



Little Peoples Nursery Enrolment Form

Child's Details

Child's Full Name :

Date of birth:..... Age at enrolment:.....

Home Address:.....

..... Post code:.....

Parent's details:

PLEASE NOTE, all fields must be completed. If either the mother or father home address is different from the address stated for the child it must be completed below.

Parent 1	Parent 2
Parent 1's HOME ADDRESS:	Parent 2's HOME ADDRESS:
HOME TELEPHONE:	HOME TELPHONE:
MOBILE:	MOBILE:
WORK ADDRESS :	WORK ADDRESS:
WORK TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:
Parental responsibility held: YES / NO	Parental responsibility held: YES / NO

Settling in sessions -..... **Start date** :.....

Session booking Please tick the sessions required

Full week (Mon - Fri 8.00 – 6.00pm)

- All day 8.00 - 6.00pm MON
- All day 8.00 - 6.00pm TUES
- All day 8.00 - 6.00pm WED
- All day 8.00 - 6.00pm THUR
- All day 8.00 - 6.00pm FRI

- AM session 9.00 – 1.00pm MON
- AM session 9.00 – 1.00pm TUES
- AM session 9.00 – 1.00pm WED
- AM session 9.00 – 1.00pm THUR
- AM session 9.00 – 1.00pm FRI

<input type="checkbox"/>
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(NEG funded Children only)

- Full time (52 weeks) place
- Term Time (38 weeks) place

- PM session 1.00 - 5.00pm MON
- PM session 1.00 - 5.00pm TUES
- PM session 1.00 - 5.00pm WED
- PM session 1.00 - 5.00pm THUR
- PM session 1.00 - 5.00pm FRI

<input type="checkbox"/>
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<input type="checkbox"/>

Hot meals Y / N - please state which days MON TUES WEDS THUR FRI

Any additional hours please state how many are required

MON TUES WED THUR FRI To -From.....

MON TUES WED THUR FRI To -From.....

Agency Involvement

Is the named child known to social services or has a named social worker..... Y/N

Please state name.....

Is the named child working with any other professionals (Portage/speech therapy, etc)..... Y/N

Please state name.....

Medical Details and Emergency Contacts

Medical Details

Name of Child's Doctor: Tel No:

Address:

Name of Health Visitor:

PLEASE NOTIFY US OF ANY CHANGES IN THE ABOVE INFORMATION

1. Has your child had the following immunisations? (Please circle)

- DIPHTHERIA.....YES/NO
- TETANUS.....YES/NO
- POLIO.....YES/NO
- WHOOPING COUGHYES/NO
- MENINGITIS C VACCINE..... YES/NO
- HIBS.....YES/NO
- MMR.....YES/NO

Please notify staff of immunisations as they occur

IMPORTANT - ALLERGIES

2. Is your child allergic to anything? If **YES**, please state what, (e.g. foods, medicines) and give details of reaction, and any treatment required:

3. Does your child suffer from asthma?

4. Does your child have any medical conditions (inc. operations, past illnesses etc)? If **YES**, please give details:

5. Does your child have to take regular medicine? If **YES**, please give details:

5. Does your child have any special dietary needs for religious or medical reasons? If **YES**, please give details:

Emergency Contact Details

PLEASE CAN YOU GIVE DETAILS BELOW OF TWO ADULTS WE CAN CONTACT IN CASE OF EMERGENCY FOR COLLECTION OR ADVICE

Name Name

Address Address

Tel: Tel:

NAME OF ADULTS ALSO AUTHORISED TO COLLECT IF DIFFERENT FROM ABOVE

Name Name

.....

PASSWORD FOR USE IN EMERGENCY COLLECTION:.....

