



Registration Form

Child's Details

Child's First Name(s):	Child's Surname:
Gender (male or female):	Date of Birth:
Address of Child:	
	Post Code:
Which of the parents/carers below does the child normally live with?	

To be Completed by the ASC Supervisor

Key Person (Under 5's Only):	Start Date:				
Sessions Attending:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Sessions					

Date form received and checked:

Signature

Date

Full Name

Parent or Carer Details

Parent or Carer (1)

First Name(s):	Surname:
Relationship to Child:	Occupation:
Home Address (if different from above):	Work Address:
Post Code:	Post Code:
Home Phone Number:	Office Phone Number:
Mobile Phone Number:	Email Address:
Does this person have legal "Parental Responsibility" for the child?	YES / NO

Parent or Carer (2)

First Name(s):	Surname:
Relationship to Child:	Occupation:
Home Address (if different from above):	Work Address:
Post Code:	Post Code:
Home Phone Number:	Office Phone Number:
Mobile Phone Number:	Email Address:
Does this person have legal "Parental Responsibility" for the child?	YES / NO

Email Address(s) for invoices/newsletters:	
--------------------------------------------	--

Alternative Emergency Contacts

Emergency Contact (1)

First Name(s):	Surname:
Relationship to Child:	Contact Number:

Emergency Contact (2)

First Name(s):	Surname:
Relationship to Child:	Contact Number:

Collection password (if child is to be collected by someone new):

Additional Information About Your Child

Nationality:	Language(s) spoken:
Ethnic Origin:	
Religion:	

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is at the ASC?

Are there any activities you would prefer your child to be withdrawn from?

Child's Doctor

Surgery:	Address:
Doctors Full Name:	
Contact Number:	Post Code:

Child's Health Visitor

Based at:	Address:
Full Name:	
Contact Number:	Post Code:

Social Worker

In accordance with Child Protection legislation if you or your child is assigned a Social Worker you are required legally to inform the nursery. This information will be for our records only and be kept confidential.

Do you have an assigned Social Worker?	YES / NO
----------------------------------------	----------

Full Name:	Address:
Contact Number:	
Post Code:	

Allergies & Dietary Requirements

Does your child have any allergies?	YES / NO
-------------------------------------	----------

If yes, please give details:

Does your child have any special dietary requirements/preferences?	YES / NO
--------------------------------------------------------------------	----------

If yes, please give details:

Does your child Have any pre-existing Medical Condition?	YES / NO
----------------------------------------------------------	----------

If yes, please give details:

Are your child's immunisations up to date?	YES / NO
If yes, please give details:	
Other Medical Information	
Please provide any other information about your child that you feel the ASC should be aware of:	
Special Needs / Disability	
Does your child have any special needs or disability?	YES / NO
If yes, please give details:	
Are any of the following in place for your child:	
Early Years Action?	YES / NO
Early Years Action Plus?	YES / NO
Statement of Special Education Need?	YES / NO
What support will he/she require in our setting?	

Authorisations

Accident / Emergency

I understand in the event of illness, accident or any form of emergency every effort will be made to contact me as soon as possible. In the event of hospitalisation, I understand the ASC staff will be present until such time I can attend.

Signature

Date

The ASC Staff will not make any decisions regarding emergency treatment / medication if my child is hospitalised.

Signature

Date

Calpol / Nurofen

In the event of my child having a high temperature, I consent to my child being given Calpol / Nurofen in the ASC by a qualified member of staff following procedures laid down by the Pavilion Day Nursery. I understand that I will be contacted on each and every occasion to request my permission for this medication to be given. I understand that I shall collect my child within two hours unless advised otherwise by ASC Staff.

YOUR CHILD IS AT RISK, IF PERMISSION TO ADMINISTER CALPOL/NUROFEN IS DECLINED, IF THE AFTER SCHOOL CLUB IS UNABLE TO REDUCE YOUR CHILDS TEMPERATURE.

In the event that your child's temperature reaches 39 degrees or above, the ASC will administer Calpol immediately. Every effort will be made to contact you in this instance as your child must be collected immediately.

Signature

Date

Preference (Calpol / Nurofen)

Piriton

I confirm that any known allergies are listed on this document and that I have discussed with the key worker if Piriton is administered. In the event of my child displaying symptoms of an allergic re-action I consent to my child being given Piriton by a qualified member of staff. I understand that I will be contacted on each and every occasion to request my permission for this medication to be given. Dependant on the severity of the re-action, Piriton may be administered immediately prior to contact. I understand that I shall collect my child within two hours unless advised otherwise by my child's key worker or Room Leader.

Signature

Date

ASC Outings

The ASC may take the children on local outings, for example the park. For this we need your permission to allow your child to be taken off premises. I can assure you that on all outings; local or otherwise we operate **1:4 ratio**; which is within the legal requirement.

Signature

Date

Head Lice

Head lice are a very common infection in young children. They are passed through head to head contact. This can infect many children if not properly treated or hair not checked on a regular basis. To prevent head lice spreading throughout the ASC we need your permission below to allow us to check your child's hair.

Signature

Date

Photographs

As part of the EYFS, photographs are occasionally taken for which parents/carers should be aware; this will consist of group photographs of all children during activities for their EYFE profiles and special occasions for children under 5.

Signature

Date

We would like permission for photographs of your child, on occasions, to be used in advertising materials such as the Nursery/ASC Prospectus and also published on the Nursery Website: www.paviliondaynursery.co.uk. Photographs, may also, from time to time, appear in other printed and electronic media accessible to the public (eg local newspapers) in connection with Nursery/ASC events.

Signature

Date

We would like permission for photographs of your child, on occasions, to be used in the secure area of the Nursery Website: www.paviliondaynursery.co.uk. These are usually after a Nursery/ASC event and can only be accessed by parents of the Nursery/ASC.

Signature

Date

Safeguarding Children / Child Protection

The Pavilion Day Nursery/Acorn After School Club has a duty of care to ensure the safety and welfare of all the children in its care. As childcare professionals we abide by the Surrey Safeguard Children Board (SSBC) and EYFS welfare requirements. We will protect all children from harm and any concerns regarding their safety will be appropriately investigated by the Nursery nominated CPLO, Sonia David or the Deputy CPLO: Sarah Tuman.

Any action taken will remain confidential and details will only be seen by the relevant parties involved. This procedure is standard to all day care settings and is a requirement by OFSTED.

Signature

Date

Terms & Conditions

- **Fees are charged monthly in advance** and must be **paid no later than the 14th** of each month by internet banking, cash, cheque or standing order. We also accept childcare vouchers either Government or company.
- **Late payment of fees** will result in an automatic **charge of £50.00**. At the end of the month a polite warning letter will be issued that the ASC placement will be suspended if fees are not paid immediately. If no payment is received the ASC place will be suspended with immediate effect and will not be reinstated until the arrears are paid in full; places will be subject to availability. Further action will be taken to recover any outstanding fees.
- **In the event of ASC closure due to unforeseen circumstances, fees will NOT be refunded to your account.**
- It is imperative that children are collected promptly at the end of each session. Parents/carers who know they are going to be late **MUST** inform the ASC at the earliest opportunity. Parents/carers who are late will receive a **late charge of £30.00**. If you are 15 minutes late collecting your child there will automatically be a **£45.00 charge**, every 30 minutes thereafter will be charged at £45.00.
- If you directly or indirectly **employ a member of the nursery staff** within six months of the end of their employment with us or permit such person to provide any childcare services to your child except those provided by us, you agree to pay us 20% of that staff member's gross annual salary at the time they left our employment. This figure represents the cost to us of recruiting a suitable replacement.
- You are not permitted to smoke anywhere on the After School Club / Pavilion Day Nursery or St Paul's Catholic College site including the car park.
- Dogs are not permitted anywhere on the After School Club / Pavilion Day Nursery or St Paul's Catholic College site including the car park.
- **MOBILE PHONES are not permitted to be used on the After School Club / Nursery grounds**

By signing below you are confirming that:

- 1 This application form has been correctly completed to the best of your knowledge.
- 2 You have read and agree to abide by the Terms and Conditions, some details of which are listed above.

Signature

Date

Full Name

ASC Supervisor:

Signature

Date

Full Name