Teddies on a Rainbow Confidential

Child's Surna					please ci				
Child's Foren	-								
Name Known	as (if	differe	ent from					••••••	•••
Date of Birth: Home Addres	s:				Gend				
Names and Ad Name: Address:	ddres	•••••							
······			•••••			•••••			
Relationship	••••	•••••			F	Relat	tionship	to Child	:
Home:			•••••	•••••	Home: .	•••••		•••••	
 Work:	•								
Mobile:	•••••	•••••	•••••	•••••	Mobile:	•••••	•••••		
Email Address									
Who has pare		respons	ibility:						••••••
Who has lega	l cont								••••••
Which parent	 :/care	r does	the chil	d normal	ly live wit	h:			

Nationality:	•								
Will your child be attending another Early Years setting? No Yes (please give details)									
Please give details of who can be contacted in an emergency, if parents/carers are unavailable, and have authority to give permission for any necessary emergency medical advice or treatment: Name:									
Address: Address:									
 Relationship to Child:	Relationsh	ip to Child:							
 Home:	Home:								
Work: Work:									
Mobile:									
Ethnicity: (please circle to in-	dicate your child's cultural ba	ckground							
White	Mixed	Asian or Asi	an British						
British	White and Black Caribbean	India	an						
Irich	White and Plack African	Dolrig	oni						

White and Black African	Pakistani	
Any other mixed background	Bangladeshi	
Chinese or other ethnic group	Any other Asian background	
Chinese		
Other Ethnic Group (Please S	tate)	
Prefer not to say		
	Any other mixed background Chinese or other ethnic group Chinese Other Ethnic Group (Please S	

Please note that, in an emergency, setting staff may be asked to provide information and give permission to NHS staff regarding your child's medical history and treatment. Could you please complete and sign the statement below?

"I give/do not give permission for staff at Teddies on a Rainbow nursery to seek any necessary emergency medical advice or treatment and to discuss my child's medical history and give permission for treatment if needed"

Full Name of Child:

.....

Parent/Carer Signature.....

.....

Information Sharing - it may sometimes be helpful to share information about your child's development with other agencies/settings, particularly at the time of transition. You will always be informed when this is happening and who with.

Could you please complete the statement below.

"I give/do not give permission for the setting to share information about my child's development with other agencies/settings"

Parent/Carer Signature.....

.....

The setting uses cameras to record activities and this aids planning for your child's next steps in development. Could you please complete the statement below:

Please circle to give permission for photographs of your child to be used:

Within the setting Closed Nursery Facebook page

I/We agree to my child participating on walk and talk around the park and local area: Yes No

Any other relevant information, please write below:

Does your child have any special educational needs/disabilities? (Please circle) No Yes

(if yes, please give details, including support received - i.e. speech therapy, occupational therapy or other)

.....

Please give details of any special dietary requirements including allergies or preferences: (i.e. vegetarian, gluten free, etc.)

Please give details of any health requirements that your child may have: (e.g. inhaler, epipen)

Please give details of any distinguishing marks that your child may have: (for example: birthmarks)

Is your child attending, or have they attended, another setting? (please give details below)

.....

Have you or your family had any contact or support from agencies, such as, Social Services, Sure Start Centres, etc.? (Please give details below)

The following may be needed in the event of an emergency:

Is your child up to date with their vaccinations? No	Yes	
Name of Doctor:	Telephone	No.:
Name of Dentist:	Telephone	No.:
Parent/Carer Signature		

"I confirm this information to be true and accurate at the time of registration and will ensure that the setting is made aware of any changes or updates."

Parent/Carer Name.....

Parent/Carer Signature
Date

.....

IMPORTANT NOTE

It is the responsibility of the parent/carer to ensure that all details (including address, medical conditions, contact or support from agencies, emergency contact details, etc.) are up to date.

Terms of Notice and Deposit Required

A non-refundable £30 deposit is required with a registration form, unless your child is starting nursery at the time he/she has the Educational free entitlement. (Cheques payable to 'Teddies on a Rainbow') Fees are payable within 2 weeks of the start of term unless by prior arrangement. The nursery placement will be forfeited immediately if payment is not made. Bank holidays and sudden closures due to weather are payable. A half terms notice is required when removing your child from nursery. Failure to do so will require a half terms fees in lieu.

"I have read the above and agree to the terms and conditions"

Date:	
••••••	

Parent/Carer Signature:

Collection of Child

Please be aware: Any person who does not have a PIN number will not be able to collect your child from the nursery.

Days/Sessions Required - Childs Name:

••••••

The date you wish the required sessions to commence

(We are only able to reserve from the September of any year due to demand of places. Should a place be required for a January, or later, admission, your child's name will be added to a waiting list)

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Early bird 8.15/8.30-9am					
9am-12noon					
12noon-1pm					
1pm-3pm					
Late bird 3pm-3.30/4pm					

Please Note: your child will automatically keep the reserved places until they leave nursery unless otherwise requested.

The nursery is booking for 3 years in advance - If you wish to increase your child's sessions as they become older, it is advised that this is requested now to avoid disappointment.

Future	Res	erv	vatio	ns:	
	•••••	•••••	••••		
Septemb	ber	of	the	Year:	
			••••		