



Buxton Nursery Ltd Registration Form

Office Use Only ON FAMILY	
START DATE	

Please read carefully and ensure all consents are signed where applicable

Form completed by:		Date:	
CHILD INFORMATION			
Child's Name:		Birth date: / /	Gender: Male / Female
Address:		Post Code:	Home phone no:
Preferred Start Date;			
PARENT INFORMATION			
Parent/Guardian 1:			
Name:		Title:	The child refers to this person as:
Home address (if different to your child)		Home phone no:	
		Work phone no:	
Mobile Number:		National Insurance Number:	
Email address:			
Permission for us to set up a Family account using this email address:			YES/NO
Parental responsibility	YES/NO	Collect child from nursery	YES/NO
Payment of fee	YES/NO	Contact in emergency	YES/NO
Parent/Guardian 2:			
Name:		Title	The child refers to this person as:
Home address (if different to your child)		Home phone no:	
		Work phone no:	
Mobile phone no:		National Insurance Number:	
Email address:			
Permission for us to set up a Family account using this email address:			YES/NO
Parental responsibility	YES/NO	Collect child from nursery	YES/NO
Payment of fee	YES/NO	Contact in emergency	YES/NO

PEOPLE WHO CAN COLLECT YOUR CHILD	
List the names of family and friends who have permission to collect your child	
Names:	Known to child as:

ALTRNATIVE EMERGENCY CONTACT DETAILS

In an emergency, we will contact the parent/guardian you have already indicated. If we are unable to reach them, we will try to contact the other parent/guardian and/or the emergency contacts given below. We will contact the first one first.

Please note that these two contacts need to be different to the two parents/guardians indicated on page 1.

Emergency Contacts:		
Name:	Relationship to child:	Contact Number:
Name:	Relationship to child:	Contact Number:

ATTENDING A DIFFERENT SETTING	
If your child attends another setting in addition to Buxton Nursery we ask for your consent to share information to ensure your child receives all the support they may require.	
My child attends another setting	YES / NO
I give you permission for you to contact them to share information on my child's development.	YES / NO
Setting Name;	
Setting address;	
Postcode;	
Contact Number;	

RELIGION

We like to plan our nursery activities to reflect different children's interests and cultural heritage. We would like to invite you to indicate below whether your child is being brought up in a religious faith, uses other languages at home, has other ethnic origins or celebrates any festivals at home.

MEDICAL INFORMATION

GP Surgery name, address and telephone number:

Any other medical practitioners involved in the care of your child:

Does your child have any allergies?

YES / NO

If yes, please give details of the cause and reaction

Does your child have any special dietary requirements? Is your child vegetarian or vegan? Are there any foods your child does not like/really love?

YES / NO

If yes, please give details;

Details of any special conditions, disabilities;

Please use this space to tell us about any relevant information regarding the welfare of your child:

Please give details of any immunisations your child has been given:

Health Visitor:

My child has had their 2 Year Development Health Check

YES / NO

I/we give permission for you to contact my child's health visitor in order to undergo the two year old progress check

YES / NO

I/we agree to inform Buxton Nursery of any changes in family circumstances that may affect the safeguarding of my child.

YES / NO

MEDICAL CONDITIONS

Was your child born prematurely? If so by how many weeks? YES / NO
 Does your child have any conditions which require regular medication? YES / NO
 Does he/she have any other medical conditions? YES / NO

If you have circled 'YES' to any of these questions, please give full details below of the condition(s), how they affect your child's daily life and of any medication. Please tell us what support your child will need at nursery.

Please indicate below if your child has been or is due to be seen by any of the below services

Service	Name (If Applicable)	Contact No. (If Applicable)
Adoption or Fostering		
Child Development Clinic		
Community Paediatrician		
Health Visitor		
Occupational Therapist		
Social Worker		
Speech and Language		

Details of other Agencies or Professionals working with your child;

If your child has a care plan or medical issues that all staff need to be aware of we may need to display this within the classroom. (We will discuss this with you at the time)

Please indicate your consent

YES / NO

MEDICAL TREATMENT

I/we have read the Medication Procedure within the parent pack and give permission for Buxton Nursery to administer Calpol if we are unable to contact you and their temperature is high. We will always endeavor to contact you first. If you administer Calpol before your child arrives at nursery please let us know.

YES / NO

I/we give Buxton Nursery permission, in the event of an emergency, to authorize or carry out emergency medical treatment in my absence if I am unobtainable.

YES / NO

SICK CHILDREN

I understand that I will adhere to the Medication Procedure as attached to the Parent Pack. Buxton Nursery cannot cater for sick children. I will not bring my child if they are ill and will collect them if they become ill whilst being cared for. If your child needs regular medicine or you think he/she may need Calpol I understand that I have to sign a consent form for the nursery to administer medicines.

