



Registration Form

Little Ladybirds @ Bro Famau and After School Club

Your Child

Child's Full Name:

Known as :

Date of Birth:

Gender:

Ethnic Origin:

Religion:

Child's first language:

Home address:

Postcode:

Telephone number:

Parents/Carers

Name of Parent/Carer 1:

Do they hold Parental Responsibility?: YES/ NO

Mobile number:

Email address:

Occupation:

Work address:

Work telephone number:

Name of Parent/Carer 2:

Do they hold Parental Responsibility?: YES/ NO

Mobile number:

Email address:

Occupation:

Work address:

Work telephone number:

Emergency Contacts

In the event of an emergency, the parents/carers above will be contacted in the first instance. If they cannot be reached however, we require emergency contact details of other individuals you deem to be suitable. A password must be agreed and provided for the safe collection of any child by an adult who is not a named parent/carer.

Emergency Contact 1

Full Name:

Relationship to child:

Telephone number:

Password to use on collection:

Emergency Contact 2

Full Name:

Relationship to child:

Telephone number:

Password to use on collection:

Health Information

Name of GP:

Practice address:

Telephone number:

Does your child suffer from any known allergies?: YES/ NO

If yes, please give details:

Does your child have asthma?: YES/ NO

If yes, will they require an inhaler at nursery?: YES/ NO

Is your child allergic to plasters?: YES/ NO

Please give details of any other relevant health conditions/ dietary requirements that we should know about:

Nursery Sessions

Please tick in the relevant boxes below to indicate the sessions you would like your child to attend.

<u>Day of the week</u>	<u>Morning Session</u> (8am-12pm)	<u>Afternoon Session</u> (11.30pm-3.15pm)	<u>Full Day</u> (8.00am-6.00pm)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Terms of Agreement

Little Ladybirds and After School Club start date:

Method of payment:

Individual/s responsible for paying fees:

Terms and Conditions

1. Little Ladybirds and After School Club Fees are invoiced on a monthly basis.
2. If any other payment arrangements are made with parents to accommodate their financial situation, then this will be agreed prior to payment and in writing, verified by the Person in Charge.
3. We accept payment by Direct Debit.
4. Late payment of fees will incur a penalty charge.
5. In the event of late collection of your child at the end of the day (6.00pm) additional time is charged at a cost of £10 for every 15 minutes the nursery has to remain open in order to care for your child. This will be added to your next monthly invoice as a penalty charge. If your child attends additional sessions during any month, these will be added to the next monthly invoice.
6. We are unable to provide refunds if your child misses a session.

- I have read and agree with the above terms and conditions.

Parent/carer name:

Signature:

Date:

Little Ladybirds and After School Club Permissions Advice

Local Outings

I give permission for my child to participate in spontaneous local outings, without prior consent e.g. walks to the park. Any outing requiring hired or public transport will be subject to additional permission/ consent.

YES/ NO

Parent/carer signature:

Date:

Sun Cream

In the summer months, I will provide a named bottle of sun cream for my child and give permission for this to be applied by nursery staff wherever is deemed necessary. I will ensure that the sun cream is within expiry and that it provides high protection for my child.

Parent/carer signature:

Date:

Emergency First Aid

In the event of any emergency, I give permission for my child to receive emergency first aid to be delivered by a trained first aider within the nursery.

YES/ NO

In the event of an emergency, I give permission for the nursery to seek emergency medical treatment or advice in my absence.

YES/ NO

In the event of my child's temperature rising above 37.5 degrees, I give permission for Calpol to be given according to manufacturer's guidance. I understand that practical efforts will be made to lower the temperature prior to any medication being administered. I understand that if my child is deemed to be unwell I will have to collect them from nursery. The nursery may only administer Calpol provided by the parent/carer of that child.

YES/ NO

Parent/carer signature:

Date:

Immunisations

Have you ever refused any immunisations for your child? YES/ NO

If yes, please give details:

Infectious Diseases

Has your child suffered from any infectious diseases? E.g. Impetigo, Chicken Pox, Measles etc).

YES/ NO

If yes, please provide us with as many details as you can:

Photographs

I give permission for my child to be photographed for the purpose of nursery displays and learning journeys.

YES/ NO

Parent/carer signature:

Date:

I give permission for photographs to be used for promotional purposes; to include Little Ladybirds and After School Club website photo gallery and Twitter

YES/ NO

Parent/carer signature:

Date:

Additional Information

Does your child currently attend any other childcare setting, or are they under the care of any other childcare practitioner?

YES/ NO

If yes, please provide further information to enable us to work in partnership with fellow practitioners:

Parent/carer signature:

Date of completion:

Date received by Little Ladybirds and After School Club

Signature of Person in Charge: