**Registration Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nursery Required** | [ ] 25 Battye Street | **Nursery Room Required:** | | | [ ] Babies/Under Two’s | |
| [ ] Infants | |
| [ ] 183 Leeds Road | [ ] Pre School | |
| [ ] Out Of School Club | |
| [ ] Holiday Club | |
| **Your Child Information** | | | | | | |
| **About** | | | | | | |
| Child’s First Name: | |  | | | | |
| Child’s Middle Name: | |  | | | | |
| Child’s Surname: | |  | | | | |
| Gender: | |  | | | | |
| Child’s Date of Birth: | |  | | | | |
| Nationality: | |  | | | | |
| Language: | |  | | | | |
| Birthplace: | |  | | | | |
| Lives with: | |  | | | | |
| Parental Responsibility: | |  | | | | |
| **Health** | | | | | | |
| Allergy: | |  | | | | |
| Special Dietary Considerations: | |  | | | | |
| Vaccines | |  | | | | |
| Special Notes: | |  | | | | |
| Doctors Name: | |  | | | | |
| Doctors Phone Number: | |  | | | | |
| Doctors Address: | |  | | | | |
| Child’s NHS Number: | |  | | | | |
| **Sensitive Information** | | | | | | |
| Religion: | |  | | | | |
| Ethnicity: | |  | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Other Parties: (Any other professional involved with your child)**  **Please use this section to write about any other people who may be involved with your child. Please include name and contact details.** | SEN | Speech Therapist | Social Worker | Support Worker | Physio | Other | | Child Protection | Child in Need | TAF | None | Sign: | | | Please Circle if you have or are involved in any of the above, or please circle none and sign if you have not. | | | | | | | | | | | | |
| **Permissions** | | | | | | |
| First Aid and Emergency medical treatment, including plasters and administration of Calpol should your child temperature rise suddenly above 380C. (We will always contact you if your child’s temperature rises or if your child needs emergency treatment. However, if we cannot get through the parents or the guardian the nursery will make the decision of what is best for your child). | | | | Parent Name:  Date Parent Signature: | | |
| Administrating Antihistamines should your child have allergic reaction whilst at nursery. (We will always contact you if your child has a rection or if your child needs emergency treatment. However, if we cannot get through the parents or the guardian the nursery will make the decision of what is best for your child). | | | | Parent Name:  Date Parent Signature: | | |
| Activities and Outings in which your child/ren go on outings and participate in activities organised by Hamond House Day nursery.  (Parents will always be informed prior to any outings in which children leave the nursery premises). | | | | Parent Name:  Date Parent Signature: | | |
| Photography to be used in-house only, e.g. photo observations for child’s online learning journey, display boards, around the nursery setting. | | | | Parent Name:  Date Parent Signature: | | |
| Photography to be used in nursery, publicity material, including our Facebook page  (Children’s names will NOT be used with any of the photos.) | | | | Parent Name:  Date Parent Signature: | | |
| Holding personal information (paper and computer based) | | | | Parent Name:  Date Parent Signature: | | |
| Sharing information with other professional e.g. health visitor, speech therapist, local authority and other settings the child has attended. (We will always inform you before we make contact with other professional regarding your child. | | | | Parent Name:  Date Parent Signature: | | |
| Unless a parent has provided nursery with sun cream from home then we are required to apply nurseries own sun cream in hot weather conditions | | | | Parent Name:  Date Parent Signature: | | |
| Sharing your child’s Name, D.O.B and Address with Kirklees for our 2 Year Checks | | | | Parent Name:  Date Parent Signature: | | |
| Brushing your Children’s teeth at nursery. | | | | Parent Name:  Date Parent Signature: | | |
| Our systems enable us to monitor CCTV which is monitored for quality and training purposes and the protection of staff, children and visitors, we plan to minimise the impact on people’s privacy however in some cases we may need to use the cctv footage. - To assist in the investigation of alleged wrongdoing. - To comply with any legal obligation. - For safety and security purposes. Hamond House day nursery are Members of the ICO (Information commissioners office) Hamond House day nursery Service provider is: Gough & Kelly Group Ltd | | | | Parent Name:  Date Parent Signature: | | |
| **Funding Only**  ***(Eligibility Code) Please ensure you complete the information below as we will need this to claim Funding for your child/Ren.*** | | | | | | |
| My Child is eligible for the following funding: | | | | | | |
| 2-Year-old 15 Hours Free Funding | | | 30 Hours Free Funding | | | |
| My child’s eligibility code from the following options above is: | | |  | | | |
| If you are eligible for 15 hours funding nursery may be able to claim EYPP to help us access further resource for the children in the setting. (If you Receive 2 Year 15 OR 30 Hours Funding Please complete the information below. | | | | | | |
| Please complete: | | | Mother | | | Father |
| Full name (Including middle name) | | |  | | |  |
| My D.O.B is the following: | | |  | | |  |
| My National Insurance Number is the following: | | |  | | |  |
| OR | | | | | | |
| My National Asylum Support Service Number is: | | |  | | | |

