



Little Smarties Nursery Registration Form

Start date:					
Child's full name:		Age:		Date of birth:	
Home address:					
Post code:					
Days and sessions required (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Ethnicity:			Language(s) spoken:		
Religion:					
Name of parent/carer: (Relationship/Parental Responsibility)			Daytime tel no:		
			Mobile no:		
			Work no:		
			Email Address		
Partner Details (Name, Phone Number & Email Address)					
Name of parent/carer: (Relationship/Parental Responsibility)			Daytime tel no:		
			Mobile no:		
			Work no:		
			Email Address:		
Partner Details (Name, Phone Number & Email Address)					
The named child is only allowed to leave with their parent or emergency contact as listed below (please ensure that named person(s) can provide ID if required and/or a password).			Please provide a password here:		

Note: Parents must advise the nursery if they have made an alternative arrangement for collection for a particular day(s).		
Name/contact details of emergency contact/other people authorised to collect your child and relationship:		
If there is any person who you do not want to pick up your child, please provide their name and relationship to the child below:		
Any other agencies involved with the family (<i>optional</i>)		
Doctor's name:		
Surgery address:		
Surgery Telephone Number:		
Please list any vaccines/immunisations your child has had:		
Please list the child's allergies/preferences (if any):		
<i>A care plan will be provided if your child has any allergies</i>		
Medical conditions:	YES / NO	(If YES , please give details)
Is your child taking any medication?	YES / NO	(If YES , please request and complete a separate medication form)
<i>A care plan will be provided if your child is on any medication</i>		

Do you give permission for your child to be given Calpol/Nurofen if it is likely to relieve symptoms and a high temperature – unless he/she has an allergy to this medication? (Calpol is not being given temporarily due to COVID symptoms)	YES / NO	
Do you give permission for first aid to be administered by a trained practitioner in the event of an accident?	YES / NO	(If NO , please advise on preferred course of action)
An ambulance will be called in the event of a serious accident. Do you have any medical information that you need us to pass on?	YES / NO	(If YES , please give details)
What are your child's likes? (Interests/foods/etc.)		
What are your child's dislikes? (Interests/foods/etc.)		
Does your child have a specific 'comfort' object?	YES / NO	(If YES , please give details)
Does your child have any other needs that require support?	YES / NO	(If YES , please give details)

In order to ensure the correct provision is made for your child, it is vital that you inform us of all relevant information. If you answer **YES** to any of the items below, please provide further information to help us assist your child.

Foods not to be eaten for religious or other reasons:	YES / NO	(If YES , please give details)
Communication difficulties:	YES / NO	(If YES , please give details)
Do you give permission for your child to be face painted?	YES / NO	
Do you give permission for your child to be photographed or filmed for use by the nursery for in-house purposes?	YES / NO	
Do you give permission for your child to go on supervised walks/trips in the local area on foot?	YES / NO	
Do you give permission for Little Smarties to take and use photographs for use on our website, Facebook page or Instagram?	YES / NO	

Do you give permission for Nursery sun cream to be applied? (We use Aldi 50+ Sensitive for children)	YES / NO
Little Smarties completes an online journal for each child, this allows access for parents/carers to view their own child's learning and development plus, see all the exciting activities they engage in during their day. Do you give permission for your email to be stored on the Tapestry Website?	YES / NO I understand I will have a safe and secure account following the GDPR Tapestry guidelines and will only be able to access my own child's learning and development profile.
I have received, read and signed the parent contract	YES / NO
If you have any Safeguarding issues we need to be made aware of please speak to a member of management or our Senior Designated Lead Sharon Riesebeck	YES / NO

I confirm that the information given above is correct, and I will contact the nursery as soon as any of the details change.

Signature of parent:

Date:

If you have any questions or comments, please contact Management (Coral Pithers, Sophie Lines, Marsha Giles, Ian Pavelin or Melissa Pavelin)

This contract was approved by Management & The Board and will be reviewed on an annual basis, or sooner if required.

