



**FAMILY DETAILS**

**PARENT/ CARER 1**

<b>Relationship to child</b>	
TITLE/ NAME	
SURNAME	
HOME ADDRESS	
TOWN	
COUNTY	
POST CODE	
HOME TEL.	
MOBILE	
E-MAIL	

EMPLOYER NAME	
WORK ADDRESS	
POST CODE	
TELEPHONE	
E-MAIL	

**PARENT/ CARER RESPONSIBILITIES (please tick)**

Parental responsibility	
Payment of fees	
Collect child from Nursery	
Contact in emergency	

**PARENT/ CARER 2**

<b>Relationship to child</b>	
TITLE/ NAME	
SURNAME	
HOME ADDRESS	
TOWN	
COUNTY	
POST CODE	
HOME TEL.	
MOBILE	
E-MAIL	

EMPLOYER NAME	
WORK ADDRESS	
POST CODE	
TELEPHONE	
E-MAIL	

**PARENT/ CARER RESPONSIBILITIES (please tick)**

Parental responsibility	
Payment of fees	
Collect child from Nursery	
Contact in emergency	

**Should the need to contact you in an emergency arise, please indicate who should be contacted in the first instance.**

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Tel No. \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Tel No. \_\_\_\_\_

**OTHER CONTACTS/ AUTHORISED PICK UPS**

1		2		3	
NAME		NAME		NAME	
CONTACT TEL. 1		CONTACT TEL. 1		CONTACT TEL. 1	
CONTACT TEL. 2		CONTACT TEL. 2		CONTACT TEL. 2	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	

**FAMILY PASSWORD**

We operate a family password system, in the instance of the usual person not being able to collect the child this password will be asked for. Parents/ guardians must advise the nursery prior to the new person collecting the child. This password must remain confidential to the family/ designated people responsible for collecting the child.

<b>Please indicate your password</b>	
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**MEDICAL**

**G.P**

NAME	
G.P ADDRESS	
TOWN	
COUNTY	
POST CODE	
TEL.	

**HEALTH VISITOR**

NAME	
G.P ADDRESS	
TOWN	
COUNTY	
POST CODE	
TEL.	
<b>Permission to contact your Health Visitor, if needed only</b>	
<b>YES</b>	<b>NO</b>

**OTHER AGENCY DETAILS**

AGENCY NAME	
CONTACT NAME	
ADDRESS	
TOWN	
COUNTY	
POST CODE	
TEL.	

<b>ANY ADDITIONAL DETAILS</b>
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**ALLERGIES – WE REQUIRE WRITTEN CONFIRMATION FROM YOUR G.P**

(Please indicate whether your child has any known allergies. Please complete relevant Long Term Medicine/ Individual Medical Care Plan paperwork)

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**DIET - WE REQUIRE WRITTEN CONFIRMATION FROM YOUR G.P UNLESS FOR RELIGIOUS/ BELIEF REASONS**

(Please indicate whether your child has any dietary needs, give details)

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**MEDICAL - WE REQUIRE WRITTEN CONFIRMATION FROM YOUR G.P**

(Please indicate if your child has any medical needs/ long term medication. Please complete relevant Long Term Medicine/ Individual Medical Care Plan paperwork)

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**MILK**

If your child is under 1yr old, please indicate if your child can have cow's milk.

We require written confirmation before we would allow your child to include this in their diet within nursery.

YES <input type="checkbox"/> NO <input type="checkbox"/>	* _____ _____
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**CONSENT****CARE CONSENT**

Please tick below to state your agreement to the following:

<input type="checkbox"/>	I will inform the nursery of my child being given any medicines on the day of attending nursery
<input type="checkbox"/>	I understand that should my child have any bouts of sickness or diarrhoea they must not attend for 48hrs from the last instance

Please note, the only medication that would be administered by the nursery team must be prescribed by a doctor, meet the requirements of our medication policy and individual medical forms signed by the parent/ guardian in advance. Kidz world employees reserve the right to refuse to administer medication that requires specific training, without prior training for this.

**PARENT/ CARER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TREATMENT CONSENT**

Please tick below to state your agreement to the following:

Should your child become unwell whilst at Kidz World we require your consent to treat them

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give an employee trained in 1 <sup>st</sup> Aid to treat my child
<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give a doctor or other medical professional consent to treat my child

I understand that Kidz World will contact me immediately in this event

**PARENT/ CARER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHOTOGRAPHIC CONSENT**

Please tick below to state your agreement to the following:

Give permission for us to take photographs/ videos of your child to be used

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Within the nursery
<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	In newspapers
<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Social media

Please note, inspectors require evidence of the activities we offer the children in our care. Photographs may be used in the nursery in the normal publicity of good work.

**OUTINGS/ TRIPS CONSENT**

Please tick below to state your agreement to the following:

Should your child become unwell whilst at Kidz World we require your consent to treat them

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give my consent for my child to be taken on local walks/ outings
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**PARENT/ CARER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUNCREAM CONSENT**

Please tick below to state your agreement to the following:

Should your child become unwell whilst at Kidz World we require your consent to treat them

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give consent to a member of Kidz world staff applying sun cream 30+ factor
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**PARENT/ CARER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TOOTHBRUSHING CONSENT**

Please tick below to state your agreement to the following:

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give my consent for my child to participate in the toothbrushing programme
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**PARENT/ CARER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## FEES

### AGREEMENT

Thank you for completing this form. We look forward to welcoming you and your child to Kidz World Nursery.

We would ask that it is the parent's responsibility to keep the information contained on this registration form up to date, especially emergency contact details and any allergy/ medical details.

Please read the parents handbook carefully prior to signing.

Upon signature, this agreement will form the basis of a contract between yourselves and Kidz World Nursery.

Your signature also confirms that you have been advised that there are three copies of our Operational Policies and Procedures available and that these are kept in the main reception, manager's office & staff room.

We are happy to provide parents with a copy of any requested.

### NOTICE PERIOD

We require 4 full calendar weeks' notice in writing if you are leaving or reducing sessions permanently. You WILL be charged the 4 weeks' notice period.

We require 2-4 weeks' notice for holidays therefor you WILL NOT be charged.

We require 1-2 weeks' notice if your child will not be at nursery for a day and therefor you WILL NOT be charged for.

If notice is NOT giving then you WILL be charged for these days.

### NURSERY FEES

Fees are payable in ADVANCE of the 1<sup>st</sup> day of the month, by Bank Transfer/ Cash/Childcare Vouchers or other approved payment methods. For third party payments, we need written confirmation that funding has been approved before the child starts at the nursery. Parents are ultimately responsible for all payments being receive by the nursery. Should non-payment continue past one full month, your child may be excluded from the nursery until your account has been paid in full. Failure to make payment or set up payment plan agreement with the manager may result in court action and court fees being added.

Late payments fees are set at 5% of your total bill so if you do not pay on time this will be added, for example if your fees total is £200 the late charge will be £10 for this late payment.

Failure to comply may result in notice being served and your child's placement being cancelled.

**I hereby confirm that I have read through the Terms & Conditions contained in the parent's handbook and accept these as being my contractual obligation to Kidz World Nursery once I have signed the acceptance below and paid a reservation deposit.**

#### PARENT/CARER 1

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

PRINT \_\_\_\_\_

#### PARENT/CARER 2

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

PRINT \_\_\_\_\_