**Bubbly Special Needs Nursery**

**Registration Form**

**Key Information:**

|  |
| --- |
| Childs Full Name:  Date of Birth: Sex:  Ethnicity: Religion:  First Language:  Any other Language spoken: |

**Parents/Careers 1:**

|  |
| --- |
| Full Name:  Relationship to the child:  Address:  Email Address: Postcode:  Contact Number: Home Number:  Place of work: Job Role:  Work Address:  Able to collect child: Postcode:  Work Contact Number: Extension Number:  Password for collecting child: |

**Parents/Careers 2:**

|  |
| --- |
| Full Name:  Relationship to the child:  Address:  Email Address: Postcode:  Contact Number: Home Number:  Place of work: Job Role:  Work Address:  Able to collect child: Postcode:  Work Contact Number: Extension Number:  Password for collecting child: |

|  |
| --- |
| Do any other individuals have Legal contact arrangements with the child?  (If YES please provide details below and a copy of relevant documentation below. If NO please answer NO) |
|  |

**Emergency Contacts Other Than Parents/Careers:**

|  |  |  |
| --- | --- | --- |
|  | Contact Person 1: | Contact Person 2: |
| Name: |  |  |
| Relationship to Child: |  |  |
| Address: |  |  |
| Contact Number: |  |  |
| Home Number: |  |  |
| Password for collecting child: |  |  |

**As security is of utmost importance, we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password.**

**Medical Details:**

Immunisations – Please Tick if your child has been vaccinated against the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Diphtheria |  |  | Tetanus |  |  |
| Hib |  |  | Mumps |  |  |
| Measles |  |  | Rubella |  |  |
| Polio |  |  | Whooping Cough |  |  |
| Details of other Vaccinations: | |  | | | |
| Has your child had any infectious diseases? | |  | | | |
| If Yes, please give details | |  | | | |

**Individual Requirements and Details: (If Yes, Please Give Details)**

|  |  |
| --- | --- |
| Does your child have Any **Food Allergies or Dietary’s?** |  |
| Are there any **Foods** that you don’t want your child to have? |  |
| Does your child have any **Cultural or Religious Requirements?** |  |
| Any other details that maybe useful? |  |

**Days Required:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Full Day |  |  |  |  |  |
| Additional Requirements |  |  |  |  |  |
| Start Dates |  | | | | |

**Consents:**

|  |  |  |
| --- | --- | --- |
| **Medical Treatment:**  **Hereby give consent for the staff members of Bubbly Special Needs Nursery to….** | | |
| Administer Emergency First Aid | Yes | No |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary | Yes | No |
| Administer prescribed medication | Yes | No |
| To apply a plaster when necessary | Yes | No |
| To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months. | Yes | No |
| Signature: Date: | | |

|  |  |  |
| --- | --- | --- |
| **Outings:**  **Hereby give consent for the staff members of Bubbly Special Needs Nursery to….** | | |
| To take my child on local visits and outings | Yes | No |
| To travel on the company mini bus | Yes | No |
| To travel on public transport | Yes | No |
| Signature: Date: | | |
|  | | |
| **Photographs:**  **Hereby give consent for the staff members of Bubbly Special Needs Nursery to….** | | |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery | Yes | No |
| Use photographs of my child taken at Bubbly Special Needs Nursery in another child’s file or diary (as a group photo) | Yes | No |
| Use photographs of my child in newsletters | Yes | No |
| Use photographs of my child on nursery website | Yes | No |
| Use photographs of my child for advertising purposes such as Instagram, Facebook, and our website.Face of child will be blocked | Yes | No |
| Signature: Date: | | |

|  |  |  |
| --- | --- | --- |
| **Sharing Information:**  **Hereby give consent for the staff members of Bubbly Special Needs Nursery to….** | | |
| Share information about my child with other agencies such as: Speech and Language, Health Visitor, Occupational Therapists, Social Workers, G.P, ect. | Yes | No |
|  |  |  |
| **Please note that staff will share information without consent if they are concerned about the welfare of the child**  Signature: Date: | | |
|  | | |

|  |
| --- |
| **Contacting child’s previous nursery(s)**  **Bubbly Nursery would like to contact your child’s previous nursery(s) as a mandatory step in obtaining background information. If your child has never been to another nursery, please write n/a.**  Name of Previous Nursery:  Address of Previous Nursery:  Post Code:    Name of Previous Nursery:  Address of Previous Nursery:  Post Code:    **Please sign below to indicate Bubbly Nursery has your permission to contact your child’s previous nursery:** |

**Getting to know your child**

|  |
| --- |
| What does your child enjoy playing with?  Are there any particular likes or dislikes your child has?  Are there any ways in which your child may need particular help/support from staff?  Any other relevant information we may need to know? |

**Registration Fee:**

A registration fee of £50.00 Is due with this registration form.

BAC payment into Account 90429341 sortcode 20 45 45

Name of person signing:

Signature: Date:

|  |
| --- |
| **Office use only:**  Details of Placement  Date Received Date Acknowledged  Registration Fee Cash  Staff Name Date  Signature |

**Bubbly Special Needs Nursery Ltd**

**Terms and Conditions:**

**Sickness/Absence:**

Children who have, or develop, an infectious illness must be excluded from nursery for minimum of 48hours.

This is in the best interest if the child and the other children and complies with regulations set out by the Environmental Health Department. The nursery must be notified of all absences.

**Sickness or absences from nursery does not qualify for a reduction in fees.**

**Notice:**

One month’s written notice, by either party is required to terminate a child’s place at nursery. One months’ fees in lieu of notice will be charged.

Fees are still payable for the months’ notice even if the child does not attend the nursery.

**Clothing and Personal Items:**

The Nursery cannot accept responsibility for loss or damage to personal items or clothing.

Parents should supply sufficient clothing for their child’s daily needs and a spare set of clothing in case of accidents.

Sun cream and sunhats should be supplied in the warmer months. Suitable footwear and clothing for outdoors must also be provided.

|  |
| --- |
| **Agreement**  I agree to comply with terms and conditions set out by Bubbly Special Needs Nursery.  Name:  Signed: Date: |

**NURSERY COPY**

**Bubbly Special Needs Nursery Ltd**

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**CUSTOMER COPY**