Parent Agreement Form

Please read and sign the following agreement:

- I hereby give my consent for nursery staff to seek emergency medical advice or treatment for my child, in case of accident, or illness. I understand that every effort will be made to contact me first (please circle)
..... YES / NO
- I am aware it is our responsibility as parents / carers to ensure the nursery is kept updated with changes to addresses of either parents, contact numbers for either parents or any changes in family circumstances YES / NO
- Has any Parent got any court order or injunction against them? YES / NO
If yes please state which Parent and their name.....
- I understand that unless I present the nursery with evidence that one of the parents who has been identified as having parental responsibility is unable to collect my child, the nursery has no legal entitlement to refuse them access, unless the staff have safeguarding concerns.
- Medical procedures I object to for religious or cultural reasons? (please circle)..... YES / NO
If YES, please state.....
- I give consent for my child to be photographed by nursery staff for display in the nursery, developmental record- keeping, or staff training YES / NO
- I give consent for my child's image to be seen in a photograph which may be featured in another child's learning journey development record..... YES / NO
- I understand that written consent will be sought if photos taken are to be published (please circle) YES / NO
- I confirm my agreement for my child to go on short local outings with nursery staff. I understand that specific written consent will be sought, for major excursions, involving public or private transport (please circle)
..... YES / NO
- I give consent for nursery staff to apply sun cream to my child, and I will supply this during the Summer (please circle)
..... YES / NO
- If give consent for my child to be observed by students and visiting professionals..... YES / NO
- I agree for staff to administer Sudocrem or teething gel if required YES / NO
- I give consent for staff to use adhesive First Aid plasters (please circle) YES / NO
- I have been informed of the following nursery policies: Behaviour Management, Complaints, parent involvement, Equal Opportunities and Special Needs. I am aware the remainder of policies are displayed in nursery office (please circle)
..... YES / NO
- I give consent for my child to eat food prepared by the nursery, and for food that I provide, with the exception of chicken and rice, to be re-heated (please circle) YES / NO
- I understand that I will be required to give a months' notice if I wish to withdraw my child from Little Peoples Nursery
..... YES / NO
- I give permission for my child to use the outdoor climbing frame YES / NO
- I would be interested in receiving email updates about nursery events or my child's development..... YES / NO
- **I understand that fees are payable for 52 weeks of the year excluding bank holidays and Christmas closures. Any absences due to sickness, holiday, and notice are also chargeable (please circle)**
..... YES / NO

Parents Signature.....Date

Terms and Conditions

1. Little Peoples Nursery is open approximately 51 weeks of the year (excluding Bank Holidays) We will be closed over the Christmas period, no fees will be charged for these closures.
2. Fees are payable monthly in advance on or before the first day of the month, either by Standing Order, Direct Debit, cash or cheque made payable to Little Peoples Nursery (Portsmouth) Ltd. Please speak to the nursery manager to discuss how you wish to pay. You will still be charged for any days your child is off sick or on holiday
3. If parents fail to settle their account, and fees are outstanding after seven days of receiving the invoice they are liable to having their agreement with the nursery terminated. Parents will be reminded by letter.
4. If fees remain unpaid for a period of 4 weeks, and you have not discussed the situation with us and agreed a payment date, the nursery will take further action to recover unpaid fees. Fees are reviewed on an annual basis.
5. For help with staffing ratios it would be helpful if you could provide us with two weeks' notice if your child is going on holiday.
6. Children leaving the Nursery should give the Nursery one month's written notice. Your balance must also be cleared when your child leaves our care otherwise any unpaid monies will be recovered and may be pursued through small claims court.
7. Although the nursery is open from 8.00am- 6.00pm. You may pre-book any combination of hours, but times must be regular and consistent both for your child's routine, and to maintain correct staffing levels.
8. If your child is absent for more than 4 weeks & you do not contact us, they will lose their place, and we will notify you in writing.
9. I understand that, Little Peoples Nursery has a late collection policy which states that children, who are collected later than their stated time, will incur a £5.00 charge for every 10 minutes at the discretion of the nursery manager. A form will be used to record late pickups and will be kept on file. Children cannot be accepted before 8am and the latest they can be collected is 6pm. Children attending the morning session cannot be accepted before 8.55 am and afternoon sessions children cannot be accepted before 12.55pm
10. The nursery cannot accept a child who is unwell. A child who has been suffering from vomiting and or diarrhoea should be kept at home until at least 24 hours after the symptoms have disappeared. If you are in any doubt please call the nursery and we will be happy to discuss this with you.
11. A child cannot be collected from the nursery by anyone who is unfamiliar to staff unless the manager has been informed or permission has been given on the application form (proof of ID required).
12. Please inform us on 023 9278 0099 if your child will be absent.