**Parent and Emergency Contacts Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carers Details  (Legal Care) 1** | | | | | | | | | | | | | | |
| Role of Famly: | Parent | | | | Family | | | | | | No Login | | | |
| Are you the Bill payer? | Yes | | | | | | | No | | | | | | |
| How much of the bill do you pay?  (This is for parents who split the bill, so invoices will be sent seperately | 100% | | 75% | | | | 50% | | | 25% | | | | 0% |
| Title: |  | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | |
| Middle Name: |  | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | |
| Relationship to child |  | | | | | | | | | | | | | |
| Date of Birth: (only give for 2 year or 30 hours funding) |  | | | | | | | | | | | | | |
| National Insurance: (only give for 2 year or 30 hours funding) |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | Does the named child live at this address? | | | | |
| Place of Work |  | | | | | | | | | | | | | |
| Occupation: |  | | | | | | | | | | | | | |
| Email: (We need this to send Login details for our Famly App) |  | | | | | | | | | | | | | |
| Telephone Numbers | Mobile: | | | | | | | | | | | | | |
| Work: | | | | | | | | | | | | | |
| Home: | | | | | | | | | | | | | |
| **Parent/Carers Details  (Legal Care) 2** | | | | | | | | | | | | | | |
| Role of Famly: | Parent | | | Family | | | | | | | | No Login | | |
| Are you the Bill payer? | Yes | | | | | | | No | | | | | | |
| How much of the bill do you pay?  (This is for parents who split the bill, so invoices will be sent seperately | 100% | 75% | | | | 50% | | | 25% | | | | 0% | |
| Title: |  | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | |
| Middle Name: |  | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | |
| Relationship to child |  | | | | | | | | | | | | | |
| Date of Birth: (only give for 2 year or 30 hours funding) |  | | | | | | | | | | | | | |
| National Insurance: (only give for 2 year or 30 hours funding) |  | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | Does the named child live at this address? | | |
| Place of Work |  | | | | | | | | | | | | | |
| Occupation: |  | | | | | | | | | | | | | |
| Email: (We need this to send Login details for our Famly App) |  | | | | | | | | | | | | | |
| Telephone Numbers | Mobile: | | | | | | | | | | | | | |
| Work: | | | | | | | | | | | | | |
| Home: | | | | | | | | | | | | | |
| **Emergency Contact 1** | | | | | | | | | | | | | | |
| Role of Famly: | Parent | | | | Family | | | | | | No Login | | | |
| Title: |  | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | |
| Middle Name: |  | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | |
| Relationship to child: |  | | | | | | | | | | | | | |
| Email Address: (Only if you want this contact to have access to famly) |  | | | | | | | | | | | | | |
| Telephone Numbers | Mobile: | | | | | | | | | | | | | |
| Work: | | | | | | | | | | | | | |
| Home: | | | | | | | | | | | | | |
| Can this person collect your child from nursery? | Yes | | | | | | | No | | | | | | |
| Can we contact this person in case of an emergency? | Yes | | | | | | | No | | | | | | |
| Password for Collection: |  | | | | | | | | | | | | | |
| **Emergency Contact 2** | | | | | | | | | | | | | | |
| Role of Famly: | Parent | | | | Family | | | | | | No Login | | | |
| Title: |  | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | |
| Middle Name: |  | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | |
| Relationship to child: |  | | | | | | | | | | | | | |
| Email Address: (Only if you want this contact to have access to famly) |  | | | | | | | | | | | | | |
| Telephone Numbers | Mobile: | | | | | | | | | | | | | |
| Work: | | | | | | | | | | | | | |
| Home: | | | | | | | | | | | | | |
| Can this person collect your child from nursery? | Yes | | | | | | | No | | | | | | |
| Can we contact this person in case of an emergency? | Yes | | | | | | | No | | | | | | |
| Password for Collection: |  | | | | | | | | | | | | | |
| **Emergency Contact 3** | | | | | | | | | | | | | | |
| Role of Famly: | Parent | | | | Family | | | | | | No Login | | | |
| Title: |  | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | | |
| Middle Name: |  | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | |
| Relationship to child: |  | | | | | | | | | | | | | |
| Email Address: (Only if you want this contact to have access to famly) |  | | | | | | | | | | | | | |
| Telephone Numbers | Mobile: | | | | | | | | | | | | | |
| Work: | | | | | | | | | | | | | |
| Home: | | | | | | | | | | | | | |
| Can this person collect your child from nursery? | Yes | | | | | | | No | | | | | | |
| Can we contact this person in case of an emergency? | Yes | | | | | | | No | | | | | | |
| Password for Collection: |  | | | | | | | | | | | | | |

