

stage of your enquiry.

Registration Form

To be completed		anager and key person, with parental input.		Date of completion-		
Child Full Name		Name		Home Address		
				Postcode		
Start date- Name known		e known by	Male/Fe	male	Tel No	
Settling visit days/ dat times-	es/ Emai	il address:			D.O.B	
3.6.4		TE HAL		Dl fl-		Mobile Tel no-
Mother		Full Name		Place of work		Widdle Tel no-
Living with child? y/r	1			Work number-		
		Address				
		Full Name		Place of work		Mobile Tel no-
Father		T dif T (diffe				
1		Address		Work number-		
Living with child? y/n						
Who should be contacted in		Full Name		Address		Tel no
case of any emergence		1)		Addiess		161110
concerning the child,		2)				
preference order		3)				
Who has parental		Full Name	/ contact	Who has legal conta		Full Name/contact
responsibility of your child, if				if different from those with parental		
different to two parents named above?				responsibility?		
Please state the daily	sessions vo	n reanire:				
Monday	Am		pm	Name, address and telephone number of G.P		.P
Tuesday	lay Am		pm	Medical number -		
Wednesday Am		pm				
•		F*				
Thursday Am			pm	Is/has your child been cared for frequently by any the followin Childminder <i>Yes/No</i> Friend <i>Yes/No</i> Relative <i>Yes/No</i>		by any the following? Relative <i>Yes/No</i>
Friday Am			pm	Day Nursery <i>Yes/No</i> Pre-school <i>Yes/No</i> Other(please state)-		
				<u> </u>		

I/We have read and agree to abide by the terms and conditions overleaf, and the Policies and Procedures of the nursery. We acknowledge that all services are provided by, and our contract is with, the Little Cherubs Day Nursery franchisee named below. A description of the service you are entering into a contract for is in the brochure, which was given to you in the initial

I/We have read, and signed the consent form for my child and enclose a cheque/cash to the value of £30.00.

Name...... Date

A	Little Cherubs Day Nursery Franchise owned	d and operated under licence by	franchisee] Limited,
	Registered office [] Registration Number [].	
	Tel No [] Fax [

Name...... Date

Little Cherubs Day Nursery

Terms and Conditions

- 1. An exclusion policy exists for infectious conditions, therefore if a child is brought into the nursery whilst still infectious, he/she may be refused entry. This is for the care and safety of all the children at Little Cherubs.
- 2. Any carer, who considers a child is at risk of harm or when there is a child protection issue/concern, has a duty to report this.
- 3. The fee structure is displayed in the nursery and will be reviewed quarterly. Fees are paid in advance by 20th of each month, by standing order or cash. You will receive an invoice each month. Non payment of fees, or continued late arrival to collect a child may result in refusal to accept a child at nursery without notice. A 10% interest will be charged daily for late fees.
- 4. If any parent /guardian wish to discuss the day's activities or their child's learning and development, they should allow sufficient time prior to the Nursery closing or make an appointment.
- 5. Fees are paid in full for 52 weeks of the year. In the event of illness or holiday (including bank holidays and Christmas), the full fee is required to retain the place.
- 6. One month's written notice (or one month's fee in lieu) is required to terminate this Agreement or to reduce attendance.
- 7. If you do not comply with the terms and conditions, including the Parental Agreement or you are deemed to be causing a difficulty to other parents or staff your contract will be terminated, notice will be given depending on the severity of the issues. We have the right to terminate any contract, with reasonable cause.
- 8. Parents must keep the nursery updated in writing of any changes in family contact details, ongoing /long term illness and allergies. The nursery regrets that any session unattended for any reason must be paid for, as the cost of running the nursery still has to be met. However, long term illness or hospitalisation may be seen as a special case and fees could be withdrawn accordingly.
- 9. Little Cherubs cannot be held responsible for any clothing or other belongings that go missing. All clothing should be clearly named.
- 10. It is accepted and acknowledged that from this Agreement and during the term and for six month after the Agreement terminates, I/we whose signature(s) appear will not (directly or indirectly) employ or retain the self employed or other services of any member of Little Cherubs staff with whom I/we or the child/children referred to in this Agreement have or have had contact/dealings without the prior consent in writing of Little Cherubs. Should I/we do so I/we will be required to reimburse to Little Cherubs within 14 days of request in writing for the same, a figure representing 15% of the relevant member of the staff's gross annual salary payable on the date on the employment termination of that staff member at Little Cherubs. (If you are interested in baby- sitting services, please discuss this with the manager.)
- 11. Little Cherubs will on request apply best endeavours to provide a place for sibling of the children referred to in this Agreement, but is under no obligation to do so or to give priority over children on the waiting list.
- 12. Personal comforters are allowed, but please do not bring toys, money or jewellery onto the premises, as we cannot accept responsibility for damage or loss.
- 13. Little Cherubs cannot accept responsibility for the injury, damage or loss to persons, property or vehicles whilst on the premises.
- 14. It is understood that reading the terms and conditions outlined above, payment of £10.00 registration fee and £20.00 deposit is required. One week advance payment before the child starts the nursery.
- 15. (£20.00 re fundable once you have left Little Cherubs) guarantees the child's/children's place at Little Cherubs. The deposit will be forfeited if a childcare place is cancelled with in 3 months of registration. The deposit will not be returned if fees are outstanding on your child's last day. Please note that if you go into debt any costs involved in recovering it will be re-charged to you.
- 16. Any complaints and concerns, we hope can be resolved quickly and verbally. However, if necessary, we do have a Complaints Policy and Procedure, which is available in the entrance area and is given in the registration process.
- 17. Terms and conditions may vary occasionally. Little Cherubs will inform you of any changes should they occur.

