St Paul's First School Nursery Registration Form Key Information



Child's Surname						
Child's First Name(s)						
Known As						
Date Of Birth						
Sex	Boy		Girl			
Religion			Ethnicity			
First Language						
Any Other Language spoken						
Parent/Carer 1	Relation	ship to the c	hild			
	Parenta	l Responsibi	lity		Yes	No
Name						
National Insurance Number						
Address						
				P	ost Code	
Email Address						
Telephone Number	Home		N	lobile		- WHA
Place of Work						
Address						
			-			
				F	Post Code	
Telephone Number			Ex	t		
Able To Collect Child	Yes		No			
Parent/Carer 2	Relation	nship to the o	child			
	Parenta	I Responsib	ility		Yes	No
Name						
National Insurance Number						
Address						
				P	ost Code	
Email Address						
Telephone Numbers	Home			Mo	obile	
Place of Work		***************************************				
Address						
]	Post Code	

Telephone Numb	oer			Ext.			
Able To Collect	Child	Yes		No		***************************************	
							799-
Do any other ind	lividuals have led	al contact an	Cangomonto with	- 4b 1			
	Do any other individuals have legal contact arrangements with the chi					Yes	No
If Yes please pro	ovide details belov	w and a copy	of relevant doc	umentati	ion		1
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Emergency (Contacts Oth	ier Than F	^o arents/Car	ers			
Emergency (Contacts Oth	ier Than F	⁹ arents/Car	ers			
Emergency (<u> </u>		
	Contacts Oth			ers act No. 2	2		
Emergency (2		
Name					2;1		
Name Relationship To					2		
Name Relationship To Child					2		
Name Relationship To Child					2		
Name Relationship To Child					2		
Name Relationship To Child					2		
Name Relationship To Child					2		
Name Relationship To Child					2		
Name Relationship To Child Address					2		
Name Relationship To Child Address Tel. No					2		
Name Relationship To Child Address Tel. No					2		
Name Relationship To Child Address Tel. No Mobile No.					2		
Name Relationship To Child Address Tel. No					2		

As security is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password.

Sessions Required

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Am Session					
Pm Session					
Full Day					
Additional Requirements					
Start Date					

Medical Details

Doctor's Name:			
Address			
Tel. No.			
TEI, NO.			
Health Visitor's Name:			
	·		
Address			
Tel No.			
Does your child have a Pers	onal Child Health Record book (Red Book)	Yes	No
If ves, please bring to inducti	on visit.		

Are there any other services involved with the child or family?

Family Nurse	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
Social Worker	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
Speech and Language	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
CAHMS	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
Any Other Service	Date In	volvemer	nt Commenced
Main Service Provided			
Main Contact Name			
Contact Information and Telephone Number			

Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:

	Yes	No		Yes	No
Diphtheria			Tetanus		
Hib			Mumps		
Measles			Rubella		
Polio			Whooping Cough		
Details Of Othe	er Vaccinations	3			L
Has Your Child	d Had Any Infe	ctious Diseases?	Yes		No
If Yes Please (Give Details				

Individual Requirements and Details

Has Your Child Any Food Allergies or Special Dietary Requirements?		
Child To Have?	Yes	No
	<u> </u>	
quirements?	Yes	No
	Child To Have?	Child To Have? Yes

<u>Consents</u>

Medical Treatment		
I hereby give consent for the staff of St Paul's First School Nurser	y to	
Administer Emergency First Aid	Yes	No
Seek Emergency medical and dental attention including hospital	Yes	No
treatment if it is deemed necessary		
Administer medication	Yes	No
Signature Date		

sery to	
Yes	No
	Yes

<u>Photographs</u>		
I hereby give consent for the staff of St Paul's First School Nursery to	o	
Photograph my child and for those photographs to be used in my child's file and displays around the nursery	Yes	No
Use photographs of my child taken at St Paul's First School Nursery in another child's file or diary (as a group)	Yes	No
Use photographs of my child in newsletters	Yes	No
Use photographs of my child on the school website	Yes	No
Use photographs of my child for advertising purposes	Yes	No
Signature Date		

Sharing information		
I hereby give consent for the staff of St Paul's First School Nursery	to	
Share information about my child with other agencies such as : Speech and Language, Health Visitors, Special educational need support	Yes	No
SignatureDate		*************
Please note staff will share information without consent if they are of the child		

St Paul's First School Nursery

Terms and Conditions

Sessions:

Full Day Session = 8:50 am - 3:00 pmMorning Session = 8.50 am - 11:50 amAfternoon Session = 12.00 pm - 3:00 pm

All session requirements must be confirmed in writing.
A minimum of 4 weeks' notice for all session changes must be given.
Children must be registered for a minimum of 5 sessions per week.

Shift Patterns

The nursery can accommodate some shift patterns subject to availability of places but in order for us to manage this irregular booking pattern, sessions must be confirmed one month in advance in writing.

Fee Payment:

Fees must be paid one month in advance by the first day of the month.

Payment is required by Parent Pay or the cheque. Details of Parent Pay accounts can be requested from the school office staff.

A £10 administration fee will be charged on a weekly basis for all late payments.

You will be issued with an invoice on a monthly basis.

Holidays:

The nursery will be closed during school holidays. School term dates, INSET days and holiday dates can be found on the school's web site.

Sickness/ Absence:

Children who have, or develop, an infectious illness must be excluded from nursery for a minimum of 48hours.

This is in the best interest of the child and the other children and complies with regulations set out by the Environmental Health Department. The nursery must be notified of all absences.

Sickness or absence from Nursery does not qualify for a reduction in fees.

Notice:

One month's written notice, by either party is required to terminate a child's place at nursery. One month's fees in lieu of notice will be charged.

Fees are still payable for the months' notice even if the child does not attend the nursery.

Family Discounts:

Where two or more children from one family attend the nursery or before/after-school club, the oldest child will be eligible for a 5% discount in their monthly fees.

Clothing and Personal Items:

The Nursery cannot accept responsibility for loss or damage to personal items or clothing.

A nursery uniform is available to purchase from Crested Uniform in Cannock.

Parents should supply sufficient clothing for their child's daily needs and a spare set of clothing in case of accidents.

Sun cream and sunhats should be supplied in the warmer months. Suitable footwear and clothing for outdoors must also be provided.

AGREEMENT	·
I agree to comply with the terms and co Nursery.	nditions set out by St Paul's First School
Signed	Date
Name	