**Terms and Conditions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please Read the following statement below and sign to say you have read and understood. We will not be able to take any registration form that have not signed every part of the terms and conditions | | | | | |
| Parents Name: |  | Date: | | |  |
| **ADMISSION**  A completed childcare registration form, Birth certificate, proof of parent’s address and Parent payment plan/Funding Agreement is required with a £30.00 registration fee to secure your child’s place. | | Parents Signature: | | | |
| **REGISTATION FEE**  The registration fee of £30.00 covers administration and settling in sessions. | | Parents Signature: | | | |
| **FEES AND INVOICES**  All Parents must complete a parent payment plan before their child starts nursery. Childcare accounts are payable one month in advance. Fees are to be paid at the beginning of each month or on a weekly basis (Friday before week commencing). Accounts are payable by standing order or cheque. We also accept childcare vouchers. We can help you apply for the FREE entitlement from your local LEA (more information will be given to you when your child is eligible). If you are eligible for tax credits you must be 30% of your childcare fees upfront until you have received your first payment.  Invoices will be issued in the week preceding the start of the month and will be due for payment on the 1st of each month. Unless there is a prior agreement. A charge of £20.00 will be made for fees outstanding after the 5th of each month. Any parent or carer whose fees remain unpaid after the 10th of the month, with out prior agreement of the nursery manager, risks their child’s place at nursery being withdrawn. Any payments that are cancelled or returned from the bank will incur a £10.00 administration charge. The nursery has a weekly discount for children attending full time please see the nursery application pack for details. This does not apply to extra sessions. All booked sessions must be paid for regardless of child’s attendance. No refunds are given for sessions missed due to sickness or holidays or unavoidable nursery closure. Bank holidays are still to be paid for it your child attends the nursery on those days as usual.  If you expect to be late collecting your child please inform the nursery as soon as possible. Late collection will be charged at a rate of £20.00 per child per hour to cover emergency staff and other arrangements.  The nursery will give one months notice for any changes to fees, the nursery is not responsible for the collection of fees from any third parties except in case of any of statutory nursery education funding allowance. | | Parents Signature: | | | |
| **FUNDING**  If your child attends funded session ONLY you are required to pay lunch and tea money, depending on their set weekly sessions. Funded session are term time only charges will be made if you require holiday sessions. We do not currently charge for 2 year funding, However, the term after your child has turned 3 you may receive weekly charges depending on your chosen option. We provide a range of options with regards to funding. NIL cost places have limited spaces and enhanced entitlement will occur weekly charges. | | Parents Signature: | | | |
| **OPENING TIMES**  The nursery sessions start from 7:15 and finish at 6:15 PM. The nursery is open all year except bank holidays, Christmas and new year. | | Parents Signature: | | | |
| **TERMINATION OR CANCELATION AND CHANGE OF SESSIONS / DEPT COLLECTION.**  One month’s notice is required by either party for any change of sessions or termination of agreement. If parents choose to leave prior to the end of their notice, fees are non-refundable. The minimum period for any permanent change of session is four-week notice. If the notified start date is changed by the parent unless a months notice has been given, we reserve the right to charge from the original start date notified on the registration form.  Parent / cares who leave the nursery with out notice and still have unpaid fees will be charged 8% interest per month. Hamond house day nursery reserves the express right to pass to its dept. collection agents, swift resolution, any over due account which Is over due by 30 days; all monies for the costs of employing the services of swift resolution in relation to over due accounts will be passed onto the customer and the customer hereby agrees that they will bear all such costs, including all commissions and disbursements incurred by the signed parent below in pursuance of employing swift Resolution. | | Parents Signature: | | | |
