



**Believe Develop Nurture**

# **BARTON DAY NURSERIES**

## **Registration Booklet**

PLEASE COMPLETE AND RETURN TO SETTING

Barton Day Nurseries  
2 Lower Lane,  
Fazakerley  
Liverpool  
L9 7AD

Child's Surname:	
Child's First Name(s):	

Known As:	
Date of Birth:	
Sex:	
Religion:	
Ethnic Origin:	
Nationality:	
First Language:	
Any Other Language Spoken:	
<b>1<sup>st</sup> Contact:(Relationship to child)</b>	
Name:	
Address:	
Postcode:	
Home Tel Number:	
Email Address:	
Place of Work:	
Job Title:	
Work Address:	
Work Tel Number:	
National Insurance Number: <small>this is required for 2,3 &amp; 4 year old funded checks and Pupil Premium</small>	
<b>2<sup>nd</sup> Contact:(Relationship to child)</b>	
Name:	
Address:	
Postcode:	
Home Tel Number:	
Email Address:	
Place of Work:	

Job Title:			
Work Address:			
Work Tel Number:			
National Insurance Number: (this is required for 2,3 & 4 year old funded checks and Pupil Premium)			
Able to collect Child		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide any other Emergency Contact details			
Emergency Contact 3		Emergency contact 4	
Name		Name	
Relationship to child		Relationship to child	
Address		Address	
Tel No		Tel No	
Mobile No		Mobile No	
Able to collect	Yes <input type="checkbox"/> No <input type="checkbox"/>	Able to collect	Yes <input type="checkbox"/> No <input type="checkbox"/>

As security is of the utmost importance we request that you inform the nursery if 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(s).

\* Can you please, where possible, provide the nursery with a passport photograph of all emergency contacts that are able to collect your child.

**Please state the name of the person(s) who has Parental/Legal Responsibility for the Child named on this registration form.**

### Booking Pattern required

	Monday	Tuesday	Wednesday	Thursday	Friday
AM (07.00 – 13.00)					
PM (13.00 – 18.00)					

FULL DAY (07.00 – 18.00)					
AGREED START DATE					

Are you claiming Early Years Education Funding (FEYE) hours?      Yes        No   

How many hours are you entitled to?      \_\_\_\_\_

**\*Please Note:** If your sessions are term time funded hours only, please be aware if a bank holiday falls when your child is normally in, you will be liable for the cost of the session. The sessions you select in this section will be held until your start date, we cannot offer alternative sessions at short notice, therefore if you know your child care requirements will need to be amended, please inform the nursery at least 4 weeks prior to starting. Failure to do so will result in you being charged your first month as per your original booking.

Does your child attend any other setting?      Yes          No   

Setting Name:	
Address:	
Postcode:	
Contact Number:	
Key Person:	
Sessions Attended:	
Start Date:	

Is your child transferring from another setting?      Yes          No   

Setting Name:	
Address:	
Postcode:	
Contact Number:	
Key Person:	
Sessions Attended:	
Start Date:	

**Sibling Details**

Yes

No

Name		
School currently attending		
Address		

**SECURITY**

**We operate a password collection system if your child is being collected by someone other than the parent or carers named on your registration document. Please provide the nursery with a password. We also understand that you will contact the nursery by telephone to speak to staff about your child.**

Password One:

Password Two:

**Medical records**

Doctor Details		Health Visitor Details	
Name		Name	
Address		Address	
Tel No		Tel No	
Dentist Details		Any other Medical Professional	
Name		Name	
Address		Address	
Tel No		Tel No	

Does your child have any allergies?

Yes

No

If Yes, please give details

Does your child have any food allergies or special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details	
Are there any foods you do not want your child to eat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details	
Does your child have any cultural or religious dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details	
Please, state the type of milk your child currently uses (e.g. formula, whole milk, soya)	

### Immunisation and Illness

Please TICK if your child has been immunised

2018 Immunisation Schedule	Immunisation
<b>6 in 1</b> HiB Influenzae Type B Polio Whooping Cough Tetanus Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/>
HiB/Meningitis C (from 1 Year)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Measles, Mumps & Rubella (MMR)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Pneumonia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Flu Vaccine (from 2 Years)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Meningitis B	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rotovirus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other Vaccine – Please state				
Has your Child had any Infectious Diseases?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If <b>Yes</b> , please give details				
Does your child have any Special Educational Needs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If <b>Yes</b> , please give details				
Has your child had a hearing test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If <b>Yes</b> , please give details				

Please list any other professional(s) that are currently working with your child?

