

1. Child's Details			
Child's Full Name			
Child's Permanent Address			
Post Code			
Home Telephone			
Date of Birth		Preferred Start Date	
Religion		Ethnicity	
Nationality		Spoken Language	

2. Parent/Carer Details			
Parent/Carer 1 Full Name			
Does this person have parental responsibility for the above named child? (please circle) Yes / No			
Mobile Number		Work Number	
Email Address			
Address (if different from above)			
Parents Date of Birth		Parents NI number	
Parent/Carer status	(please circle)	CCSW Learner	CCSW Staff Other
Parent/Carer 2 Full Name			
Does this person have parental responsibility for the above named child? (please circle) Yes / No			
Mobile Number		Work Number	
Email Address			
Address (if different from above)			
Parents Date of Birth		Parents NI number	
Parent/Carer status	(please circle)	CCSW Learner	CCSW Staff Other
Office use only:	Connect Childcare <input type="checkbox"/>	Registration email sent <input type="checkbox"/>	Key Worker Assigned <input type="checkbox"/>

3. Authorised persons

For the safety of your child, we will not release them into the care of unknown persons. You must inform us in advance if another person will be collecting your child and you should give them your secure password. Please detail below those persons whom we may recognise as authorised to collect. We may also use these persons as emergency contacts should we fail to make contact with primary carers.

#1 Full Name	
Relationship to Child	
Address (if different from above)	
Contact Number	

#2 Full Name	
Relationship to Child	
Address (if different from above)	
Contact Number	

Please provide recent photographs of responsible adults named on this form.

Photo Parent/Carer:

Photo Parent/Carer:

Photo Authorised Person:

Photo Authorised Person:

Please select a memorable password which you can give to others as authorisation to collect your child.

PASSWORD

4. Preferred Booking Requirements

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Free Early Education Entitlement

The term after your child turns three, you are entitled to 15 hours of funded sessions. From September 2017 in addition to the universal offer of 15 hours, most **working parents** of three and four year olds will be eligible for an additional 15 hours per week- giving them a total of 30 hours free childcare. Parents should visit the **Childcare Choices website** to find out if they are eligible. You will need your unique reference code.

15 hours example

8am-1pm/1pm-6pm (5 hours) x 3 days = 15 hours
 9am-12pm/1pm-4pm (3 hours) x 5 days = 15 hours
 9am-3pm (6 hours) x 2 days + 9am-12 (3 hours) = 15 hours

30 hours example

9am – 3pm (6 hours) x 5 days = 30 hours
 9am - 4.30pm (7.5 hours) x 4 days = 30 hours
 8am-6pm (10 hours) x 3 days = 30 hours

You may put sessions together if you wish to and the following 'top-up' sessions will be available:

Breakfast Club 8-9am £4.10

Hot lunch £2.50

High tea £1.50

Hourly rate £4.10

Full and half days will be charged at the same rate as the rest of the Nursery.

2 Year old reference code/30 Hours reference code:

Day	Time In	Time Out	Funded hours used	'Top up' sessions (please tick)
Monday				Breakfast Club Hot lunch Tea
Tuesday				Breakfast Club Hot Lunch Tea
Wednesday				Breakfast Club Hot lunch Tea
Thursday				Breakfast Club Hot lunch Tea
Friday				Breakfast club Hot lunch Tea

PLEASE NOTE THAT WE REQUIRE 4 TO 6 WEEKS' NOTICE TO PERMANENTLY CHANGE BOOKING PATTERNS. TO REQUEST A PERMANENT ALTERATION, HOLIDAY, SESSION SWAP OR EXTRA SESSIONS YOU MUST COMPLETE THE RELEVANT PAPERWORK THAT CAN BE FOUND IN THE NURSERY CORRIDOR. PLEASE BEAR IN MIND THAT DUE TO STAFFING LEVELS WE CANNOT ALWAYS ACCOMMODATE REQUESTS.

5. Medical, Dietary and Other

Please provide dates of your child's immunisations (can be found in your red book)

Diphtheria	MMR	Whooping Cough	Tetanus	Polio	HIB

Please provide details of professionals involved with your child/family

GP Name & Address <i>(Compulsory)</i>		Tel	
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Optional:

Health Visitor		Tel	
Social Worker		Tel	
Family Support		Tel	
Speech & Language		Tel	
Any Other Agency		Tel	

Does your child attend any other settings? (please circle) Yes / No
If yes, please give details.