| **PERSONAL PROPERTY AND BELONGINGS.**  The nursery cannot be help responsible for any loss or damage to any parents, carers or child’s property or belongings. Every reasonable effort will be made by the nursery staff to ensure that property or belongings of any parents, carer or child is not damaged please ensure your child has their own clothing bag and named items. And we suggest that all toys, books and equipment are left at home. | | Parents Signature: | | | |
| **LIABILITY.**  The nursery accepts no liability for any losses suffered by parents arising directly or indirectly as a result of the nursery being temporarily closed or the non-admittance of your child to the nursery for any reason. We accept no responsibility for children whilst in their parents care on nursery premises. We will not be liable to parent’s or children for and economic loss of any kind, for damage to the child or parent’s property. For any loss resulting from a claim made by any third party or for any special, indirect or consequential loss or damage of any kind. | | Parents Signature: | | | |
| **ACCIDENTS AND ILLNESSES.**  The nursery reserves the right to administer first aid and any other emergency treatment as required. Parents will be informed of all accidents and incidents. And will be asked to sigh and date the forms. If emergency treatment at hospital is required the nursery will make all responsible attempts to contact the parent/carers but if this is not possible we are authorised to act on behalf of the parents and authorise any necessary emergency treatment.  We will administer prescribed medicines only if parents have completed a medicine consent form.  The child must have had the first dose of antibiotics 24 hours before coming to nursery in case of any allergic reactions.  Any children with sickness or diarrhoea will be sent home and must not return to nursery for 48hours from their last spout. Please see our illness chart in the policies and procedures.  We may require parents to withdraw their child from nursery in the event that they require special medical care or attention, which is not available or refused by the parents/carers, or it is considered that the child is not well enough to attend nursery. We may also ask parents to with draw their child from nursery if we have reasonable cause to believe that the child is suffering from or has suffered from a communicable disease or infection and there remains a danger that other children may contract such a disease or infection. Please refer to our policies and procedures. Parents must inform the nursery if their child is suffering from any illnesses, sickness or allergies before attending the nursery. The nursery is mindful of the needs of working parents and will endeavour to provide as much continuity of service as possible within the recommendations of the health protection agency by which the nursery is bound. | | Parents Signature:          Parents Signature: | | | |
| **INSURANCE.**  The nursery has extensive insurance cover for the nursery-based activities and outings. Details/certificate of our insurance are in the main reception area | | Parents Signature: | | | |
| **AGREEMENT.**  These terms and conditions represent the entire agreement and understanding between the parents (including other carers) and the nursery. And any other understandings, agreements, warranties, conditions, terms and representations, whether verbal or written, expressed or implies are excluded to the fullest extent permitted by law. We reserve the right to update / amend these terms and conditions at any time. One month’s notice will be given of any changes made.  The nursery is operated by Hamond House Day Nursery Ltd. | | Parents Signature: | | | |
| The nursery reserves the right to terminate the agreement with immediate effect in case of non-payment of fees, or if a parent/carer or child displays abusive, threatening or otherwise inappropriate behaviour, or for any other reasonable cause. Intimidation or abuse to our staff will not be tolerated and may result in immediate termination. In all other cases the standard notice period of one months’ notice will apply.  **I have read the Nursery application pack and understand these terms and conditions and I agree to be bound by them.** | | | | | |
| **Parent Name:** |  | | | | |
| **Parent Signature:** |  | | **Date:** |  | |