Kind Regards
Management Team & Little Smarties Board Members

Parent contract

Little Smarties Nursery

Full name of parent:

Person with responsibility for the child:

Child's full name:

- ◆ I understand that Little Smarties is a childcare facility and that whilst my child is there, they are responsible for him/her.
- ◆ My child will be provided with a variety of meals (breakfast/snack/lunch/snack/dinner).
- ◆ I know that I must supply my child with nappies and replenish when they run out.
- ◆ Once my child is delivered to nursery, he/she will be in the care of Little Smarties staff until collected and signed out by an assigned responsible adult.
- ◆ I will inform the nursery of any additional needs or medical needs my child may have. I will update the nursery whenever any medical changes are made, or of any other changes that may impact on my child's needs or behaviour.
- ◆ It is my responsibility to keep the nursery informed of any alterations to information regarding my child – I will email confirmation of any changes or arrangements to my child's general information, food preferences or allergies.
- ◆ I will inform the nursery if I have made arrangements for another responsible adult to collect my child at the end of a session (the password on your registration form will be required if this occurs).
- ◆ I understand that Little Smarties Nursery closes at 18:00 and will ensure that my child is collected from there no later than 18:00. If for any unforeseen reason I am going to be late, I will contact the nursery immediately.
- ◆ If I am late collecting my child for their session, I will pay a charge of £15 per 15 minutes to cover the costs of the two staff that are legally required to stay (I know that this will be added to my following months invoice).
- ◆ If I am early dropping off my child for their session, I will pay £15 for the staff that will need to be used before they start work to look after my child (I know that this will be added to my following months invoice).
- ◆ Invoices will be emailed by the 25th of every month and I MUST pay this by the 5th of every month otherwise 4.5 of the T&C's will take effect.
- ◆ When making a BACS transfer, I will use my child's full name for accountant to make allocation of payment.

- ◆ If any child remains at the nursery, exceeding 19:00, after staff have tried to contact parents/carers and emergency contacts, then they will be legally required to contact Social Services.
- ◆ If I cancel a pre-booked session, I will pay the full fee. I understand that in the nursery you pay for your space regardless if you attend or not (TTO children, see T&C's Section 6).
- ◆ I understand that if I wish to terminate my contract with Little Smarties Nursery, I must give 1 months' notice.
- ◆ I accept that whilst at the nursery my child may get involved in messy activities, I will therefore provide an extra set of clothing, if needed.
- ◆ I will always provide my child with appropriate clothing which will be clearly labelled with my child's name.
- ◆ Whilst the nursery aims to ensure the safety and security of items, it cannot be held responsible for anything lost or stolen.
- ◆ Should there be any incidents at the nursery involving my child, I will be informed of the situation.
- ◆ If there is a situation where my child needs urgent medical treatment and I am unavailable, the member of staff from the nursery may sign any consent forms necessary for treatment on my behalf.
- ◆ An accident form will be completed and dual signed by the member of staff completing the form and management and I will need to sign this on collection. I can take a copy of this form if I choose to.
- ◆ Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies, for example Police, Social Services and health care professionals.
- ◆ I am aware that all policies and procedures are available online or at reception if I choose to read these.

I consent for my child to take up a place at Little Smarties Nursery, according to the terms and conditions set out in this parental contract.

I have read and understood the terms and conditions and contract I agree to abide by them.

Parent/Carer Signature:
Print name:
Date:

FLEXI-WORKING CONTRACT

I would like to take up the opportunity of using a flexi-working contract and I fully understand the terms and conditions that come with this.

Parent/Carer Signature:
Print name:
Date:

TERM TIME ONLY CONTRACT

I would like to use a Term Time Only contract and I fully understand the terms and conditions that come with this.

Please state how you wish to use this below.

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Parent/Carer Signature:
Print name:
Date:

Signature of Manger
Print name:
Date:

This contract was approved and written by Management & The Board