HAVE YOU TALKED THROUGH/ GIVEN..... TICK OR HIGHLIGHT TO SHOWN YOU HAVE COVERED.

Safeguarding policy, letting parents know about your duty to report any concerns

Applying for a secure login for their use of the NurseryCam system; Settling in policy.

Recognition of each child as unique and how you cater for that in how you plan, food, daily feedback etc. Ask to bring slippers/ indoor and outdoor shoes and to label...or say you can with indelible pen.

Give Parent Guide and "What to expect, when?" guide – explain areas of learning, key person role, memory books, 6 monthly reports/meetings, 2 year old prog check, Eff Teaching /learning policy. Sickness policy, to prevent sickness spreading; recording medication etc. Collection procedure if anyone different to parents. Complaints Policy.



Parents in Partnership Agreement

Nursery Staff Undertake to:	Parents Agree to:
Allow for settling-in time. The length required for this depends on each individual child. We find this involves at least the first two sessions.	Attend the nursery with their child during this settling—in period until he or she is happy to be left.
Provide an 'open house' nursery. You are welcome at any time.	An open house policy.
Maintain daily attendance register and record reasons for absence.	Inform us for any reason for absence.
Not allow any one except you or a person authorised to take your child home.	Inform us if they cannot collect your child and tell us who will do so on their behalf, agreeing a password and ensuring identity information is brought.
Plan a programme of activities to meet your child's need, based on observations made. Share these with you, invite your input and give ideas for home learning.	Share their children's interests and discuss with their child's key person learning and development. Supporting children in the achievement of their targets.
Keep your emergency contact details in case you are unavailable.	Keep us informed of any changes to your contact details and those of your emergency contacts.
Administer medicines prescribed by the doctor and some over the counter medicines, informing you when they have been given. Sterilise bottles for under 2's.	Give us written authorisation for any medical treatment and to administer prescribed and over the counter medicines, keeping us informed of any medication previously given at home. Keep overall responsibility for cleanliness of bottles.

