



## **Admission and Registration “Organic, Spiritual Play”**

# Admission Agreement

Childs First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male/Female

Home Address \_\_\_\_\_

Ethnicity \_\_\_\_\_ Language spoken \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Start date \_\_\_\_\_

## Session Required

Please tick the sessions you require

Day	Mon	Tues	Wed	Thurs	Fri
Please make note we are not always able to give the day requested					

Contact email/name for invoice: \_\_\_\_\_

Children are accepted in the order in which they apply and according to the availability of places in particular age group to which he/she will join. Every effort is made to accommodate parental wishes. Please note fee's are due upfront if you fall into errors your child will be removed from register.

If you are applying for a place with the following funding please supply your reference/code:  
2 year funding/30 hour code (if child is eligible or for more inform speak to nursery manager)

\_\_\_\_\_ Date \_\_\_\_\_

Signed: Parent \_\_\_\_\_ Date \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Signed manager \_\_\_\_\_ Date \_\_\_\_\_

Payment method Completed & who invoice is made payable to	Contract Signed	Photography	Medical form complete	ID Verified Document: Number:

## Parent/Carer Information

Parental responsibility for child? Yes/No

Legal Guardian of Child? Yes/No

Security Password\_\_\_\_\_

Mothers Full Name\_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

Tel No\_\_\_\_\_ Mobile\_\_\_\_\_

National Insurance Number\_\_\_\_\_ Date of Birth\_\_\_\_\_

Email Address\_\_\_\_\_

☐ Tick the box, if you would like to use the above email to receive the EyLog.

Fathers Name\_\_\_\_\_

Work Address\_\_\_\_\_

\_\_\_\_\_

Tel No\_\_\_\_\_ Mobile\_\_\_\_\_

National Insurance number\_\_\_\_\_ Date of Birth\_\_\_\_\_

Email Address\_\_\_\_\_

☐ Tick the box, if you would like to use the above email to receive the EyLog.

### Other Carers Details

Name\_\_\_\_\_

Relation to Child\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Contact Number\_\_\_\_\_

Email Address\_\_\_\_\_

# Emergency Contacts

Please list in order of preference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health Details

Doctors Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Tel No\_\_\_\_\_

Health Vistors Tel No\_\_\_\_\_

Dentist Tel No\_\_\_\_\_

### Vaccinations

Please select vaccinations your child has had;

Polio Yes/No Date\_\_\_\_\_

Measles Yes/No Date\_\_\_\_\_

Mumps Yes/No Date\_\_\_\_\_

Rubella Yes/No Date\_\_\_\_\_

Diphtheria Yes/No Date\_\_\_\_\_

Tetanus Yes/No Date\_\_\_\_\_

HIB Yes/No Date\_\_\_\_\_

Pneumococcal Yes/No Date\_\_\_\_\_

Does your child suffer from

Hay fever Yes/No

Asthma/Respiratory problems Yes/No

Hearing problems Yes/No

Eyesight problems Yes/No

Require regular medication Yes/No

If answered 'Yes' please give details below:

\_\_\_\_\_

## Health Details Continued.

Does your Child;

Have any special needs or disabilities?

Yes/No

If yes please give details below:

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Have any special dietary requirements?

Yes/No

If yes please give details below:

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Are there any special words that your child uses for going to the toilet?

Yes/No

If yes please give details below:

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# Nursery Permission

## Accidents

I understand that I will be contacted immediately, in the case of an accident, by either telephone , text or EyLog message. In the event of an accident, I understand that the Nursery will seek medical advice were necessary and take the appropriate action needed.

Signed \_\_\_\_\_

If your child has had an accident in nursery, you will be sent the accident form via the EyLog to sign and submit back, please ensure this is done immediately. If you do not receive the accident form please contact nursery.

## Outings

As part of the Nursery curriculum, we will arrange local visits and walks in the local neighbourhood to support children's learning and experiences.

For your child to take part in such activities we require written permission from their parents/carer.

I **do/ do not** permission for my child to take part in the trips off the Nursery premises.

