

LITTLE TOTS NURSERY STONEY HEATH





BABY ROOM REGISTRATION

CHILD DETAILS						
First Names Su		Surn	urname			
Known As	Date of Birth	Gen	der	Preferred Start Date		
Religion	Religion Ethnic Origin Nat		ionality	Main Languages or Other Languages Spoken:		
PARENT/GUARDIAN DETA	<u>NILS</u>					
Carer 1 – Legal Responsibility	y? Yes / No		Carer 2 – Legal Responsibility?	Yes / No		
Relationship to Child			Relationship to Child			
First Name			First Name			
Surname			Surname			
Nationality			Nationality			
Child's Home Address			Address (if different)			
Postcode			Postcode			
Home Phone			Home Phone			
Mobile Phone			Mobile Phone			
Home Email			Home Email			
Occupation			Occupation			
Work Phone			Work Phone			
Work Email			Work Email			
EMERGENCY CONTACTS (Please provide 2 contacts is order of priority – please be aware the contacts need to be local in case they need to collect your child if you are not available)						
Contact 1 Name			Contact 2 Name			
Relationship to Child			Relationship to Child			
Home Phone			Home Phone			
Mobile Phone			Mobile Phone			
Work Phone			Work Phone			
ALLERGY/DIETARY INFORMATION (Please provide details of any medical allergies, food allergies or foods to avoid due to beliefs)		to	MEDICAL CONDITIONS/MEDICINES (Please provide details of any medicines your child takes regularly)			

MEDICAL INFORMATION										
Doctor Name & Surgery				3 N	IONTH DE	Date				
				6 N	IONTH DE	Date				
			9 N	9 MONTH DEVELOPMENT CHECKS COMPLETED			Date			
Surgery Phone Nur	Surgery Phone Number			II	IMMUNISATIONS UP TO DATE (Please circle one) YES		NO			
Health Visitor's Na	Health Visitor's Name				Hea	Health Visitor's Phone Number				
Did your child require an extended stay in hospital at birth, if so, give details:				o, Wa	Was your child born premature?					
DISABILITY, DEVE			NS OR A	ADDITION	AL NEEDS					
PHYSICAL	SEI	NSORY		RNING	BEHAV		SPEECH	CHRONIC ILLNESS	OTHER	
Yes / No		/ No		/ No	Yes /		Yes / No	Yes / No	Yes / No	
IF you have circled	Yes to any o	of these option	ons, plea	se give full (details belo	ow:				
Please provide deta	ails / Referra	als applied fo	r:							
	SESSION REQUIREMENTS Open 51 weeks of the year (only closed Bank Holidays & one week at Christmas)									
Please note	that a MINU							child's Nursery experience	beneficial	
Please circle times	required	Mond	ау	Tues	sday	We	dnesday	Thursday	Friday	
START TIMES	-	8am	-	8am		8am		8am	8am	
		8.30a		8.30am		8.30am		8.30am	8.30am	
FINISH TIMES		9.00a 1.00p		9.00am 1.00pm		9.00am 1.00pm		9.00am 1.00pm	9.00am 1.00pm	
THUS! THUE	4.30pm			4.30pm		4.30pm		4.30pm	4.30pm	
		6.00p		6.00pm			.00pm	6.00pm	6.00pm	
ALL YEAR	ALL YEA	R = attending	51 Weeks	of the year	TERM	TIME ONI	LY			
From Sentember	2024 habies	over the age o	f Q montl		NDED SESS		ding (subject to e	liaihility) — THIS IS THE T	EDM ACTED THEY	
From September 2024 babies over the age of 9 months may be entitled to 15 hours funding (subject to eligibility) – THIS IS THE TERM AFTER THEY TURN 9 MONTHS Funding is only paid Term Time (38 weeks of the year). Little Tots is open 51 weeks. 15hrs funding can be taken Term Time only (depending on availability). Your funding entitlement will be taken off your bill, the remainder will be stretched over monthly payments. You will need to provide us with your funding code each term to ensure you are eligible. Please complete the sections below if you are eligible										
Baby (9 months+) – 15 hours				Parent/Carer National insurance number Carer 1:						
Eligibility Code:			Carer 2:							
OTHER USEFUL INFORMATION										
Sibling 1					Sibling 2					
Name					Name					
Age					Age					
Festivals celebrated?					Withdraw from any activity?					
Has your child attended another Play Group, Childminder, Nursery etc?										
What school are yo	What school are you hoping your child will attend?									
Does your child attend the Family Centre? Yes / No										

PERMISSION FORM

<u>PHOTOGRAPHS</u>					
<u>LEARNING JOURNAL</u> – we give permission for our child's photo to be used in our secure password protected electronic Learning Journal – iConnect. You will also be able to see this Learning Journal via the secure password protected "ParentZone".					
<u>GROUP PHOTO LEARNING JOURNAL</u> – sometimes the children will take part in a group activity which will be photographed for their Learning Journal. We give permission for our child to have group activity photos taken to be used in our personal Learning Journal but may also be shared on their peers Learning Journals.					
<u>FACEBOOK / TWITTER</u> – we give permission for our child's photo to be used on our public Facebook /Twitter page, enjoying nursery activities.					
WEBSITE - we give permission for our child's photo to be used on our website.					
<u>OUTINGS</u>					
We give permission for our child to accompany a member of staff on this kind of activity.	YES	/	NO		
For children over the age of three, there is an opportunity for them to take part in Forest School, or visit out allotment, or perhaps take them locally to the shops, library and other local areas or the park. This depends on the weather.					
FIRST AID					
We give permission for emergency first aid to be administered.					
In the event of your child requiring emergency aid, we need your authorization for senior staff at the nursery to call the emergency services and/or administer emergency first aid.					
CALPOL					
We agree that Calpol may be given upon our verbal consent.					
Should your child become ill during a session, we may feel that giving them Calpol is necessary. We will always seek verbal consent before administering.					
SUN PROTECTION CREAM					
We ask that you apply sun protection prior to arriving at the nursery – preferably once a day application but may need reapply.					
We give permission for sun cream to be administered when necessary.					
<u>SUDOCREAM</u>					
We give permission for Sudocream to be administered when nappy changing if needed.					
To ensure that we are aware of parents' wishes, please give details of any cultural and / or religious beliefs which need to be taken into account					

before emergency aid is administered:

before emergency aid is administered:							
It is important that we are aware if your child attends another setting, to enable us to share information regarding their learning profiles. We also							
need this information to ensure that we correctly claim your nursery grant funding when your child becomes eligible at the age of 3. These are							
guidelines set by Ofsted.							
Does your child currently attend another setting? NO YES – Which Setting?							
I agree to pay a NON-REFUNDABLE Ad	I agree to pay a NON-REFUNDABLE Administration Fee of £50 when I accept a Nursery space. (Cash or Cheques made payable to						
Little Tots Nurseries Ltd)	Little Tots Nurseries Ltd)						
I agree to pay a REFUNDABLE DEPOSIT of £	I agree to pay a REFUNDABLE DEPOSIT of £50 (returned when your child leaves the Nursery subject to a settled account) when I accept a						
Nursery space.	Nursery space.						
I agree to provide a copy of my child's birth certificate or passport (we require child identification to complete registration process) when I							
	accept a Nursery space.						
I have read and accept Little Tots Nurseries	I have read and accept Little Tots Nurseries Ltd Terms and Conditions. E&OE						
Parent / Carer Name (Print)		Parent / Carer Name (Signature)	Date Signed				
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