

# Pugwash Registration Form



## Key Information

Child's Name: .....

Name to be used at nursery: .....

Date of Birth: ..... Gender: **Male / Female**

Religion: ..... First Language: .....

Any other languages spoken: .....

Address: .....

..... Postcode: .....

## Parent / Carer Details (with whom the child lives)

**1.** Name: ..... Email: .....

Home Tel: ..... Mobile Tel: .....

Place of work: ..... Job Title: .....

Work Tel: ..... Ext: .....

Does this parent have parental responsibility? **Yes / No**

Does this parent have legal contact? **Yes / No**

**2.** Name: ..... Email: .....

Home Tel: ..... Mobile Tel: .....

Place of work: ..... Job Title: .....

Work Tel: ..... Ext: .....

Does this parent have parental responsibility? **Yes / No**

Does this parent have legal contact? **Yes / No**

## Name of Parent / Carer who your child does not live with

Name: ..... Tel: .....

Address: .....

..... Postcode: .....

Does this parent have parental responsibility? **Yes / No**

Does this parent have legal contact? **Yes / No**

## Emergency Contacts who can collect your child

(other than parents / must be over 16 years of age)

### Contact 1

### Contact 2

Name: ..... .....

Relationship to child: ..... .....

Home Tel: ..... .....

Mobile Tel: ..... .....

Password for collecting child: ..... .....

As security it is of the upmost importance, you must inform the nursery of any changes to collection arrangements. The person collecting your child should be known to our nursery and be aware of your chosen password.

## Health Information

Doctor's Name: ..... Telephone: .....

Address: ..... Postcode: .....

Health Visitor's Name: ..... Telephone: .....

# Immunisations

Please tick if your child has had the following vaccinations:

<b>Whooping Cough</b>	<input type="checkbox"/>	<b>Diphtheria</b>	<input type="checkbox"/>	<b>Tetanus</b>	<input type="checkbox"/>	<b>Polio</b>	<input type="checkbox"/>
<b>Hib Meningitis</b>	<input type="checkbox"/>	<b>Measles</b>	<input type="checkbox"/>	<b>Mumps</b>	<input type="checkbox"/>	<b>Rubella</b>	<input type="checkbox"/>

# Medical Information

Does your child have any of the following? (If you answer yes please give details)

Any allergies? .....

An epipen? .....

Any on-going health issues (eg, eczema/asthma)? .....

Any medical conditions? .....

Take regular medication? .....

Any major illness, operations or hospital stays? .....

Any special dietary requirements? .....

Are there any concerns or further details we need to be aware about?

.....

Is there any other information that will help us in the care of your child? (eg, do they sleep during the day? Do they have a comforter?) .....

# Consent

Preferred Start Date: ..... Relationship to child: .....

Date: ..... Signed: .....

By signing the registration form you are agreeing to the terms and conditions attached. These must also be signed with both a copy for the nursery and a copy for the parent/carer.

## Office Use Only:

Date Received: ..... Date on System: .....

Confirm Start Date: ..... Signed (Manager): .....

