**Admission Form**

Settle dates: Start date:

|  |  |
| --- | --- |
| **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? |  |
| Does your child have any special educational or disability needs? |  |
| Is your child entitled to any funding? |  |

|  |  |
| --- | --- |
| **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: |

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| **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 needs or has suffered from any seizures in the past** | |
|  | |
| **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)* | |
| Child’s religion | |
| 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 |
|  |  |  |
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| --- | --- | --- |
| **Signatures**  I hereby give consent for the information above to be held on file in compliance with the Data Protection Act 2018 | | |
| 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 |  |  |
| I understand that I cannot give Calpol to my child 4 hours prior to nursery start time. I consent for the nursery to administer Calpol in the case of a high temperature of 38 degrees Celsius or more. I understand that my child will need to be collected when Calpol has been administered at nursery |  |  |
| \*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 in cases of exceptional circumstances such as fire, no water, no heating in cold weather, terrorist threat, flooding, shortage of staff and not meeting staff/children ratios.
* 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 sick days, bank holidays and inset days
* Calpol cannot be administered 4 hours prior to the child’s nursery start time. If Calpol has been administered within this time they cannot attend nursery.

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

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

**Date:…………………………………………..**

**General Data Protection Regulation May 2018**

**Please tick/ cross and sign to say that you allow us/do not allow us to hold the following data on you while your child is at the setting:**

* **Completed admission form (without this your child cannot start) □**
* **A copy of your child’s birth certificate □**
* **A copy of your child’s immunisations information from the red book □**
* **Funding forms with you and your child’s information on it (without this your child cannot start the nursery). This will be shared with the local authority to get access to the funding □**
* **Accident/ Incident and Existing injury forms when your child has an accident or comes in with an injury (without this your child cannot start) □**

**As good practise we keep this data for 5 years after your child leaves the setting.**

**I would like for you to hold all my data for 5 years after my child leaves □**

**I would like to be forgotten when my child leaves the setting □**

**We share the funding form information with the local authority to get access to the funding.**

**Office use**

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

**Days the child will be doing:**

**Monthly fee:**