**Contribution towards your childcare costs**

|  |  |
| --- | --- |
| Are you entitled to help towards your nursery fees? Please tick below which funding you receive for your child. If you need further information on how to apply for funding please speak to a member of the team. | |
| Tax Free Childcare (If you are entitled to tax free childcare the government will pay £2.00 for every £8.00 you pay your childcare provider) For further information please visit Tax-Free Childcare.gov.uk | I am receiving Tax Free Childcare.  My reference number is the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please complete a payment agreement plan below* |
| Universal Credits (Universal is a monthly payment that can help towards your childcare fees. It is usually paid monthly and in arrears) | I am receiving Universal Credits  I receive \_\_\_\_\_\_\_\_% towards my childcare costs on the \_\_\_\_\_\_\_\_\_ of each month. I am aware I must pay the remaining \_\_\_\_\_\_\_\_\_% before my child can start.  *Please complete a payment agreement plan below* |
| Childcare Voucher Scheme (The childcare voucher schemes allows working parents the opportunity to swop part of their pre-tax salary to pay for registered childcare. As a result, they make saving on their tax and national insurance) | I am receiving Childcare Vouchers from the following provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My reference number is the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please complete a payment agreement plan below* |
| EYPP For Funding Children | I believe my child is eligible for EYPP -If you receive 15 hours for a 2 or 3 year old and are currently not working, Please complete the funding form on the next page two pages labelled funding agreement. This will help pay for most additional costs.  *Please complete a payment agreement plan below whilst we are waiting for the EYPP to be decided.* |
| **Payment Agreement Plan  (If you are paying for your any childcare cost you will have to complete this before we can allow your child to start)** | |
| This agreement is made on the date of \_\_\_\_\_\_\_\_\_\_\_\_ **between** Hamond House Day Nursery LTD  **AND** (Parent’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Parents Address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The Payment fee shall be a weekly/Monthly (please Circle) amount of £\_\_\_\_\_\_\_\_\_ to be paid on the following day(weekly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or date(Monthly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My child will attend the following days  Monday AM PM Full Day Tuesday AM PM Full Day Wednesday AM PM Full Day  Thursday AM PM Full Day Friday AM PM Full Day  -The nursery reserves the right to terminate the agreement with immediate effect in case of non-payments or fees. One-month notice is required for any change of sessions of termination of agreement. If parents choose to leave prior to the end of their notice, fees are non-refundable. -For the purpose of this agreement, overtime will be charged if you drop off your child before there allocated session. The Overtime rates are £2.50 per half an hour during normal opening hours. If late collection after 6:15PM the rate will be £20.00. -If payments are not paid on the set day above(1st). On the 5th day you will face a £20.00 late charge fee. -If payments are still not paid by the 10th day after your set date your child will not be able to attend their sessions and you will still be charged at the full rate. -Any payments that are cancelled or returned from the bank will incur a £10.00 administration charge -All booked sessions must be paid for regardless of child’s attendance. No refunds are given for sessions missed due to sickness, holidays or unavoidable nursery closure. -Parents/Guardian who leave the nursery without notice and still have unpaid fees will be charged 8% interest per month. -We reserve the express right to pass to its dept collection agents, Swift Resolution any overdue account which is over due by 30 days. Costs for employing the services of Swift resolution in relation to overdue accounts will be passed onto the customer and customer hereby agrees that they will bear all such costs, including all commissions and disbursements incurred by the signed parent below in pursuance of employing Swift Resolutions. | |