# Terms and Conditions

1. All parents will be asked to sign an agreement which indicates clearly the times that your child will be dropped off and collected from North View.
2. The hours stated and agreed must be strictly adhered to; in order to maintain appropriate staff ratios.
3. The nursery opens at 07.30 and closes at 18:00 each weekday. If collection is made later than 18:00 you will receive a late fee of £10.00 for every 15 minutes or part thereof.
4. If you know you are going to be more than 10 minutes late, it is imperative you inform the nursery; again this is due to staffing ratios.
5. Your child must arrive at North View before 8.20am, if your child has not arrived by this time, it will be your responsibility to take your child to school.
6. Please inform the nursery if your child will not be attending before 8am in the morning and 2pm in the afternoon. If your child is absent from school, due to sickness etc, you must also inform us
7. Your child needs to be responsible for collecting his/her own belongings from school each day as staff are unable to return to classrooms to retrieve forgotten items.
8. We invoice as per Derbyshire County Council Term Dates for a total of 39 weeks per year. Fees are payable each half term, this is requested in advance and is payable throughout term time regardless of absences, sickness, inset days, bank holidays etc. Persistent late payment of fees will result in your child's place being withdrawn. Four weeks' notice is required should you wish to withdraw your child from Pugwash, failure to do so will result in four weeks fees being charged, commencing from the date of withdrawal of your child.
9. The hourly rate is £4.00 per hour with a minimum of one hour being charged for any before and after school care, thereafter fees are charged half hourly. Charges apply from drop off at South View to 09:00 in the morning, and from the individual school end time to pick up from South View in the afternoon.
10. If your child is withdrawn from Pugwash for any reason, you may not approach staff members to care for your child until a period of six months has passed.

**I agree to comply with the terms and conditions set out by North View Day Nursery (UK) Ltd. (NURSERY COPY)**

Signed: ..... Name: ..... Date: .....

# Terms and Conditions

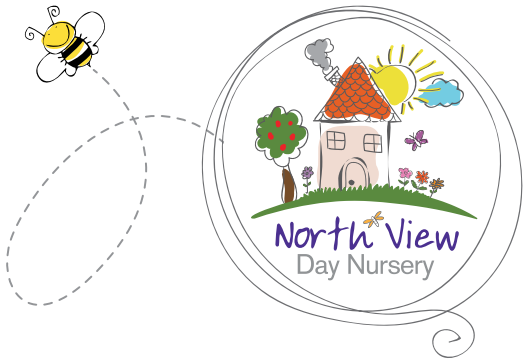
PLEASE DETACH AND KEEP FOR  
YOUR RECORDS

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Signed: ..... Name: ..... Date: .....

# Pugwash Agreed Hours



Child's Name: .....

Date of Birth: ..... School to be attended: .....

Class: ..... Teacher: .....

<b><u>SESSIONS REQUIRED</u></b>	<b>AM SESSION / ARRIVAL TIME</b>	<b>PM SESSION / DEPARTURE TIME</b>
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>TOTAL HOURS</b> (to be completed by manager)		

The above hours must be strictly adhered to. Children must be dropped off at nursery before 8.20am to ensure vehicles leave on time for schools.

IF YOUR CHILD IS NOT TO BE COLLECTED, NURSERY MUST BE INFORED BEFORE 2.30PM TO AVOID UNNECESSARY DISRUPTION TO THE COLLECTION SERVICE.

SIGNED: ..... PARENT/CARER

SIGNED: ..... NORTH VIEW

DATED: .....

AGREED MONTHLY FEES £: .....



# Pugwash Permission Form



Please tick below to allow nursery staff to carry out the following. If you have any questions regarding any of the permissions, please do not hesitate to ask the manager.

Child's Name: .....

Date: .....

*I give permission for North View to:*

Photograph/video my child for the purpose of observation and record keeping.

Use photographs of my child for displays in the nursery setting.

Use photographs of my child on the North View website & APP.

Transport my child to and from school in a nursery vehicle.

Use its sister company (South View) to assist in drop off or collection of my child as required due to busy periods. (My child will be returned to North View). All South View staff are up to date with DBS checks and appropriately qualified.

Take my child on trips within the local community with age appropriate ratios being adhered to and risk assessed.

Administer age appropriate paracetamol to my child if and when required, which I must supply to North View.

Act in loco parentis; administer First Aid in an emergency, take my child to hospital, and seek any necessary emergency treatment.

Apply sun cream during hot periods. I understand that I should apply sun cream to my child before they attend nursery of at least factor 40, and I will supply the nursery with sun cream to re-apply as necessary.

Share information regarding my child with other appropriate professionals.

Signature: ..... Name: ..... Date: .....  
(Parent/Carer)

