**Out of School Registration Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Nursery Required** | [ ] 25 Battye Street | **Room Required:** | | | [ ] Out Of School Club | |
| [ ] 183 Leeds Road |
| [ ] 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: (Please include your child’s School, Teachers Name, Year) | |  | | | | |
| 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: | | |
| **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**

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| --- | --- | --- | --- |
| 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:** |  | | |

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Out of School Club Sessions** | | | | | |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| **AM OOS Session** 7:15am till 9:00AM £7.00 |  |  |  |  |  |
| **PM OOS Session** 3:00PM till 6:15PM £10.00 |  |  |  |  |  |
| **AM and PM Session** 7:15am till 9:00AM  3:00PM till 6:15PM £17.00 |  |  |  |  |  |
| £2.00 Additional Charge per session for any school outside 1.5 Radius from the out of school club setting. | | | | | |
| **Holiday Club Sessions** | | | | | |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| **AM Holiday Club Session** 7:15am till 1:00PM £16.00 |  |  |  |  |  |
| **PM Holiday Club Session** 1:00PM till 6:15PM £14.00 |  |  |  |  |  |
| **Full Day Holiday Club Session** 7:15am till 6:15PM £25.00 |  |  |  |  |  |
| **Early Pick Up** 8:30am till 3:00PM £19.00 |  |  |  |  |  |

**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 and brought back to nursery? |  | |
| Have you brought a copy of your Child’s Birth certificate? |  | |
| Have you brought a copy of your address (Parents) to nursery? |  | |
| (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 |  |