information regarding how we use children's images within the setting can be found in our Image Use Policy.

As a general rule medicines will not be administered unless prescribed by a doctor and the child has been on the prescribed medication for 24 hours before returning to nursery.  
However there may be times when a child's temperature rises above 37.5 degrees. A phone call will be made to contact you where we will ask for permission to administer 5ml of CALPOL.  
We will only administer ONE dose of 5ml in any one day.  
If you have given your child any medication within 24 hours of attending the nursery, please inform us.

Please indicate your **approval / disapproval** of this action.

I/We **approve / disapprove** of CALPOL being administered as required (**delete as appropriate**)

I hereby give consent for any person dropping off or collecting the authority to sign the medication or accident form for my/our child

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

We will administer Piriton should a child have an allergic reaction.

Please indicate your approval / disapproval of this action.

I/We **approve / disapprove** of PIRITON being administered as required (**delete as appropriate**)

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

Application of Sudocrem and Metanium ointment that is provided by parents:

I/We **approve / disapprove** of Sudocrem or Metanium being administered as required (**delete as appropriate**)

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.

I / We confirm that the information provided on this form is correct to the best of our knowledge.

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

I/We understand and accept the terms of registration and terms of payment which are detailed below.

\***Fees are payable monthly in advance on the first day of the month** by standing order,

cash or childcare vouchers.

\*Late fees will be added for any invoices not cleared before midnight on 3<sup>rd</sup> of each month.

\*Unpaid fees will have 10% added on 4<sup>th</sup> of the month.

\*A nursery place will be suspended if fees are not paid by 7<sup>th</sup> of the month, full payment of the outstanding balance would still need to be cleared.

\*No deductions are made in respect of bank holidays, sickness or holidays.

\*Fees are calculated monthly.

\*We require one month's paid notice, which must be given in writing should you no longer require the place. This also applies to children doing funded sessions.

\*The sessions booked on registration are a permanent booking and one month's written notice should be given for any reduction in this contract.

\*Extra sessions required on an ad-hoc basis will be subject to availability and cannot be swapped for another day. Any extra sessions must be paid for at the time of booking.

\*If a child is not collected by the end of their session time we reserve the right to make a late collection charge. 0-15 minutes £10, the £5 for every subsequent 15 minutes.

\*If you default on payments, Lawley Village Day Nursery reserve the right to contact HMRC with information relating to Tax Credits that may be claimed for childcare. This may result in Tax Credits being stopped as investigations may take place for fraudulent claims.

I/We have paid the registration fee of **£80.00**. Only when the correct notice period has been given and all nursery fees have been paid and your account is at zero will the £40.00 be refunded back to you on receipt of your bank details.

Please be aware we are unable to hold or reserve places. Whilst upon your visit or initial telephone enquiry we may have had availability for your required sessions, this changes daily and cannot be guaranteed. We advise that you make a call to nursery prior to returning your form to check the places can still be offered.

Places are subject to availability and will only be confirmed once the completed registration form, notification of required sessions and deposit is received.

Places required at short notice may need to go onto a waiting list until space becomes available.

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

**Agreement**

I/We wish to apply for admission of my child to Lawley Village Day Nursery Ltd

I/We agree to notify any changes to the above information as soon as they occur.

Note: This registration form incorporates the nursery terms and conditions. Upon signing this form the parents are deemed to have read, understood and agreed the same.

**Signed Mother/Father/Carer** .....

**Signed Mother/Father/Carer** .....

**Date**.....

**Data Protection**

In compliance with current UK Data Protection legislation any information you provide here will be kept secure and treated confidentially. The data will only be used by Lawley Village Day Nursery and will not be disclosed to any external sources without your prior consent. From time to time we may wish to contact you in regards to new services. If you do not wish to receive further information from us then please tick this box

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

**Management use only**

|                              |                           |                |                  |                 |               |
|------------------------------|---------------------------|----------------|------------------|-----------------|---------------|
| Start Date Confirmed         |                           |                |                  |                 |               |
| Room Confirmed               |                           |                |                  |                 |               |
| Room movements               |                           |                |                  |                 |               |
| Sessions confirmed           | <u>Monday</u>             | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
| Sessions confirmed by: _____ |                           |                |                  |                 |               |
| Sessions Added to Numbers    |                           |                |                  |                 |               |
| New Starter form completed   |                           |                |                  |                 |               |
| Pre visits arranged          | 1 <sup>st</sup> Pre visit | Date:          |                  |                 |               |
|                              | 2 <sup>nd</sup> Pre visit | Date:          |                  |                 |               |

**Office use only**

**Input into nursery administration system**

Date ..... Input by .....

|                              |  |
|------------------------------|--|
| Sessions confirmed           | Full time / Part time / Funded sessions / Term time only |
| Registration letter sent     | Date:  |
| Deposit Paid                 | Date: Bacs / Cash / Vouchers                             |
| Card completed               | Date:  |
| Email to Sally               | Date:  |
| Calpol                       | Yes / No   |
| Parental Responsibility      |  |
| Dietary requirements checked |  |

**Accounts**

|                                 |          |        |
|---------------------------------|----------|--------|
| Nursery account paid up to date | Date:    | Staff: |
| Correct notice period given     | Yes / No |        |
| Refund processed                | Date:    | Staff: |
| Refund declined                 | Date:    | Staff: |
| Reason refund declined          |          |        |