**Brambles Childcare Centre**

**Registration Form and Parent Contract**

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| Full Name of Child: | Date of birth: | Male/Female: |
| Start Date: | Nationality: | Religion:(if applicable) |

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| Mother’s name: | Father’s Name: |
| D.O.B: | National Insurance Number: | D.O.B: | National Insurance Number: |
| Address: | Address: (if different) |
| Home telephone: | Home telephone: |
| Mobile number: | Mobile number: |
| Work number: | Work number: |
| Place of work:Occupation: | Place of work:Occupation: |
| Parental Responsibility Name (if both please write both): | Who Does the child normally live with (if both please write both): |

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| Email address for Famly our online Registration System, Newsletters/Information: |
| Mother: | Father: |

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| Other providers used: 1, 2, 3, |

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| --- | --- |
| Child’s doctor: | Child’s Dentist: |
| Address: | Address: |
| Telephone: | Telephone: |

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| --- | --- |
| Childs Health Visitor: | Contact Number: |

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| **Other professionals involved with your child e.g. social worker, speech therapist** |
| Name: | Name: |
| Profession: | Profession: |
| Contact number: | Contact number: |

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| Has your child got any known medical needs/allergies? (Please include details of regular medication) | Has your child got any special dietary requirements? |
| Any other allergies e.g. grass, fur etc: | Are your child’s immunisations up to date? (please circle)Yes/No |

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| **Consents** | **Signed** |
| I consent to Brambles Childcare Centre administering Calpol when deemed medically necessary, ie; high temperature, to prevent a seizure. I understand that a qualified member of staff will require verbal consent before Calpol will be administered. |  |
| I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required. |  |
| I consent to my child participating in local off-site outings. (Separate permissions will be requested for specific trips/outings) |  |
| I consent to my child having sun screen applied as required. (Suitable for babies and children and charged for annually). |  |
| I consent to Brambles Childcare Centre providing Milk Tooth Toothpaste for children to use |  |
| I consent to my child using garden equipment and resources including poly tunnel and stream. |  |
| I consent to my child participating in face painting activities. |  |
| ***Brambles confirms that it shall only use photographic images of your child in line with our Safer Images checklist and in order to demonstrate or promote activities relating to our curricula provision*** |
| I consent to photographs of my child being used in Brambles Materials, our foyer and displays in nursery. |  |
| I consent to photographs of my child being used on Brambles Website. |  |
| I consent to photographs of my child being used on Brambles Facebook Page. |  |
| I consent to photographs of my child being used in media coverage of Brambles. |  |
| I consent to photographs of my child being used in the Graduation, Summer Fair, Firework Display and Nativity. |  |

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| Use this space for any additional information e.g. any additional needs, procedures prohibited for religious, medical or other reasons or dietary needs. |

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| I give consent for the following adults (over 16 years) to collect my child from Brambles. If the staff have any concerns about the person collecting your child i.e. if they appear to be under the influence of drugs or alcohol, we reserve the right to refuse collection. |
| Name:Relationship:Contact Number: | Name:Relationship:Contact Number: |
| Name:Relationship:Contact Number: | Name:Relationship:Contact Number: |
| Name:Relationship:Contact Number: | Name:Relationship:Contact Number: |

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| In order to identify the above-named persons, I will inform them of a chosen password, which will be made available to only these chosen adults, and Brambles staff.The password I have chosen is: |

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| Ethnicity (Please tick one option from the list below)* White, British
* White, Irish
* Traveller of Irish Heritage
* Gypsy/Roma
* White, any other White Background
* Mixed, White and Black Caribbean
* Mixed, White and Black African
* Mixed White and Asian
* Mixed, any other mixed background
* Asian or Asian British, Indian
* Asian or Asian British, Indian
* Asian or Asian British, Pakistani
* Asian or Asian British, Bangladeshi
* Asian or Asian British, Any other Asian Background
* Black or Black British, African
* Black or Black British, Caribbean
* Black or Black British, Any other Black background
* Chinese
* Any other ethnic background
* Do not wish to be recorded
 |

 Please indicate childcare sessions required;

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| --- | --- | --- | --- | --- |
| Monday  | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Brambles Childcare Centre**

**Childcare Agreement**

**This agreement is between**: Brambles Childcare Centre Ltd & Amble Pre-School, Coquet Enterprise Park, Amble

 Northumberland, NE65 0PE

**And** Name (parent/guardian): .

 Address .

 Home number Mobile Number .

**For the care of:**

 Child’s full name Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms of the agreement**:

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| **To indicate parent/carer has read each clause and agreed it they must initial each one.** |
| I understand that I will be charged full rate for days your child does not attend. Reductions/holding places is at the discretion of the management. There is no charge for bank holidays and the Christmas shut down week. |  |
| I understand that Invoices are issued at the beginning of the month and if they are not paid in full within 7 days a 10% charge will automatically be added.  |  |
| If invoices are not paid in full within 21 days of issue Brambles have the right to freeze your childcare place until payment is made in full. |  |
| Should the child’s fees be in arrears for more than 1 month without prior arrangement, the Nursery reserves the right to terminate the child’s place and make arrangements for recovery of all fees outstanding. In such circumstances parents will also be liable to pay one month’s fees in lieu of notice |  |
| I am aware that if I do not collect my child on time £5.00 is charged every 15 minutes for the first hour. These charges will be added to your invoice. Please see late collection/uncollected child policy.  |  |
| I am aware that invoices must be paid in full before your childcare end date. |  |
| **I am aware that Four weeks’ notice is required on either side or full fees in lieu of notice.** |  |
| I understand that the unit operates an open access to information policy. This means that I am welcome, during normal opening hours, to view the policies and procedures under which it runs are contained in the policy manual in the reception foyer. However, staff are pleased to arrange meetings to discuss any issues or concerns, children’s work and records at any mutually agreeable time, even outside normal hours if necessary. |  |
| I specifically give permission to handle emergencies and manage my child in accordance with the settings policies and procedures. This includes seeking emergency medical treatment. I understand staff will do all they can to contact me but will always act in the best interests of the child in line with medical advice. |  |
| I am aware of the complaints procedure in the welcome pack and policy manual and will use this to bring to the attention of the management any matter I believe needs investigation in the respect of the quality or manner of the childcare provided.  |  |
| I am aware of the safeguarding policy in the welcome pack and policy manual and agree to adhere to it in the interests and safety of all the children and staff. |  |
| I understand that the staff **cannot** undertake the care of sick children, in particular those with infection diseases, diarrhoea, vomiting and high temperatures. Should my child be unwell I agree to not bring my child in for care and I also agree to collect them at the earliest moment should they become unwell whilst in the care of the provider. |  |
| I agree to provide the appropriate items for my child i.e. nappies, nappy sacks, wipes, cream, change of clothes, comforters, swim wear, towel, powdered milk, (Please ensure all items are named clearly). |  |

To be completed by the provider

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| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

***I understand that a signature at this point is an agreement to/clarification of all information on this agreement and on all registration documents.***

Signed (parent/carer)

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (childcare provider)

Print name Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_