

For Internal use only

Birth Cert No:

Seen by:

Date:

Start date:

Privacy Notice provided:

Agreement to engage:

Pay: 9-24WPF:

FF2:

FF2WP:

3-4F15:

30F:

EYPP:

SENIF:

DAF:

EHC:

Family Details

Full Name of Child Gender:.....
Address Postcode.....
Date of Birth/...../..... Telephone No 01843..... Mobile
Country of Birth..... Nationality..... Ethnic Origin.....
Language/s spoken by family Religion
Names of other siblings in the family and their dates of birth.....
.....
Names of Parents/Carer
With whom does the child live
Name of person/s with Parental responsibility.....
Please give information about any person who should not come into contact with this child for legal reasons
.....

Emergency Contact Details

Parent 1/Main Carer's Daytime Contact details

Name

Address

.....

TelMob.....

Email

Work/ Job

Parent 2/Main Carer's Daytime Contact details

Name

Address

.....

TelMob.....

Email

Work/ Job

Designated person to contact other than parents in the case of an emergency or if your child is ill:

Name

Relationship to child

Address..... Postcode.....

Tel Mobile.....

Emergency Consent

In the event of the setting not being able to contact myself, my partner or the designated emergency persons, I agree to the Manager or Supervisor giving permission for my child to receive emergency treatment by a qualified medical practitioner.

Signed (Parent/Carer)Dated/...../20.....

If at any time you wish for another adult to collect your child, you will need to inform us. The adult will also need to know your child's Security Password. This will be asked for on collection of your child.

Security Password:

Medical Details

Name of Doctor Telephone No.

Address

Name of Health Visitor Date of 2 year check:...../...../20.....

Details of injections received:

Usually at 4 months: **DTap/IPV/Hib/HepB, PCV, Meningitis B** Date:.....

Between 12-13 Months: **Hib/MenC, MMR, PCV. Meningitis B** Date:.....

3 Year and 4Months: **Preschool booster of DTap/IPV(polio), MMR** Date:.....

Please give details of any existing medical conditions, disabilities, additional needs or concerns that you may have around your child's development:.....

.....

Please give details of any regular medication that your child has:.....

.....

(Medication will only be administered with written consent)

Any Allergies or Dietary Needs

.....

Other agency/organisation involved ie Social services, Speech and Language etc

Are there any other agencies/organisations involved with the family such as Social services, Speech and Language, Portage, Early help, Homestart etc.

Yes

☐

No

☐

If yes please give more information to a member of the leadership team.

We collect and use personal information to comply with our legal obligations under section 537A of the Education Act 1996, section 83 of the Children Act 1989, and to carry out tasks in the public interest. Part of these obligations is to work with multi-agencies, for more information on whom we share this information with please see attached Privacy Notice.

I agree that I have received, read and understood Barbies Playschool and Selwyn House Nursery's Privacy Notice.

Print name:

Sign:

Date: / /20

Parental Consent

The person signing this form needs to have Parental Responsibility* for the child/young person concerned. Only one signature is required.

- A person automatically has parental responsibility for their child if they are named on the birth/adoption certificate.
- Parents do not lose parental responsibility if they divorce.
- Parental responsibility can only be changed by order of the Court.

Please complete below to give consent for the following:

Medication in an emergency

In the case of my child having a mild allergic reaction (hives, allergy rash, inflammation or irritation from insect bite or nettle stings) whilst at nursery. I agree to a member of staff from Barbies Playschool and Selwyn House Nursery to administer the appropriate dosage of Piriton as noted on the medication bottle to my child..... to ease symptoms. Before medication is administered a member of staff will always contact main carer or emergency contact for verbal agreement on condition and course of action.

Print name:

Sign:

Date: / /20

I agree that in the case of an emergency, if my child has a high fever, 39°C or above, a member of staff from Barbies Playschool and Selwyn House Nursery will contact the main carer or emergency contact to collect my child and if appropriate, for verbal agreement to administer an age appropriate dosage of Calpol to reduce the risk of febrile convulsions. It is therefore of the upmost importance to inform your child's keyperson if your child has had a dose of paracetamol based medication before their session.

