



THE KINDERGARTEN

Day nursery & out of school club

REGISTRATION FORM

Personal Details

Full Name of Child (surname first)

Date of birth Age at admission.....

Home address

.....

.....

..... Postcode

Position in family

Hair colour Eye colour

Religion

Ethnic origin

Nationality

Language

Details of any disabilities / special needs

.....

.....

Has the child attended any other nurseries/playgroups/toddler groups?.....

.....

How did you hear about The Kindergarten?

.....

Preferred start date

Please attach passport sized photos of your child and the people who will collect your child from nursery

FOR OFFICE USE ONLY

Child's Name	
Our Reference	
Preferred Method of Contact	
Contact Number	

About your family

Mother/Carer

Title

First NameSurname

Password

Home Address.....
.....Postcode

Home TelephoneMobile.....

Home Email.....

Work Address
.....Postcode

Work TelephoneWork Email.....

Hours Worked

Father/carer

Title

First NameSurname

Password

Home Address.....
.....Postcode

Home TelephoneMobile.....

Mobile

Home Email.....

Work Address
..... Postcode

Work Telephone.....Work Email.....

Hours Worked

Preferred method of contact.....

Responsibilities (please tick those that apply)		
	Mother/Carer	Father/Carer
Collect child from nursery		
Payment of fees		
Contact in emergency		

Other Contacts

Contact 1

First nameSurname

Password

Relationship to child

Address.....

.....

..... postcode

Telephone.....

Mobile

Responsibilities (please tick those that apply)

Collect child from nursery Contact in emergency

Contact 2

First nameSurname

Password

Relationship to child

Address.....

.....

..... Postcode

Telephone

Mobile

Responsibilities (please tick those that apply)

Collect child from nursery Contact in emergency

Medical Details

Allergies

Does your child have any allergies? Yes / No

If yes, please give details of the cause and the reactions

.....
.....
.....

Dietary requirements

Does your child have any special dietary requirements? Yes / No

If so, please give details

.....
.....
.....

Medical conditions

Does your child have any current medical conditions or needs? Yes / No

If yes, please give details

.....
.....
.....

Immunisations

Has your child had any of the following immunisations? (Please tick and date)

BCG	<input type="checkbox"/>	Meningitis C	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>
HIB	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>
MMR	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>

Medical Contacts

Doctor's details

Name of GP

Name of Surgery

Address

.....

..... Postcode

Telephone

Health Visitor's details

Name

Address

.....

..... Postcode

Telephone

Other agency details

Name

Address

.....

..... Postcode

Telephone

SESSION TIMES

Please note we endeavour to provide a place for your child on the chosen sessions. However occasionally an alternative session might be offered, if your chosen session is oversubscribed.

PLEASE SELECT THE TYPE OF CONTRACT

CONTRACT	Please tick appropriate box	Age at Registration
ALL YEAR		
THE KINDERGARTEN TERM TIME ¹		
OCC TERM TIME ²		
CASUAL CONTRACT ³		

Important notes

- ¹ The Kindergarten nursery term time is different to Oxfordshire Country Council (OCC) school term time. Please ask for further information.
- ² Only applicable to children entitled to full funding from the OCC, the term after their 3rd Birthday.
- ³ Minimum 1 full day or 2 half days per week. All dates for the month must be confirmed by the 20th of each month for the following month. Places are not guaranteed and subject to availability.

	Full Day 8am-6pm	Half day 9am-1pm	Half day 2pm-6pm	Early start 7.30 am	Wrap Around	B/S Club 7.30am	B/S Club 8 am	After school Club
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Please indicate any additional hours you might require in addition to the half day sessions.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Including Breakfast

Excluding Breakfast

Funded OCC Term Time Sessions: For eligible 3-5yr olds – 15 hours a week Monday - Friday 9.30am-2.30pm. Please indicate any additional hours you might require.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Agreement for payment of fees

Child's name.....

Parent's name.....

Person responsible for payment of fees

Name.....

Address.....

.....

.....Postcode.....

Telephone: Day.....

Evening

Mobile

I hereby agree to pay the fees for the above child on the date they fall due payable to **Living Waters UK Ltd.**

Signed..... Date.....

Preferred payment method:

Childcare vouchers	
Cheque	
Cash	
Credit/Debit Card	
Internet transfer	

PERMISSION FORMS

Form A - Observations and Photographs

As part of our commitment to provide for the individual needs of your child we will observe all areas of development, and in partnership with you, record progress in those areas in order to plan appropriate activities within The Kindergarten. These observations and records will be available for inspection by Ofsted, otherwise, they will be confidential and available only to you and those nursery staff involved in planning the curriculum for your child.

The Kindergarten offers training placements for childcare students who, in order to complete college assignments will be asked to observe play. Individual students will be asked to gain your written permission to carry out these observations and use them in their assignment work.

Any photographs taken of your child by nursery staff or childcare students may be used in nursery displays but will not be taken off the premises.

From time to time, photographers or the local press may come and take photographs in The Kindergarten to feature in the local newspaper (with the full names of the children).

Please return the completed permission slip to the Nursery Manager.