**FREE EARLY EDUCATION AND CARE ENTITLEMENT – PARENT AGREEMENT**

**THIS AGREEMENT** is made on the (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**BETWEEN** Hamond House Day Nursery LTD AND  
……………………………………………………………………………………….…………………(“the Parent”)  
**For the Period of your child’s duration at nursery.  
The Parent agrees as Follows:**

1. My Child [insert name] ………………………………………………………………………………..………, is entitled to Free Early Education and Care for their period at nursery as long as my Child remains eligible in accordance with the terms of this Agreement and the Statutory Entitlement, being a maximum of 15 hours each week for a minimum of 38 weeks in the year (570 hours).
2. The details I have provided overleaf are accurate and true and which I will amend, if necessary, by informing the Provider in writing by amending the details overleaf, and to be agreed by the Provider, before the commencement of each relevant School term. I understand that any false information provided could lead to my free entitlement funding being withdrawn.
3. My Child’s free entitlement can be provided only by a maximum of two Providers (which can include nursery schools and primary schools with nursery classes).
4. I will ensure my Child attends the Provider for the number of free hours I have requested and will inform the Provider of the reason for any absences. I understand the Provider is entitled to terminate this Agreement if my Child does not attend for ten Provider Working Days and I fail to inform the Provider of the reason for absence. If the termination occurs within twenty Provider Working Days prior to the end of the Provider’s funding period of any school term, a reduced notice period will apply.
5. I have to pay the Provider direct in accordance with the Provider’s separate terms and conditions, a copy of which I have seen;
   1. for any additional Services I have requested or received from the Provider in excess of my Child’s free Statutory Entitlement,
   2. for any Services provided by them during any period where I am not entitled to receive funding from Kirklees Council in accordance with the terms of this Agreement and the Statutory Entitlement.
6. If I wish to cancel this Agreement, I will give the Provider at least twenty Provider Working Days written notice.
7. Where there is any conflict between the terms of this Agreement and those of the Provider’s separate terms relating to the Statutory Entitlement, the terms of this Agreement shall prevail.

Signed by the Parent: ………………………………………………Date: …………………..……………

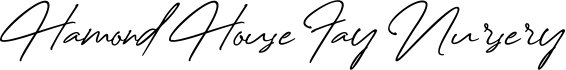
Print Name: ……………………………………………………………………………………………………

The Provider agrees as follows:

1. I shall provide the Early Education and Care Services to the Child as set out overleaf in accordance with the FEEC Guide, the terms of this Agreement and the Kirklees Agreement and understand that failure to do so could result in our receiving no payment, or refunding any payments made to us, and/or removal from the Kirklees List of Approved Providers.
2. I have checked the Child’s original identification document (i.e., birth certificate) and kept a copy. The Reference number will be put into the child’s online system.
3. I shall enter into the “Kirklees Agreement” with Kirklees Council regarding the provision of Services to the Child as set out overleaf, except where the Provider is a local authority-maintained school.
4. At all times, I will notify the parent in writing and in advance, of the days I am not open for business during the length of this Agreement (with the exception of weekends, Good Friday, Christmas Day, bank holidays and any designated public holidays).

**Signed by Hamond house Day Nursery**

**FUNDING AGREEMENT**



**FUNDING AGREEMENT**

1. **CHILDS DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Forename |  | | | Legal Surname | |  | |
| Middle name (s) |  | | | Preferred Surname | |  | |
| Address including Postcode |  | | | | | | |
| Date of Birth |  | Gender |  | Ethnicity |  | SEN Stage |  |

1. **PARENT / GUARDIAN DETAILS - EARLY YEARS PUPIL PREMIUM** [optional]

