

REGISTRATION FORM
CLAREMONT NURSERIES
ALL INFORMATION IS CONFIDENTIAL

£100 DEPOSIT PAID

CHILD'S FULL NAME: D.O.B:..... AGE:.....

HOME ADDRESS:

.....

CONTACTS

MOTHER'S DETAILS

FATHER'S DETAILS

NAME:

NAME:

HOME ADDRESS:

HOME ADDRESS:

.....

.....

.....

.....

MOBILE:

MOBILE:

POSTCODE: TEL NO:

POSTCODE: TEL NO:.....

E.MAIL.....

E.MAIL.....

WORKPLACE NAME:

WORKPLACE NAME:

ADDRESS:

ADDRESS:

.....

.....

POSTCODE: TEL NO:.....

POSTCODE:..... TEL NO:.....

OTHER EMERGENCY CONTACT (this should be someone who may be contacted readily):

RELATIONSHIP TO CHILD _____ NAME:

ADDRESS:

POSTCODE: TEL NO:

ARE THERE ANY OTHER DETAILS ABOUT YOUR CHILD WE SHOULD KNOW?

.....

.....

PLEASE INDICATE LEVEL OF CARE BY TICKING APPROPRIATE BOXES:

	MON	TUES	WED	THURS	FRI
AM					
PM					

Total number of sessions:

Proposed start date:

DOCTOR

NAME:

ADDRESS:.....

POST CODE: TEL NO:

NAME AND TELEPHONE NUMBER OF HEALTH VISITOR:

.....

PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS, ALLERGIES AND DETAILS OF IMMUNISATIONS:

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.....

.....

ARE THERE ANY FOODS YOUR CHILD IS NOT ALLOWED?

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.....

.....

PLEASE GIVE THE NAMES OF UP TO THREE OTHER PEOPLE WHO MAY AT SOME TIME PICK YOUR CHILD UP FROM NURSERY

1.

(RELATIONSHIP TO CHILD) _____

2.....

(RELATIONSHIP TO CHILD)_____

3.....

(RELATIONSHIP TO CHILD)_____

I GIVE / I DO NOT GIVE PERMISSION FOR MY CHILD TO BE TAKEN OUT OF THE NURSERY ON OUTINGS

I ALLOW / I DO NOT ALLOW MY CHILD TO TRAVEL ON PUBLIC TRANSPORT

(PLEASE DELETE AS APPROPRIATE)

SIGNED DATE

NB A DEPOSIT OF £100.00 IS REQUIRED TO SECURE A PLACE WHICH WILL BE DEDUCTED FROM YOUR FINAL MONTH'S FEES. PARENTS MUST GIVE ONE MONTHS' NOTICE OR PAYMENT IN LIEU OF NOTICE

TERMS AND CONDITIONS - PLEASE READ AND SIGN

IMPORTANT: Please read carefully the following conditions of enrolment before signing. Once this has been signed, this will form the basis of a contract between you and Claremont Nurseries

ACCIDENTS OR EMERGENCIES:

Claremont Nurseries reserves the right to administer basic first aid and treatment when necessary. Parents will be informed of all accidents and will be required to sign their child's accident form. For accidents of a more serious nature involving hospital treatment, all attempts will be made to contact parents, but failing this Claremont Nurseries is hereby authorised to act on behalf of parents and authorise necessary treatment. Parents are requested to inform the Nursery of any changes to information stored in our records.

PAYMENT OF FEES

I understand and accept that fees are paid **IN ADVANCE** by Direct Debit, Standing Order or Childcare Vouchers and are non-refundable in the event of my child's absence due to sickness or holidays. I also accept that one month's notice or payment in lieu of notice must be given if I wish to withdraw my child from the Nursery. Further, if my child requires extra sessions at Nursery I accept that these are paid on the day of the session directly to the Room Supervisor. I understand that if my child does not attend on a pre-paid session then this may not be swapped for a session outwith this time.

COMMUNICATION

I agree to share any concerns I may have with the Nursery Manager, or in her absence, the Deputy Manager. I acknowledge the importance of my participation in a constructive and effective two-way communication practice to ensure my child's on-going positive development.

CONFIDENTIALITY

I understand that all information relating to my child will be treated as strictly confidential.

ACCEPTANCE OF TERMS AND CONDITIONS

I hereby confirm that I have read throughout the Terms and Conditions outlined above and accept these as being my contractual obligation to Claremont Nurseries once I have signed the Acceptance as below.

ILLNESS

Parents are requested not to send their child to Nursery if they are suffering from any infectious diseases or if they are not feeling well enough to attend. Please read the literature provided regarding incubation and exclusion periods. Claremont Nurseries have a realistic attitude to the needs of working parents but reserve the right to contact parents if their child becomes ill during Nursery hours. Parents are requested to inform the Nursery if their child contracts any (normal childhood) ailments or illness.

SECURITY

Under no circumstances will a child be allowed to leave the Nursery with anyone not known to the Nursery staff unless previously arranged by the parent or guardian. If parents make prior arrangement by telephone, the Nursery will require the name, address and telephone number of the chosen guardian and they will require proof of identity on their arrival

SIGNED: _____ RELATIONSHIP TO CHILD: _____ DATE: _____

SIGNED: _____ RELATIONSHIP to CHILD: _____ DATE: _____

ENROLMENT CHECKLIST

ACTION REQUIRED TO BE TAKEN

ACTIONED BY

DATE

CHECK THAT ENROLMENT FORM HAS BEEN FULLY COMPLETED

CHECK THAT TERMS AND CONDITIONS OF ENROLMENT HAVE BEEN SIGNED AS ACCEPTED

DETAILS OF ENROLMENT INPUT TO NURSERY DATABASE

FIRST MONTHS' INVOICE RAISED

FIRST MONTHS' FEES RECEIVED BY CHEQUE

STANDING ORDER MANDATE COMPLETED BY PARENT(S)

STANDING ORDR MANDATE SENT OFF TO APPROPRIATE BANK

SECOND MONTHS' STANDING ORDER PROCESSED THROUGH BANK AND NURSERY DATABASE

DATE OF LEAVING