Signed \_\_\_\_\_

## Photographs

There are some activities that we do, where the taking of pictures, may enhance the learning outcome. Photographs may also be used for marketing purposes and displays around the nursery and for name peg.

I **do/ do not** give permission for photographs of my child to be used for displays/peg in the nursery.

Signed \_\_\_\_\_

I **do/ do not** give permission for photographs/video of my child to be used for marketing purposes such as our social media pages/website.

Signed \_\_\_\_\_

## Invoice (\*only applicable if you are paying fees)

I understand and agree to the terms of payment for the invoice (fees apply even if your child is absent due to illness/holiday ect). Payment is due upfront, and one month's notice is required to stop or change days).

Signed \_\_\_\_\_ Date \_\_\_\_\_

## EyLog

I have read the information about the EyLog system and understand that by signing this consent I will receive an email message which I would need to activate and there after I will be able to log in and see observations of my child. These observations may include photographys, video or audio recordings. I hereby give consent for my child to be photographed/videoed for record-keeping purposes and for use of the nursery staff.

I understand that there may be group photographs/videos that incorporate images of my child and other children and teachers. I agree that these photographys/videos may be used in other children's learning journeys. To protect and respect privacy, I agree not to use/upload/share the photographys, videos and audio recordings involving other children on public websites such as social media websites and may not utilise information from my child's learning journey for purposes other than understanding the development of my child.

The nursery policy on Digital Images covers this in more detail, which I can access in the policies folder, located by the office door above the comments box.

Signed \_\_\_\_\_

The General Data Protection Regulation (GDPR) and Happy Children Nursery is committed to safeguarding of your information and will only use information on lawful grounds or for legitimate business reasons. We will always be fully transparent about how we use your information.

I give permission for my information to be used for such matters e.g to gain funding from local authority.

Signed \_\_\_\_\_

## Administrating medicine

In keeping with EYFS statutory framework, we are not allowed to administer any medicine that has not been prescribed. We are aware, that babies in particular will go through the stage of teething, therefore parents/carers are welcome to bring paracetamol in a named package that has been prescribed by a health care professional.

I do/ do not give permission for nursery staff to administer medicine given by myself if needed.

Signed \_\_\_\_\_

I do/ do not give permission for the nursery staff to apply sun block on my child when necessary.

Signed \_\_\_\_\_



## Terms & Conditions

### Nursery copy

Parents/Carers Name \_\_\_\_\_ & \_\_\_\_\_

1. I/We have read and understand the Terms and Conditions listed in the listed in the fee schedule and agree that failure on my/our part to comply with any payment conditions of that schedule may result in our child being prevented from attending the nursery.
2. I/We confirm that any changes to my/our contact numbers or addresses will be notified to the nursery immediately.
3. I/We confirm that any relevant medical information about my child has been disclosed, and the nursery will be kept informed of any medical changes.
4. I/We confirm that medication will be provided, labelled and duly signed and all requirements are record.
5. I/We will notify the nursery in the case of sickness.
6. I/We understand that if my/our child is off more than two weeks, without notification then our child could lose their nursery place.
7. I/We confirm that my/our child can participate in nursery activities. If any of these activities involves excursions outside the nursery premises, prior notification from the nursery staff will be sufficient.
8. I/We can confirm that if none of the authorised persons are able to collect my child, then I will contact the nursery and provide them with an alternative person.
9. I/We confirm that the nursery will use its best endeavours to ensure that only authorised persons are able to collect my child.
10. I/We confirm that we will not share any photographys, video or audio recordings of other children and staff from the nursery on social networks or with other people.
11. I/we confirm that we give permission to anyone picking up my child on my behalf to sign the accident form.
12. I/ We give permission for my information to be used by the nursery to gain further funding available for my child from local authority
13. Invoice term and conditions (\*if and when applicable)

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Terms & Conditions**

### **Parent/carers copy**

Parents/Carers Name \_\_\_\_\_ & \_\_\_\_\_

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