YES / NO

FAMILY

At Buxton Nursery we use an online learning journal called Family to allow staff to create a complete record of your child's progress. It is like an online scrapbook with observations, recordings, assessments, pictures, comments and videos. You can add comments and pictures too and you can allow relatives to access the journal. It is safe and secure. On occasion we may upload a photograph that contains other children playing alongside yours. **Please do not share these on social networking sites.** Please see the information contained within the parent pack.

I/we consent to Buxton Nursery creating a Family account using the information provided YES / NO

I/we give consent for Buxton Nursery Staff to use Family YES / NO

I/we give consent for Buxton Nursery Staff to use Family outside of normal working hours and off the premises on occasions. YES / NO

IMAGE CONSENT

We may take photographs for a number of reasons while your child is at nursery. To comply with GDPR we need your permission before we can photograph or make any recordings of your child. **Please circle your answer**

I/we give permission for my child's photograph to be used for internal display purposes YES/NO

I/we give my permission for my child's image to be used in Learning Journeys belonging to other children YES/NO

I/we give permission for my child's image to be used on our website YES/NO

I/we give permission for my child's image to appear in the media. YES/NO

I/we give permission for my child's image to appear on our social media sites. YES/NO

I/we have read and understood the conditions above and understand that all photographs containing images of other children will not be shared and will be for personal use only

Signature.....

DATA PROTECTION/PRIVACY

We have a general data protection regulation policy and privacy notice included in the parent pack. Please sign below to give consent for us collecting and keeping data as per our policy.

Signature.....

OFF PREMISES/TRANSPORT

I/we give permission for my child to be taken off premises for walks and outings YES / NO

I/we give permission for my child to be transported in the following ways:

- Minibus with a 3 point seat belt and age suitable child seat
- In a staff car with a 3 point seat belt and age suitable child seat
- On public transport

YES / NO

SAFE SLEEP

I/we have read and understood the Nursery Safe Sleep Policy within the parent pack and give permission for my child to have a sleep in a nursery pram/pushchair.

YES / NO

INVOICES

- We invoice on the 1st of each month in advance.
- Invoices are emailed through our online system, Family. Our preferred method of payment is an online transfer.
- Any extra hours during the month will be added to the following months invoice.
- Fees are due within 7 days of receipt of the invoice.
- There is a late payment fee of £20 for invoices paid after the 7 days.
- If I have any difficulty paying the invoice I will notify the nursery and arrange re-payments over a period of time.
- We may choose to invoice weekly to prevent further debt or instruct you to set up a weekly standing order.
- I/we understand that the nursery may refuse to provide childcare if I do not settle my account within a reasonable time.

Signed.....

OUTSTANDING DEBTS

- I understand that Buxton Nursery may (at the discretion of the manager) pass any debts which have been outstanding for more than 3 months to a debt collection agency. In this case I understand that an additional charge of 20% of the total debt will be added to the bill, to cover agency fees

Signed.....

QUALITY PREMIUM

- I agree to pay the quality premium charges (these will not be applied to your child's account until they are in receipt of 3-4 year old government funding).

Signed.....

INLAND REVENUE (tax credits)

- I/we agree to Buxton Nursery providing childcare cost information to the Inland Revenue for the purpose of tax credit checks.

Signed.....

I have read and understand all the terms and conditions outlined in this registration form. Please use this space to indicate anything you are NOT giving consent to ie photographs etc . Both parents/carers need to sign.

Name:

Signature:

Date:

Name:

Signature:

Date:

Signed by **Laura Bowers (manager)**.....

Proof of Date of Birth Seen ;

YES/NO

Document Type;

Staff Signature;

Date;

Buxton Nursery BOOKING FORM

Please fill in the exact times that you will need care for your children. Please remember if your child will be in receipt of funding it is only applied between 9:00-16:00pm – wrap around care is at an additional cost.

Name of Child _____ D.O.B _____

Start Date _____

I would like my child to attend Term time only Annually (all year)

Term time only – attend 39 weeks of the year in in line with Buxton Infant School term dates (please note we remain open for school inset days).

Annual (all year) – attend 50 weeks of the year (we are closed for 2 weeks at Christmas). Children not in receipt of funding can take 2 weeks holiday pro rata without being charged.

Funding 2 year 15 hours 30 hours

Day	Paid hours		Funded hours (Between 09:00-16:00)		Meals to be taken		
	Start	Finish	Start	Finish	Breakfast	Lunch	Tea
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Please note the minimum morning session times that can be booked are 9:00-12:00pm. The minimum afternoon session times that can be booked are 12:00-15:00pm or 13:0-16:00pm. The minimum full day session that can be booked is 09:00-15:00pm. Drop off and collections must be on the hour between the hours of 09:00-15:00pm however they can be within 15-minute intervals prior to 09:00pm and after 16:00pm hours.

Any other information:	
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Please return this booking form with your child’s registration form.

Parent/Guardian Name (print) _____

Signature _____

Date _____

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