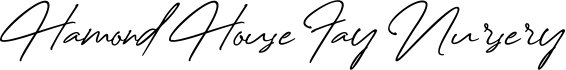
It is important that Parent / Guardian 1 is the Claimant, for example the person named on the *Tax Credit Award Form* or *Letter from the Department of Work and Pensions*.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Parent / Guardian 1 (Claimant)** | | | | | | | | | | | | **Parent / Guardian 2** | | | | | | | | | | | |
| Forename | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| Date of Birth | | DD | | | MM | | | | YYYY | | | | | DD | | MM | | | | | | YYYY | | | |
| **Please complete either A, B or C below** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A:** National Insurance Number |  | |  |  | |  |  |  | |  |  |  |  | |  | |  |  | |  |  | |  |  |  |
| **B:** National Asylum Support Service (NASS) Number |  | |  |  | |  |  |  | |  |  |  |  | |  | |  |  | |  |  | |  |  |  |
| **C:** My child has left Local Authority Care through adoption, a special guardianship order or a child arrangements order and I have attached a copy of the care order | | | | | | | | | | | | | | | | | | | Yes | | | | | | |

**Data Protection Statement:** By providing your details in this section you are agreeing to Kirklees Council using your details to check if your child is eligible to the Early Years Pupil Premium from age 3 and the Pupil Premium and/or the Free School Meal entitlement when he/she starts school. The Council will not use your details for any other purposes unless required to do so by law. If you require more details call: 01484 221000 [ask for free early education] or email: [earlyeducation@kirklees.gov.uk](mailto:earlyeducation@kirklees.gov.uk)

1. **ATTENDANCE DETAILS – FOR STANDARD ENTITLEMENT** [complete either section 3 or 4]

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Early Ed/Care Provider 1** (named overleaf) | | | | | | **Early Ed/Care Provider 2** (if applicable) | | | | | |
| Name of Provider |  | | | | | |  | | | | | |
|  | **M** | **Tu** | **W** | **Th** | **F** | **Total** | **M** | **Tu** | **W** | **Th** | **F** | **Total** |
| Total hours attending |  |  |  |  |  |  |  |  |  |  |  |  |
| Free early education hrs |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional childcare hrs |  |  |  |  |  |  |  |  |  |  |  |  |

1. **ATTENDANCE DETAILS - FOR STRETCHED ENTITLEMENT**

Signed by the Parent: ………………………………………………………………Date: …………………..……………

Signed by the Provider: ………………………………………………………… Date: …………………..……………

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Early Education and Care Provider** (named overleaf) | | | | | | | | |
| Name of Provider |  | | | | | | | | |
| **Term** | **Free early education hours** | | | | | | **Total hours in each term** | **Total weeks in each term** | **Total weeks in year** |
| **M** | **Tu** | **W** | **Th** | **F** | **Total** |
| **Summer** |  |  |  |  |  |  |  |  |
| **Autumn** |  |  |  |  |  |  |  |  |  |
| **Spring** |  |  |  |  |  |  |  |  |