Do our best to comfort children who become ill during the day and we will inform you as soon as possible. We will administer over the counter medicine to aid children.	Keep a sick child at home and collect one who becomes ill from the nursery as soon as possible.
Advise you of any out break of infectious diseases or cases of head lice. Tell you of any incidents in the nursery, which we feel may have affected your child during the day.	Inform us if your child has contracted an infectious disease or has had head lice. Tell us of any significant happenings at home, or inform us about new interests, significant people and events at home which may affect a child's behaviour or which they may want to talk about in the nursery.
Hold regular meetings and give written reports which provide you with an up date on your child's progress towards the Early Learning Goals.	Tell us about your observations and provide comments in scrap books and/or on reports, which can then be added, to the child's records.
Adhere to a number of written policies in the nursery including: Equality and Diversity Good Behaviour Safeguarding	Read nursery policies and agree their contents.
Give you monthly newsletters about nursery news, events and activities, and reminders!	Read and contribute, if you wish to!
Welcome feedback both positive and negative, to monitor and develop the service we provide.	Discuss, write comments or give oral feedback on the service we are providing whenever you wish, are prompted or requested to do so in surveys.
Organise visits into the locality. We will advise you when this is planned.	Give consent for outings.
Encourage your child to experiment with a variety of materials and be creative. In doing this they may get messy- even though we take every care, including using aprons. We will label using indelible pen if parents have not labelled clothes and footwear etc.	Provide practical labelled clothing for your child, with an understanding that it may get messy. Provide indoor and outdoor footwear.
Do our best always to be well staffed and equipped.	Pay fees promptly to keep costs down.
Put on events of interest for parents.	Attend whenever you can and tell us what topics you would like.

Signed (parent/Guardian)......Date.....



Consent Form

Name of Child:	
Please $\sqrt{\ }$ each box that you give permission for, and an X for those you do not. Then sign at the and date.	e bottom
I hereby give my written permission for my child to be taken off the nursery premises by staff, who will maintain the strict ratios, for the purpose of walks and local outings. (Any outings that involve using public transport or are planned to be over two hours, will be notified in advance to you and further written permission sought.)	
I give permission for my child to have their photograph taken whilst at nursery for use within the nursery display boards, website/ promotional materials, records of activities and events to show Ofsted/ LA advisors/ consultants and occasionally for use in the local press/ LA quality assurance and compliance checks etc.	
I give permission for a qualified member of staff to administer prescribed medicines.	
Usually, in case of sudden sickness or rise in temperature, I understand that staff will telephone to inform me of my child's illness and seek verbal permission, but if unable to make contact, I hereby give permission for <u>one dose only</u> Calpol, to be administered by a qualified member of staff to the specified safe dose level. I understand that I will be informed so I can collect my child if they remain unwell and I will sign the medication records before I leave the setting that day.	
I give permission for hypoallergenic plasters to be used on my child should they cut or graze	
themselves whilst at nursery.	
I give permission for nappy rash cream to be applied to my child.	
I give permission for sun cream to be applied to my child.	
I give permission for baby wipes to be used on my child.	
I give permission for my child to be taken to hospital or an ambulance called, or any other emergency practice given, if deemed an emergency.	
I give permission for my child to have their nails cut if loose or a risk of scratching themselves or others.	
I understand that observations will be made (written, photographic, video or sound) to record my child's achievements, learning and development and to plan his/her next steps. I give permission for these observations to be shared with Ofsted Inspectors and the LA as evidence of the nursery's practice. I understand that these records will be available for me to look at on request and that I can contribute to them. However, I also understand that under the DPA 1998, under some specific circumstances and where harm may result, records can be withheld.	
I give permission for information to be shared with other professionals in order to safeguard and in my child's best interests, in accordance with the Confidentiality Policy.	
We aspire to operate a nut free zone at 'Little Cherubs'. However we have found it increasingly difficult to distinguish precisely verificated by products at the supermarket actually fall within the 'immune' category. We have noticed that even foods such as cereals and particles in their ingredients list and it is impossible for us to guarantee complete nut trace exclusion from the children's diet.	

We will of course use our best endeavour to keep the nut content in food to the bare minimum/ trace and should any of you wish to

Signed (Parent/Guardian):_____ Date: _____

Additionally, we aspire to ensure we meet parental advice given about allergens. Parents should check the menu's regularly and keep the

discuss this matter in more detail please feel free to speak with the nursery manager.

nursery up to date with medical information.