Name of Setting	
Address	
Telephone	

Please give details of:

Any health issues/disabilities	
Known Allergies	
Medication Requirements	
Specific Dietary Needs	
Religious/Cultural Requirements	
Any previous serious accidents/incidents/illnesses	
Is your child under child protection plans? (CIN/ CPP)	
Custody/Legal Orders (please provide evidence)	

6. Consent

Please note that where two parents/carers hold parental responsibility, we must have consent from both.

CONSENT FOR EMERGENCY TREATMENT

I/We consent to my/our child receiving medical treatment in the event of an emergency if I cannot be contacted, following reasonable attempts to do so. I/We acknowledge that neither Starting Point Child Care Centre, its' proprietor or staff shall incur any liability whatsoever in relation to a medical practitioner's decision to administer such treatment or the treatment itself.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR OUTINGS

I/We consent to my/our child participating in outings and walks away from the Nursery when accompanied by Starting Point Child Care Centre staff. This will be short trips in the surrounding area and I fully understand that for outings further afield, I will have to give additional consent after receiving full details of the trip from Nursery staff.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

AGREEMENT TO KEEP US INFORMED

I/We agree that we will make all efforts to keep Starting Point Child Care Centre informed of any changes or alterations to the information obtained on this form.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

AGREEMENT TO STARTING POINT'S TERMS AND CONDITIONS OF CONTRACT

I/We agree to adhere to the Policies and Procedures of Starting Point Child Care Centre (available to view at any time) and confirm that I/We will abide by the Terms and Conditions of the Contract.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR FIRST AID

I/We consent to my/our child receiving minor First Aid treatment by a trained member of the Nursery staff team if required. I understand that I may be contacted if sustained injuries cause concern and know that I will be asked to sign a record of the accident/incident on collection of my child from the Nursery.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT TO CONTACT OUTSIDE AGENCIES

I/We consent to Starting Point Child Care Centre contacting relevant outside agencies to exchange information in relation to my child and his/her development. (This includes the likes of other settings and future schools)

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

6. Consent continued

Please note that where two parents/carers hold parental responsibility, we must have consent from both.

CONSENT FOR PHOTOGRAPHS

I/We consent to my/our child having their photograph taken and will allow these to be shared for the following reasons (please circle):

I Connect learning journal (essential) Yes Nursery Facebook page Yes / No Nursery website Yes / No

I Connect group photos Yes / No College/Nursery advertisement/promotional materials Yes / No

Media/Newspaper Releases Yes / No Nursery displays Yes / No Nursery newsletters Yes / No

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR NAPPY CREAM

I/We consent to the application of general nappy cream should my/our child require it. I understand that Starting Point Child Care Centre is not liable for any reactions the cream may cause if the allergy was previously unknown. I understand that it is advised to provide my own choice of nappy cream to keep at the Nursery, clearly labelled with my child's name.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR SUN-CREAM

I/We consent to the application of general sun-cream should my/our child require it. I understand that Starting Point Child Care Centre is not liable for any reactions the cream may cause if the allergy was previously unknown. I understand that it is advised to provide my own choice of sun-cream to keep at the Nursery, clearly labelled with my child's name.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR CALPOL

I/We consent to the giving of Calpol should my/our child require it. I understand that Starting Point Child Care Centre is not liable for any reactions the Calpol may cause. I understand that it is advised to provide my own Calpol to keep at the Nursery, clearly labelled with my child's name.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR TRAVELLING IN A COMPANY VEHICLE

I/We consent to my/our child travelling in a company vehicle when required for outings. I understand that Starting Point Child Care Centre as part of South Cheshire College is insured to use company vehicles and all persons driving have received relevant training. I/We understand that should my child be due to travel in a company vehicle, I will be fully informed of the outing and additional consent will be sought prior to the trip.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR OBSERVATION & ASSESSMENT

I/We understand that it is essential to my/our child's development that Starting Point Child Care Centre makes regular observations and assessments to support my/our child's learning and recognise areas for additional support. I/We consent for the Nursery staff team to make such observations and record them in my/our child's Learning Journey. I understand that they will be shared with me/us on a regular basis at Parents Evenings and are available for me/us to view at any time.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____

CONSENT FOR NURSERY PETS

From time to time Winnie, our nursery dog, likes to visit the nursery. Winnie's breed is Bolognese and well-suited to the nursery environment as she is gentle, fearless, and offers unconditional love. Winnie doesn't shed so she is good amongst anyone with allergies. She makes an excellent therapy dog who loves to be around children. Winnie's aim is to enrich the children's development and knowledge and understanding of the world.

I do or do not consent, please circle as appropriate.

Signed: _____ Parent/Carer Date: _____

Signed: _____ Parent/Carer Date: _____



Ofsted
Outstanding
Early years provider

2015/2016