Name		Name	
Address		Address	
Tel No		Tel No	

## Sharing Information

This notice explains the terms under which personal information is obtained from you and stored by Barton Day Nurseries under the New General Data Protection Regulation (GDPR) from the European Parliament that came into effect on the 25<sup>th</sup> May 2018.

Barton Day Nurseries will collect sufficient personal information from you to administer EYFS Care to your child. This includes basic facts such as your name, address, dependants and contact details, health information about your child that is categorised as sensitive personal data, for which we will require you to provide explicit consent and the names and details of all other Professionals working with your child.

Occasionally, we may take group photographs of the children at our setting which will be shared with all parents. We will also use these images as part of our displays and sometimes in other printed publications. We will also use them on our website, Facebook page and Twitter account.

If we use photographs of individual children, we will not use the name of that child in the accompanying text or photo caption. If we name a child in the text, we will not use a photograph of that child to accompany the article. If a child has won an award and the parent would like the name of their child to accompany their picture we will obtain permission from the parent before using the image.

Learning Journeys are used to celebrate your child's progress throughout setting. These are on line. Photographs of individuals, groups or classes of children may appear in these records.

To comply with the GDPR, we need your permission before we can photograph or make any recordings of your child.

Please answer the questions below.

I give my consent for my child to have their photograph taken and displayed within the setting

Yes  No

I give consent for my child's photograph to be used in printed publications, our website, Facebook and twitter page

Yes  No

I give consent for my child's photograph to be used on group photographs that may be shared with their families at the setting.

Yes  No

If you are in receipt of benefits or you are claiming tax credits to help towards the cost of your childcare, it may be possible that a representative from the HMRC or from the local authority may call to check some of your details. These may include start date, sessions attended each week and cost of child care. From time to time we may be asked for parent/carer contact details and address and we are obliged to submit this information if requested.

Print:	Sign:	Date:
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## PERMISSIONS AND CONSENT

Please sign to give your consent to the following permissions:

MEDICAL	Signature	Date
<p><b>Authorise Emergency Treatment:</b> - In the event of an accident on site we may need to contact the emergency services. Please sign to say we have permission to seek emergency medical advice if needed. We will never give permission for medical treatment to be given. Parents/carers will be contacted immediately and asked to meet us at the nominated hospital.</p>		

MEDICAL	Signature	Date
Authorise insect bite treatment		
Administer first aid		
Apply plasters		
Apply Nappy Cream (must be supplied by (parent/carer)		
Apply Cal gel or teething gel		
Apply sun cream – I understand that the nursery will provide sun cream, unless I make available my preferred choice. I understand that I must provide a sun hat and appropriate clothing for outdoor play throughout the summer months.		

Fees payable include Little Angel or Mamie nappies, Aptimal formula and Little Angels sensitive wipes. If you prefer an alternative, you must supply these to the nursery.

TRIPS, OUTINGS AND PETS	Signature	Date
<p><b>Trips and outings</b> – It is important that children learn about the world around them and from time to time we will take children on local outing such as walks to the park, the library or the shops.</p>		
<p><b>Pets</b> – Pets can help meet the emotional needs of children and adults. Caring for pets also gives children and opportunity to learn how to be gentle an responsible for others and is part of their educational programme.</p>		

FEES IN ADVANCE
<p><b>We require a deposit which is equal to your first week of attendance</b>  <b>Fees are payable in advance of your child using their sessions</b>  <b>Fees must be paid on a monthly basis in advance. Failure to make payment, will result in a £25.00 late payment fee and possible suspension of childcare.</b>  <b>We accept payments by Standing order or BACS method only. Under exceptional circumstances we may agree to payment by cash, however it is your responsibility to obtain a receipt from the nursery manager as proof of payment. If you require written confirmation of fees paid there will be a cost of £25.00 per correspondence.</b></p>