Name of Child

I do / do not give permission for nursery staff and childcare students to observe my child as described above.

I agree / do not agree to my child being photographed and named in the press and on publicity materials.

SignedRelationship to Child

Form B - Permission to take children off the premises

As part of the nursery curriculum, The Kindergarten will arrange local visits and walks in the neighbourhood to support children’s learning and experiences. For example, they could learn about different kinds of food and cooking ingredients during a trip to a supermarket, or collect objects of interest for a collage or table display during a walk in the park.

For your child(ren) to take part in such activities we require the written permission from their parent / carer.

Adult ratios will be higher than normal on these occasions and we would welcome and appreciate any parents / carers who would feel able to accompany us on short walks and trips.

Please note that separate letters and permission slips will be sent out for planned visits and trips further afield.

Please consider the above and return the completed permission slip to the Nursery Manager.

Name of Child

I do / do not give permission for my child(ren) to take part in trips off The Kindergarten premises.

I could / could not be available to help with nursery trips as detailed above.

Signed

Relationship to Child

Form C - Medical Consent Form

Name of Child: _____

Child's Date of Birth: _____

Completed by: _____

Relationship to Child: _____

Please sign either Part A or B

PART A

I give permission for staff at The Kindergarten to seek any necessary emergency medical attention deemed necessary on the child in the absence of the parent.

I give authorisation for staff at The Kindergarten to administer the following medication to my child with my verbal consent. MY CHILD IS NOT ALERGIC TO LIQUID PARACETAMOL or LIQUID ANTIHISTAMINE. I will be asked to sign the medicine book when I collect my child. Please note The Kindergarten will use sugar free Calpol and Piriton brands.

I will inform The Kindergarten immediately if there are changes to the medical condition of my child.

Medicine	Brand	Dosage
Liquid Paracetamol	Calpol	
Liquid Antihistamine	Piriton	

Name: _____
Signed: _____
Relationship to child: _____
Date: _____

Name: _____
Signed: _____
Relationship to child: _____
Date: _____

PART B

I give permission for staff at The Kindergarten to seek any necessary emergency medical attention deemed necessary on the child in the absence of the parent.

I give authorisation for staff at The Kindergarten to administer the following medication with my/our verbal consent. MY CHILD IS NOT ALERGIC TO LIQUID PARACETAMOL or LIQUID ANTIHISTAMINE. I will be asked to sign the medicine book when I collect my child. I will provide a supply of the following medication to The Kindergarten.

I will inform The Kindergarten immediately if there are changes to the medical condition of my child.

Medicine	Brand	Dosage
Liquid Paracetamol		
Liquid Antihistamine		

Name: _____
Signed: _____
Relationship to child: _____
Date: _____

Name: _____
Signed: _____
Relationship to child: _____
Date: _____

Agreement

- I have seen the OFSTED Registration Certificate of The Kindergarten.
- I have seen the complaints procedure of The Kindergarten.
- I give permission for my child to be transported by car or minibus.
- I give permission for staff at The Kindergarten to apply sun cream supplied by the parents or apply nursery sun cream.
- I agree to inform The Kindergarten **immediately** if there are any changes to the information provided in this Registration Form.
- I agree to give one full month/term's notice (from the 1st to the last day of the term/month) notice when I want to change/terminate my contract with The Kindergarten.
- I agree to abide by the terms and conditions and policies and procedures of The Kindergarten which I have read and fully understand.

Signed Date

Print Name

Relationship to child

Office use only

Actual start date

Room

Key worker

Permission slips received

FORM A Nursery trips agree / disagree

FORM B Photographs agree / disagree

FORM C Medicines agree / disagree

THE KINDERGARTEN

CONTRACT

This contract is between The Kindergarten and.....
concerning the care of.....who will
be attending The Kindergarten at 13-14 Thorney Leys Park, Witney, Oxfordshire OX28 4GE

The terms of this contract are those set out in the Terms and Conditions for Parents/Carers and will run for the entire duration of your child's stay at The Kindergarten. Nursery fees are annually reviewed in April.

Length of notice:

- one month's/term's written notice (One full calendar month/term-first to the last day) or payment in lieu of notice is required from parents/carers if the child is to stop attending or reduce attendance
- one month's/term's notice will be given by The Kindergarten if The Kindergarten wishes the child to cease attending.

This contract is subject to the terms and conditions issued by The Kindergarten and the policies and procedures in The Kindergarten and I/we agree to abide by those.

- I/we understand that it is our responsibility to update The Kindergarten with any changes to our child's details, i.e. home address, emergency contact numbers, vaccination record and so forth.
- I/we understand that these terms and conditions are not intended to be exhaustive and accept that the policies and procedures in The Kindergarten support these terms and conditions.
- I/we agree that The Kindergarten has the right to call an ambulance in an emergency and/or escort my/our child/ren to the emergency department of the nearest hospital and to await your arrival. Any decisions regarding your child's care will then be made by the Emergency Department of the hospital.

Signed.....
for and on behalf of The Kindergarten

Position in Nursery Date.....

Signed - (both Parents/Carers to sign)

Mother/Carer..... Father/Carer.....

Date..... Date.....