



Admission and Registration “Organic, Spiritual Play”

Felicity House

Admission Agreement

Childs First Name _____ Surname _____

Date of Birth _____ Age _____

Home Address _____

_____ Ethnicity _____

Home Telephone Number _____

Start date _____

Session Required

Please tick the sessions you require

	Mon	Tues	Wed	Thurs	Fri
A.M					
P.M					

Your weekly fees will be £ _____

If you wish to pay monthly this weekly amount will be x by 52 weeks and divided by 12 to arrive at a monthly payment

Your monthly fees will be £ _____

Please indicate how you wish to pay Monthly Weekly

Children are accepted in the order in which they apply and according to the availability of places in particular age group to which he/she will join. Every effort is made to accommodate parental wishes.

Signed: Parent _____ Date _____

Name: (Please Print) _____

Signed manager _____ Date _____

Deposit Paid	Payment method Completed	Contract Signed	Photography	Medical form complete	ID Verified Document: Number:

Parent/Carer Information

Parental responsibility for child? Yes/No

Legal Guardian of Child? Yes/No

Mothers Full Name _____

Work Address _____

Tel No _____ Mobile _____

Email Address _____

National Insurance number _____

Security Password _____

Fathers Name _____

Work Address _____

Tel No _____ Mobile _____

Email Address _____

National Insurance number _____

Other Carers Details

Name _____

Relation to Child _____

Address _____

Contact Number _____

Email Address _____

Emergency Contacts

Please list in order of preference

Name _____ Relationship _____

Address _____

Home Tel No _____ Mobile No _____

Description _____

Name _____ Relationship _____

Address _____

Home Tel No _____ Mobile No _____

Description _____

Name _____ Relationship _____

Address _____

Home Tel No _____ Mobile No _____

Description _____

Health Details

Doctors Name _____

Address _____

Tel No _____

Health Vistors Tel No _____

Dentist Tel No _____

Vaccinations

Please select vaccinations your child has had;

Polio Yes/No Date _____

Measles Yes/No Date _____

Mumps Yes/No Date _____

Rubella Yes/No Date _____

Diphtheria Yes/No Date _____

Tetanus Yes/No Date _____

HIB Yes/No Date _____

Pneumococcal Yes/No Date _____

Does your child suffer from

Hay fever Yes/No

Asthma/Respiratory problems Yes/No

Hearing problems Yes/No

Eyesight problems Yes/No

Require regular medication Yes/No

If answered 'Yes' please give details below:

Health Details Continued.

Does your Child;

Have any special needs or disabilities?

Yes/No

If yes please give details below:

Have any special dietary requirements?

Yes/No

If yes please give details below:

Are there any special words that your child uses for going to the toilet?

Yes/No

If yes please give details below:

Nursery Permission

Accidents

I understand that I will be contacted immediately, in the case of an accident, by either telephone or a text message. In the event of an accident, I understand that the Nursery will seek medical advice were necessary and take the appropriate action needed.

Signed _____ Date _____

If your child has had an accident in nursery, you will be asked to sign the accident form, in the case of your child being picked up by someone else we will ask them to sign the form.

I give permission for the accident form to be signed by the person picking up my child.

Signed _____ Date _____

Outings

As part of the Nursery curriculum, we will arrange local visits and walks in the local neighbourhood to support children's learning and experiences.

For your child to take part in such activities we require written permission from their parents/carer.

I **do/ do not** permission for my child to take part in the trips off the Nursery premises.

Signed _____ Date _____

Photographs

There are some activities that we do, where the taking of pictures, may enhance the learning outcome. Photographs may also be used for marketing purposes and displays around the nursery.

I **do/ do not** give permission for photographs of my child to be used for displays in the nursery.

Signed _____ Date _____

I **do/ do not** give permission for photographs of my child to be used for marketing purposes.

Signed _____ Date _____

In your child's Learning Journey Book there may be photography's of other children. Please ensure that this photography is not shared with other people or placed on any social networks.

I agree not to share photographs of other children or place them on social networking sites that may appear in my child's Learning Journey Book

Signed _____ Date _____

Administrating medicine

In keeping with EYFS statutory framework, we are not allowed to administer any medicine that has not been prescribed. We are aware, that babies in particular will go through the stage of teething, therefore parents/carers are welcome to bring paracetamol in a named package that has been prescribed by a health care professional.

I do/ do not give permission for nursery staff to administer medicine given by myself if needed.

Signed _____ Date _____

I do/ do not give permission for the nursery staff to apply sun block on my child when necessary.

Signed _____ Date _____

Terms & Conditions

Nursery copy

Parents/Carers Name _____ & _____

1. I/We have read and understand the Terms and Conditions listed in the listed in the fee schedule, and agree that failure on my/our part to comply with any payment conditions of that schedule may result in our child being prevented from attending the nursery.
2. I/We confirm that any changes to my/our contact numbers or addresses will be notified to the nursery immediately.
3. I/We confirm that any relevant medical information about my child has been disclosed, and the nursery will be kept informed of any medical changes.
4. I/We confirm that medication will be provided, labelled and duly signed and all requirements are record.
5. I/We will notify the nursery in the case of sickness.
6. I/We understand that if my/our child is off more than two weeks, without notification then our child could lose their nursery place.
7. I/We confirm that my/our child can participate in nursery activities. If any of these activities involves excursions outside the nursery premises, prior notification from the nursery staff will be sufficient.
8. I/We can confirm that if none of the authorised persons are able to collect my child, then I will contact the nursery and provide them with an alternative person.
9. I/We confirm that the nursery will use its best endeavours to ensure that only authorised persons are able to collect my child.
10. I/We confirm that we will not share any photography 's of other children from the nursery on social networks or with other people.
11. I/we confirm that we give permission to anyone picking up my child on my behalf to sign the accident form.

Signed _____ Date _____

Witnessed _____ Signed _____

Terms & Conditions Parent/carer copy

Parents/Carers Name _____ & _____

1. I/We have read and understand the Terms and Conditions listed in the listed in the fee schedule, and agree that failure on my/our part to comply with any payment conditions of that schedule may result in our child being prevented from attending the nursery.
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Witnessed _____ Signed _____