**Admission Form**

|  |
| --- |
| **Child’s Details** |
| Child’s Full Name | Name to be called (if different) |
| Home Address: | Date of Birth:  |
| **Parent / Carer 1** |
| Name:  | Home Address:  |
| Home Tel No: | Mobile Tel No:  |
| Place of Work: | Work Tel No:  |
| Email:  | Date of birth: |
| **Parent / Carer 2** |
| Name:  | Home Address:  |
| Home Tel No: | Mobile Tel No:  |
| Place of Work: | Work Tel No:  |
| Email:  | Date of birth: |
|  |
| Who has legal contact with the child? |  |
| Who has parental responsibility for the child? |  |
| Who does the child normally live with? |  |

|  |
| --- |
| **Authorised Person to Collect your Child 1 CANNOT BE PARENT/CARER 1 & 2** |
| Name: | Address: |
| Telephone No. 1: | Telephone No 2: |
| Relationship with the Child (e.g. grandparent, neighbour, friend) | Agreed password to be used in case of emergency |
| **Authorised Person to Collect your Child 2 CANNOT BE PARENT/CARER 1 & 2** |
| Name: | Address: |
| Telephone No. 1: | Telephone No 2: |
| Relationship with the Child (e.g. grandparent, neighbour, friend) | Agreed password to be used in case of emergency: |
| **Authorised Person to Collect your Child 3** |
| Name: | Address: |
| Telephone No. 1: | Telephone No 2: |
| Relationship with the Child (e.g. grandparent, neighbour, friend) | Agreed password to be used in case of emergency: |
| **Emergency Contact Person 1 *(if the parent / carers are not contactable. This person must be over 16 years old)*** |
| Name: | Address: |
| Telephone No. 1: | Telephone No 2: |
| Relationship with the Child (e.g. grandparent, neighbour, friend) | Agreed password to be used in case of emergency: |
| **Emergency Contact Person 2 *(if the parent / carers are not contactable. This person must be over 16 years old)*** |
| Name: | Address: |
| Telephone No. 1: | Telephone No 2: |
| Relationship with the Child (e.g. grandparent, neighbour, friend) | Agreed password to be used in case of emergency: |

|  |
| --- |
| **Child’s Doctor** |
| Name: | Address: |
| Telephone No:  |
| **Please tell us if your Child has any food allergies and / or dietary needs** |
|  |
| **Are there any particular cultural issues that are relevant to your child and your family*****(i.e. religious, philosophical or special events – we will endeavour to accommodate these)*** |
|  |
| Does your child have an epi pen? | Can we administer your child Piriton if he/she has an allergic reaction? Y/N Sign: |
| **Please tell us if your Child has a medical need** |
|  |
| **Immunisations / Vaccinations: Birth – 15 months** |
| Immunisation / Vaccinations:  | Date:  |
| **Immunisations / Vaccinations: 3 to 5 years** |
| Immunisation / Vaccinations:  | Date:  |
| **Child’s Health Visitor**  |
| Name: | Health Clinic Name: |
| Clinic Telephone Number: | Address:  |
| Health Visitor Direct Number: |
| **Children’s Centre** |
| Do you access a Children’s Centre? |  Yes No |
| Which Children’s Centre (s) do you access? |  |
| **Additional Childcare Provider** |
| Does your Child attend an additional Childcare Provider? |  Yes No |
| If your Child attends an additional Childcare Provider, please provide details | Name: |
| Address: |
| Telephone Number: |
|  |
| **Do you or your Child receive support from Children Services? *(i.e. Social Worker, Speech & Language Therapist)*** |
| **Child’s Social Worker (if applicable)** |
| Name: | Address: |
| Telephone No:  |
| **Other Named Professional (if applicable)** |
| Name: | Address: |
| Telephone No:  |
| **Authorisation** |
| I authorise [setting name] to share relevant information regarding my Child’s learning development and experiences with others who are involved in their care in order to help them compile a comprehensive picture of my child |
| Signed |  |
| Print Name |  |
| Date |  |
| **Other Information (if Applicable)** |
| Child’s Language *(The language (s) spoken at home, other than English)* |
| Particular routines *(e.g. sleep / rest routine)* |
| Particular Likes / Dislikes |
| Particular Words (*e.g. for comforter or for using the toilet)* |

**Does your child have siblings? If so please complete**

|  |  |  |
| --- | --- | --- |
| Siblings name | Date of birth | Nursery or schools name |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Signatures**I hereby give consent for the information above to be held on file in compliance with the Data Protection Act 1998 |
| Parent / Carer | Print Name | Date |
| Parent / Carer | Print Name | Date |
| On behalf of the setting | Print Name | Date |

|  |
| --- |
| **Additional Consent** |
| **Consent for:** | **Parent / Carer Signature** | **Date** |
| Photographs: To be used only in the nursery and as observations |  |  |
| I consent for plasters to be used on my child when needed |  |  |
| I consent for staff to apply sun cream on my child when needed (supplied by Minnie and Mamma) |  |  |
| My child to be taken on local outings i.e park, local shops |  |  |
| My child to receive emergency medical advice, treatment and / or procedure and I hereby give my consent for the setting’s representative to sign on my behalf |  |  |
| My child to be transported in a vehicle |  |  |
| \*Add others as appropriate |  |  |

**Terms and conditions**

* To secure a place at Minnie and Mamma day nursery, a completed registration form accompanied by a deposit of £200.00 must be accepted. The deposit will be returned when the child leaves subject to one month’s notice.
* One month’s notice is required to terminate a nursery place, or amend agreed attendance. If one month’s notice is not received you will be liable to pay a full month’s fee and forfeit your deposit.
* One month’s notice will be given by Minnie and Mamma day nursery for any changes to fees or terms and conditions.
* Fees are payable monthly in advance by the 27th of the previous month. Fees can be paid by cash or BACS. Please use child’s name as a reference when paying via BACS.
* Nursery is open 51 weeks with the exemption of bank holidays and a week between Christmas and the New Year.
* You will not be charged for the week that Minnie and Mamma are closed but fees are payable for all bank holidays.

**Please sign to say you accept our terms and conditions**

**Name:…………………………………………………………………………………… Signature:…………………………………………**

**Date:…………………………………………..**

**Office use**

**Has a deposit been paid if so how much and when was payment made?**

**Days the child will be doing:**

**Monthly fee:**