Print name:

Sign:

Date: / /20

Sun cream application permission

I give permission for a member of staff from Barbies Playschool and Selwyn House Nursery to apply the Nursery's own sun cream onto my child,as and when necessary before outdoor play, reapplying as appropriate to weather conditions.

Print name:

Sign:

Date: / /20

Face painting

We sometimes carry out face painting activities. I give permission for my childto take part in such activities.

Print name:

Sign:

Date: / /20

Outings permission

I give permission for my childto participate in nursery outings to local amenities (all within walking distance or on local bus route) for example local shops, the library, local church and park. Individual consent will be sought if the outing is further afield and requires specialist transport such as hired coach travel or KCC approved taxi.

Print name:

Sign:

Date: / /20

Contact

I agree to being contacted by Email for bulletins regarding up to date information about the nursery, ie Newsletters or reminders.

Print name: Sign: Date: / /20

Learning Journal

I allow my childdetails (personal, specific etc) to be added to the nursery online journal system 'My Babys Days' so that I can keep up to date with their developmental progress.

Print name: Sign: Date: / /20

Photography and display permission

I agree to Barbies Playschool and Selwyn House Nursery using photos of my child to document and evidence my child's developmental progress whilst at Nursery.

Print name: Sign: Date: / /20

I agree to Barbies Playschool and Selwyn House Nursery using photos of my child for specialist records, such as Health care plans, one-page profiles.

Print name: Sign: Date: / /20

I agree to Barbies Playschool and Selwyn House Nursery using photos of my child for displays within the Nursery premises such as in classrooms, on class display boards, in the reception area.

Print name: Sign: Date: / /20

I agree to Barbies Playschool and Selwyn House Nursery using my child's..... first name and surname initial to label their own class peg, their own class tray and to label any artwork they have created for display.

Print name: Sign: Date: / /20

I agree that Barbies Playschool and Selwyn House Nursery may use photographs of my child without naming them, for illustration purposes, such as publicity, advertising, Barbies Playschool and Selwyn House Nursery website and Facebook page.

Print name: Sign: Date: / /20

Sessions Required - please indicate the times below

	Start	Finish
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

How will you be paying your Nursery Fees?:

Private (Cash or Bank transfer):

Weekly (at the beginning of the week) ☐

Monthly (on the 1st of the month) ☐

Tax Free Childcare ☐

Other: ☐

Government Funding (eligibility criteria applies):

Working Parents 30hours

Free For 2 ☐

3&4 year old universal funding (15) ☐

30 hours term time ☐

24hours stretched ☐

Details of Parent/Main Carer that will be claiming the government funding:

Full Name:

Date of Birth:

National Insurance Number:

Funding Code:

Fee's should always be paid in advance, these can be made by either cash, BACS or childcare vouchers. I understand that full fees must be paid including all absences and holidays taken.

Print name:

Sign:

Date: / /20

Complaints Procedures

Barbies Playschool and Selwyn House Nursery have a 'Complaints Procedure' which parents must follow should they have any complaint or grievance about a staff member or the setting. There is a copy available to read in the nursery entrance.

Nursery Statement

'Defamation & Slander' It is an offence to make a defamatory statement about an identifiable organisation and publish it to a third party i.e. on a social networking site or through media

If Defamation or Slandorous statements lower the reputation of an organisation then according to the 'DEFAMATION ACT 1992' the organisation are within their rights to take legal action against any individual(s) making such comments or statements.

Parental Agreement

I agree that I will follow Barbies Playschool and Selwyn House Nursery's complaints procedure at all times with any grievances or complaints I may have. I am also aware that the setting will take legal action against any individual(s) publicising comments that are deemed as 'defamation or slander' which could harm or lower the settings reputation.

Print name.....Signed.....Date.....

Relationship to child.....