<b>Print:</b>	<b>Sign:</b>	<b>Date:</b>

NOTICE PERIOD		
<p>Should you wish to terminate your child's place at the nursery you must provide us with 4 weeks written/email notice. Full terms and conditions will still apply during this time and you understand that you must pay full fees in advance of the notice period commencing.</p>		
<b>Print:</b>	<b>Sign:</b>	<b>Date:</b>

LATE COLLECTION CHARGES		
<p>The nursery operates a late policy. We understand that from time to time parents and carers will be late when collecting children from nursery. If collecting late is unavoidable and no alternative arrangements can be made we will apply late charges as follows: £10.00 for the first 10 minutes and then £15.00 for every 10 minutes thereafter.</p> <p>Please sign to say you have read and fully understand the late collection charge policy</p>		
<b>Print:</b>	<b>Sign:</b>	<b>Date:</b>

**As part of your child's learning and development we will encourage all of our children to be involved in "messy" play which will include water, sand and mud in our mud kitchen. Can you please ensure your child has a change of clothes. For the winter your child will require a pair of wellington boots and a warm raincoat as we will continue to use the garden and take children on days out.**

**PARENT CONTRACT**

This contract is between:

**Barton Day Nurseries (Halewood) Limited, New Hutte Neighbourhood Centre, Lichfield Road, Halewood Liverpool L26 1TT**

Please insert full name and address of parent/carers

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Name of Child:					
D.O.B:					
Sessions Attendance:	Mon	Tues	Wed	Thurs	Fri
(tick as appropriate)	Am	Am	Am	Am	am
	Pm	Pm	Pm	Pm	pm
<p>Agreed Fees:</p> <p>Fees are payable in advance of your child using their sessions.</p> <p>Fees must be paid on a monthly basis in advance.</p> <p>Failure to make payment, will result in £25.00 late payment fee and possible suspensions of childcare.</p> <p>Fees are payable for 52 weeks of the year. This includes bank holidays, personal holidays, sickness and the temporary closure of the nursery due to any unforeseen circumstances.</p>	<p>Agreed Start Date _____</p> <p>Non-refundable first week's fees in advance: Date received _____</p> <hr style="border: 1px solid black;"/> <p>Office Use only –</p> <p>Date Received _____</p> <p>Received by _____ Signature _____</p> <p>Agreed Weekly Fees £ _____</p> <p>*Please note you will be invoiced every month.</p>				
Voucher Scheme details:	<p>Name of Company _____</p> <p>Payment Date: _____</p> <p>Amount _____</p>				

Standing order – Bac’s Payment details:	Santander: Sort Code: 09-02-22 Account Number: 10990250 Please reference payments with your child’s full name
Changes to booking:	Due to high demand for nursery places, if changes need to be made to your booking pattern you must inform the setting at least 4 weeks prior to your agreed start date and complete a change of booking pattern form. Failure to do so will result in you being charged a full month’s fees per your original booking.
Late collection charge:	£10.00 up to 10 minutes late in collecting your child £15.00 for every 10 minutes thereafter.
Notice required to terminate this contract:	Please provide 4 weeks written notice if you wish to terminate your child’s place at the setting
Failure to pay:	Please be aware as failure to pay your nursery fees will result in immediate termination of your child’s place and the debt passed on to a debt collection agency.
Other charges:	Please be aware that failure to comply with the agreed payment schedule may result in charges being applied to your account.

Print:	Signed: _____ (Parent/Carer)	Date:
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Terms, conditions, policies and procedures will be sent through email to parent/carer one.

**Agreement**

I/we confirm we have read the terms and conditions of the Nursery setting and agree to comply with them and any updated regulations and instructions where necessary. I/We confirm that the information we have provided is both complete and accurate and we have access to all policies and procedures. We fully understand the permissions included in the registration pack.

PERMISSION AUTHORISED	<input type="checkbox"/>	INFORMATION SECURITY	<input type="checkbox"/>
ACCURATE INFORMATION	<input type="checkbox"/>	POLICIES AND PROCEDURES	<input type="checkbox"/>

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_