Parents Signature

.....Date.....

Thank you

FURTHER INFORMATION

Please note that this information is for monitoring purposes only.

1. Are you a lone parent family? (If YES please tick this box)

2. Please identify the MAIN characteristics describing the main reasons for your child taking a place in the nursery (tick the box which applies to you):

- A A parent now working full time (35 hrs+)
- B A parent working between 16-34 hour
- C A parent now working less than 16 hours
- D A parent now in Higher/Further Education
- E A parent taking skills for life or Step into Learning and additional training/adult learning
- F Parent(s) are not working or training

3. Please identify the MAIN source of family financial support in helping with nursery costs (tick one box which applies to you):

- A. Child Tax Credit
- B. Working Tax Credit
- C. Learning and Skills Council/Higher Education/Access Fund Support
- D. Care 2 Learn support
- E. Sponsored by Sure Start
- F. Sponsored through European funding
- G. Sponsored through government funded regeneration schemes (e.g. SRB)
- H. Financial support from employer
- I. In receipt of 3 & 4 year old funding
- J. 2 Year old Pilot Funding

PLEASE STATE HOW YOU FOUND OUT ABOUT US

.....

Parent's Name
(please print).....Signature.....

Many thanks for your time

ETHNIC ORIGIN

A) White

British
Irish
Traveller
Any other white background (Please state)
.....

B) Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background (Please state)
.....

C) Asian or Asian British

Indian
Pakistani
Bangladeshi
Kashmiri
Any other Asian background (Please state)
.....

D) Black or Black British

Caribbean
African
Any other Black background (Please state)
.....

E) Chinese or other ethnic group

Chinese
Any other ethnic background (Please state)
.....



Inter-Agency Parental Consent Form

Portsmouth
CITY COUNCIL

(To be filled in and held on pre-school records)

Name of child: _____

Also known as: _____

Date of Birth: ___ / ___ / _____

Name of Parent or Guardian: _____

Relationship to Child: _____

Address: _____

Home telephone number: _____

Work telephone number: _____

Mobile telephone number: _____

From time to time it may be necessary to share information regarding your Child in order to offer the best support available from a range of agencies.

I give permission for information to be shared with relevant professionals including General Practitioner, Health Visitor, School, School Nurse, Educational Psychologists, Early Years Team, Nursery / Pre-School and Portage Service.

Signed: _____ Date: ___ / ___ / _____

Relationship to Child: _____

Parental Payment Agreement

Childs Name..... Date.....

This agreement was made between and Little Peoples Nursery.
Monthly fees of will be paid to the Nursery - either by Standing Order, Direct Debit cash or cheque made payable to Little Peoples nursery (Portsmouth) ltd in advance .

Terms and Conditions

Fees

A refundable deposit £100 full time / £50 Part time are payable on joining and this amount will be offset against your final invoice when your child leaves the Nursery.

Fees are payable monthly in advance on or before the first day of the month. All fees are invoiced one month in advance (one month being equal to either 4 or 5 weeks). Invoices will be distributed to parents within the first week of every month and payment fees must be paid within 7 days of receipt of invoice. If you do not receive an invoice in any given month please ask a member of staff who will be able to help you. If payment is late then unfortunately the nursery will charge a late payment fee of £10.00

Regular reminder letters will be sent to parents so they are aware of how much they owe and when payment should be made, regardless of how much money is owed. Any extras or credits will be charged or refunded the following month. There are no reductions for odd days, holidays (including bank holidays) or absences due to sickness.

Receipts are issued for all fees paid and logged against a record of each child's attendance and also recorded in the Nursery's Accounts.

Notice period/Fees in Lieu of Notice

Children leaving the Nursery should give the Nursery 4 week's written notice. All accounts must be settled and paid before leaving the nursery as any outstanding balances will be invoiced.

- I have read and I agree to the above terms and conditions.
- I agree to pay weekly fees ofmonthly in advance

Parent's Name.....Signature.....

Staff Name.....Signature.....