**Hamond House Day Nursery Weekly Timetable  
Please tick the session you wish your child to attend**

|  |  |
| --- | --- |
| **Selected Start Date** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Paying Parents ONLY (Please Tick)** | | | | | | | | | | |
| Session | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| **Option 1A** All Day 7:15am till 6:15pm |  | |  | |  | |  | |  | |
| **Option 1B** Morning Session 7:15am till 1:00pm |  | |  | |  | |  | |  | |
| **Option 1C**  Afternoon Session 1:00pm till 6:15pm |  | |  | |  | |  | |  | |
| **Additional Hour** |  | |  | |  | |  | |  | |
| **Additional Half Hour** |  | |  | |  | |  | |  | |
| Term Time Only (Please tick) | | | | | | | | |  | |
| Local Nursery Drop off/Pick Up (Please state time) | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2-Year-Old 15 Hours Funded ONLY (Please Circle)** | | | | | | | | | | |
|  | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| **Option 2A** 7:30-12:30 Basic Entitlement with everything included.  (5 Hours over 3 AM’s) (NIL Cost) (Limited Places available) | AM | | AM | | AM | | AM | | AM | |
| **Option 2B** 1:00-6:00 Basic Entitlement with everything included. (5 Hours over 3 PM’s) (NIL Cost) (Limited Places available) | PM | | PM | | PM | | PM | | PM | |
| **Option 2C** Two Full Days 7:30-6:00PM (Combined hours with a minimum of Two days) (£35.00 Per week) (Everything included) | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3-Year-Old 15 Hours Funded ONLY (Please Circle)** | | | | | | | | | | |
| **Option 3A** 7:30-5:30 7-30-12:30 Basic Entitlement  (15 hours over 1 full day and 1 am session) (NIL Cost) (Limited Places available) | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| (Optional) Cost for snack and lunch with a weekly charge of £4.75 – Please tick if you wish for your child to have paid snack and lunch. (If you do wish for this option you must ensure you bring your child with a pack lunch and a piece of fruit. | | | | | | | | |  | |
| **Option 3B** 7:30-12:30 (Advanced entitlement with everything included) (5 hours over 3 AM’s) (£8.00 per week) | AM | | AM | | AM | | AM | | AM | |
| **Option 3C** 1:00-6:00 (Advanced entitlement with everything included) (5 hours over 3 PM’s) (£6.00 per week) | PM | | PM | | PM | | PM | | PM | |
| **Option 3D** 7:30-6:00 7:30-12:00 (Combined hours with a minimum of Two days) (£35.00 Per week) (Everything included) | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| For Stretched 15 hours over 48 weeks please **Option S15** | | | | | | | | | | |

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| **30 Hours Funded ONLY (Please Tick)** | | | | | | | | | | |
| **Option 30A** 7:15 – 1:15 Basic Entitlement  (6 Hours over 5 AM’s) (NIL Cost) (Limited Places available) | AM | | AM | | AM | | AM | | AM | |
| (Optional) Cost for snack and lunch with a weekly charge of £8.75 – Please tick if you wish for your child to have paid snack and lunch. (If you do wish for this option you must ensure you bring your child with a pack lunch and a piece of fruit. | | | | | | | | |  | |
| **Option 30B** 8:00-6:00 (Advanced entitlement with everything included) (10 hours over 3 Full Day) (£15.00 per week) | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| **Option 30C** 8:30-4:00  (Advanced entitlement with everything included) (7.5 hours over 4 Full Day) (£18.00 per week) | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| For Stretched 30 hours over 48 weeks please **Option S30** | | | | | | | | | | |

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| **Stretched Funded ONLY (Over 48 Weeks) (Please Tick)** | | | | | |
| **Option S15** 9:00-3:00 Advanced entitlement with everything included  (12 Hours per week over 48 weeks) (6 Hours over 2 Full Days) (£12.00 per week) | AM/PM | AM/PM | AM/PM | AM/PM | AM/PM |
| **Option S30** 9:00-5:00 Advanced entitlement with everything included  (24 Hours per week over 48 weeks) (8 Hours over 3 Full Days) (£24.00 per week) | AM/PM | AM/PM | AM/PM | AM/PM | AM/PM |

**Checklist**

|  |  |  |
| --- | --- | --- |
| Please ensure you have completed all of the questions on the registration form as this may cause a delay in your child being registered with us. | | |
| Have you completed all of the registration form and have brought it back to nursery? |  | |
| Registration fee £30.00 have you brought it back to nursery? |  | |
| Have you signed the Nursery Terms and Conditions? |  | |
| Have you completed the EYPP Form? (If eligible) |  | |
| Have you completed the Payment Plan? |  | |
| Have you brought a copy of your Child’s Birth certificate? |  | |
| Have you brought a copy of your address (Parents) to nursery? |  | |
| Funding Children Only | | |
| Nursery and Parent Agreement  Have you completed the Nursery agreement and brought back to nursery? |  | |
| Once you have completed and returned all the additional paperwork to nursery, we can arrange a settling in session with your child. | | |
| (Office Use Only) Settling in Session | | |
| Room: |  | |
| Date: |  | |
| Time: |  | |
| The nursery will provide you with a contract for your child have set nursery sessions and paying schedule. (Paying Parents Only) | Date Completed: |  |
| Copy given to parent: |  |
| Original filed away |  |