Little Cherubs Day Nursery

Me, my	y learning a	nd developme	ent and my	family

Childs name:	Child's preferred name:			
Date of Birth:	Male/Female			
Key person:	Name of person/s who usually collect the child:			
Who lives at the child's address? (Include parents' fir	st names; siblings and their ages.)			
Any other significant / regular visitors e.g. half sibling	gs etc			
Religion	Ethnicity			
Festivals observed	Languages heard / spoken at home/ spoken by child			
Supporting children'	s individual needs			
Please tell us about your child's individual needs, like				
Routines/ General view e.g. strong willed; shy etc				
Sleep patterns/ support needed e.g. comforters, dummy etc; latest wake up times? Length of sleep currently/ when? Discuss how we'll try to accommodate current patterns but aware often patterns change when they start nursery and over time their sleep patterns and amount needed change.				
Eating (also see health section below, use the individual health How does the child have food ?-Pureed Mashed Lumpy Cut Discuss whether able to self- fed, ok to try new foods, usual times details parents can give to help eating be a positive good experience.	t up into pieces Whole- please circle. s so aware of hunger cries, use to sitting at a table? Etc Any			
Milk (for under 2's ask about when, how much, warm/cold, ho	ow they like to be fed e.g. cuddled, in bouncer ?)			
Toileting – What stage are they at? How would parents like L	C to support ?			
Special words e.g.; for toilet				
Comforting / separating from parent/carer – have they experienced this? Attended other group settings? etc. When upset, how to they like to be comforted?				
Likes / dislikes / Favourite toys/books				
If there is anything else you would like us to know about your child (e.g. significant experiences in the family, interests?) Yes/No				
If yes, please give details				

Health and Learning

Does your child have any health requirements / take any medication? Yes/ No. Please specify the Signs and
Symptoms of the condition?
Has your child had all the required immunisations? Yes/No Red Book seen? Yes/No
If yes to any of the above, please complete and attach the additional Individual Health Care Plan if
relevant: Yes/ No
Please amend whenever new information is received from the parent, dating the amendment and asking the parent to initial the
change here and on the amended Health Care Plan/ Risk Assessment. Continue overleaf if necessary.
• Has your child been referred to any health/learning specialists, e.g. Speech therapist, Occupational
Therapist Audiologist, Psychologist? Yes/ No
• Does your child have any medical needs that the setting should be aware of? Yes/No
 Does your child have any special educational needs? Yes/No Have they had a Ed, H & C Nds Assessment?
If yes to any of the above, please give details and implications for care or complete an Individual Education
Plan and/or Individual Health Care Plan –
What does your child do/know? (Seek a parental view of their child's development level in each of the 3
prime areas by discussing the examples in the 'what to expect' booklet appropriate to the child's age.)
Personal / Social / Emotional -
Communication and Language (if EAL twy to find as much info as noss to anable good sunnout)
Communication and Language- (if EAL, try to find as much info as poss to enable good support)
Physical –
1 hysical –
From the parent's descriptions of the child, which stage is the child at for the 3 prime areas –
L & C - PD - PSED -
(Please enter this onto your cohort tracking as their 'on entry/ parental assessment level')
I give consent to pass this and other records onto my child's next setting.
Name of parent/ carer - Signature of parent/carer -
Date-

Food and Allergies (Please forward to nursery kitchen)

Name of Child:

Does your child have any allergies? Yes/No					
Does your child have any allergies? Yes/No If yes, please give details:					
ii yes, pie	ase give u	ctans.			
~ ~					
Can Your			Г		
Pork	YES	NO	Fish	YES	NO
Beef	YES	NO	Eggs	YES	NO
Poultry	YES	NO	Milk & Dairy	YES	NO
Lamb	YES	NO	Nuts	YES	NO
Other par	rental pre	ferences/ information:			
How does	your chil	ld respond/ what signs and sympton	ns might they show	if they hav	ve an allerov to a new
food?	your chin	a respond, what signs and sympton	is might they show	ii they hav	ve an anergy to a new
10041					
Signature of parent/carer					
Name of p	parent/car	cer			
Date form completed					
Any additional information you think the kitchen should know					
Any additional information you think the kitchen should know:					