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| --- | --- | --- | --- |
| **Child’s Full Name** |  | **Date of birth** |  |
| **Address***Please indicate your child’s usual address* |  | **Postcode** |  |
| **Birth Certificate presented?** |  |
|  |
| *Parents/Carers Names & Personal Information* | **Mother/Father***(Please circle)* |  | **Home Phone Number** |  |
| **Mobile Number** |  |
| **Address***If different from above* |  | **Employer's Name**  |  |
| **Employers Phone No** |  |
| **Mother/Father***(Please circle)* |  | **Home Phone Number** |  |
| **Mobile Number** |  |
| **Address***If different from above* |  | **Employer's Name** |  |
| **Employers Phone No** |  |
| **Other***(Please specify)* |  | **Home Phone Number** |  |
| **Mobile Number** |  |
| **Address***If different form above* |  | **Employer's Name** |  |
| **Employers Phone No** |  |
|  |
| *Further Information* | **Siblings Names** |  | **Date of births** |  |
| ***What is your child’s first spoken language?*** |  |
| ***Does your child’s have any religious needs?*** |  |
| ***Is there any other spoken language in the household?*** |  |
| ***Please state your child’s ethnic origin*** |  |

**This is a contract between Hazles Farm Childcare and the guardian/s of the below named child. Please complete this form and return it to the nursery office. This form MUST be completed by someone with legal responsibility for the child.**

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|  | ***Details of any other setting your child attends*** |  |
| ***Are there any other agencies or professionals working with your child?*** |  |
|  |
| **MEDICAL INFORMATION** |
| **Name and address of child’s GP** |  |
| **GP Phone number** |  |
| Details of all immunisations already received by your child*(Please tick all that apply)* |
| **6 in 1** (1st) | **6 in 1** (2nd) | **6 in 1** (3rd) | **MMR** (1st) | **Flu Vaccine** | **MMR** (2nd) | **Booster** |
|  |  |  |  |  |  |  |
| ***Does your child have any special medical conditions/diagnosed special needs?***  | **Details:** |
| ***Any known allergies? (E.g. food, animals, plasters, medication, etc.)*** | **Details:** |
| ***Dietary preferences/requirements?*** | **Details:** |
|  |
| **CONSENT INFORMATION** |
| **Administration of medicines**  | I understand that only prescription medicines can be given and that a completed medicine form must be completed by a parent/guardian before a medicine is administered.Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical treatment release**  | I give permission in an emergency for my child to be escorted to a hospital or doctor and for trained Nursery Practitioners to take any necessary action in the case of a medical emergency. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **I WOULD LIKE MY CHILD TO ATTEND THE FOLLOWING SESSIONS (*please tick*)** |
| SESSIONS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| FULL DAY(8AM TILL 6PM) |  |  |  |  |  |
| SHORT DAY(8AM TILL 3.30PM) |  |  |  |  |  |
| HALF DAY AM(8AM TILL 1PM) |  |  |  |  |  |
| HALF DAY PM(1PM TILL 6PM) |  |  |  |  |  |
| Early Start Requested (7.30am) |  |  |  |  |  |
| HOURLY RATEDiscuss with Manager |  |  |  |  |  |
| **PLEASE SEE SEPARATE INFORMATION LEAFLET REGARDING FOOD CAHRGES FOR NEF/24U & TALKING 2’S FUNDED CHILDREN** |
|  |
| **COLLECTION OF CHILDREN** |
| *It is the responsibility of the parent/guardian to notify nursery of any changes to the usual person who collects your child from the setting. Please state below* ***TWO*** *named persons who have permanent permission to collect your child from nursery.*  |
| **Name** |  | **Name** |  |
| **Relationship to child** |  | **Relationship to child** |  |
| **Unique password** |  |

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| **OTHER PERMISSIONS** |
| ***I give permission for my child to take part in the following activities:*** | **YES** | **NO** |
| Outings into the community  |  |  |
| Photographs to be displayed within nursery |  |  |
| Holding information (paper & computer based) |  |  |
| Information sharing (e.g. Health Visitor, Local Authority) |  |  |
| Photo’s for publications |  |  |
| Undertake observations |  |  |
|  |
| **How did you hear about Hazles Farm Childcare? Please tick appropriate box** |
| Website | Facebook | Recommendation | Sign Outside |
| Flyer | Magazine | Stay and Play | Other……………………… |

**WE ASK THAT YOU KEEP US INFORMED OF ANY CHANGES TO YOUR DETAILS. PERIODICALLY WE MAY ASK YOU TO CONFIRM YOUR DETAILS FOR OUR RECORDS.**

**Agreement**

These terms and conditions represent the entire agreement and understanding between the parents (including other carers) and the nursery. Any other understandings, agreements, warrantees, conditions, terms and representations, whether verbal or written, expressed or implied are excluded to the fullest extent permitted by law. We reserve the right to update/amend these terms and conditions at any time. One month notice will be given of any changes made.

The completion of the Childcare Registration and Agreement Form is accepting the companies Policies and Procedures and any updates that therefore follow. It is the parents/carers responsibility to ensure they have read and understood all the settings Policies and Procedures which are accessible within the nursery setting.

The nursery is operated by Hazles Farm Childcare Ltd.

**I have read and understand these Terms and Conditions and agree to be bound by them.**

Signed (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TO HELP COMPLY WITH GENERAL DATA PROTECTION REGULATIONS CONSENT REQUIREMENTS, WE NEED TO CONFIRM THAT YOU WOULD LIKE TO RECEIVE INFORMATION FROM US. YOUR INFORMATION WILL NOT BE SHARED WITH OTHER COMPANIES.** |
| **Primary Email Address** |  |
| **Permissions** Hazles Farm Childcare will use the information you provide on this form to be in touch with you and to provide updates on our services. Please let us know all the ways you would like to hear from us: |
| **Email** | Sign: Date: |
| **Telephone** | Sign: Date: |
| **Text Message** | Sign: Date: |
| **Social Media Message** | Sign: Date: |
| **I am happy for my invoices to be emailed to my primary email address** | Sign: Date: |

**Please inform us of TWO additional contacts that can be reached in the event of an emergency. Emergency contacts must differ from parents/guardians already included within the contract and they must give written consent below for nursery to hold their information on file.**

