



Copthorne Kinders Day Nursery Registration form

Child's First Name(s): _____ Surname: _____

Preferred name: _____ Gender (M/F) Date of Birth: _____

Address: _____

Postcode: _____

Ethnicity: _____ Religion: _____ Language spoken at Home: _____

Any Known Allergies or Special Education Needs:

Details of professionals involved with your child:

Doctor name: _____ Surgery: _____

Address: _____

Telephone number: _____

Health Visitor (if known) name: _____

Address: _____

Telephone number: _____

Is your child registered with a Dentist? YES/NO

Are you registered at the Children and Family Centre? YES/NO

Parent/Carer information:

Contacts details 1

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home address (unless different to child's address):

Postcode: _____

Does this parent have parental responsibility for the child? Yes/No

Does this parent have legal access to the child? Yes/No

Email address: _____

Contacts details 2

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home address (unless different to child's address):

Postcode: _____

Does this parent have parental responsibility for the child? Yes/No

Does this parent have legal access to the child? Yes/No

Email address: _____

Emergency Contact detail (must be local)

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home Address _____

Postcode: _____

Other persons permitted to collect:

Please list below any other adults permitted to collect (must be over age of 18)

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Name: _____

Relationship to child: _____

Telephone Number: _____

Password for the collection of child by authorised person: _____

General parental permissions

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed _____ Date: _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me or nursery) to _____ (Name of Child) and to record its use.

Short trip – general outings

Your child will be taken out of the setting as part of daily activities.

The venues used are:

- Local walks
- Woodland walks
- Feeding the ducks
- Trips to local schools

All other outings will require separate permission slips.

I give permission for _____ (Name of child) to take part in short trips for general outings. I understand that individual risk assessments are carried out for each type of trip or outing and are available for me to see as required. For any major outings, I understand I will be informed and my specific consent obtained.

Signed _____ Date: _____

Calpol and Sudafed

I give permission for staff to administer paracetamol based products (e.g.) Calpol) to _____ (Name of child) in case of a raised temperature on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicine.

Signed _____ Date: _____

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.

Parent/Carer 1 _____

Signed: _____ Date: _____

Parent/Carer 2 _____

Signed: _____ Date: _____

Copthorne Kinders Ltd. Parent/carers Contract

I /we agree to follow the terms and conditions stated within the nursery prospectus.

I/we agree to the terms and conditions should our child/children be eligible to claim the free entitlement grant from West Sussex County Council. Parents with two year old children may meet the criteria to access the two year old funding.

Please visit the West Sussex County Council Website for more information.

[West Sussex County Council: Free Entitlement for 2 year olds](http://www.westsussex.gov.uk/.../free_entitlement_for_2_year olds)

www.westsussex.gov.uk/.../free_entitlement_for_2_year.aspx

Every child is eligible for the free entitlement following the term after their 3rd birthday. Please see the West Sussex County Council Website above.

Should your child be eligible for funding a form must be completed and given to a member of the nursery team with proof of your child's date of birth (a passport or birth certificate)

Funded children are entitled to 15 hours free childcare for 570 hours per year. This is calculated over a term usually 13/14 weeks. If your child only attends nursery for their funded hours the session will be **8.45-11.45 am. Term time only.** However, should these times be unsuitable for families the nursery will try and accommodate families where spaces are available.

If your child attends nursery outside these hours the funding will be deducted from the monthly advanced invoice.

Should you wish to extend your child's hours the nursery hourly rate will be charged plus a lunch cost, please ask staff for the current rates. All snacks and drinks are included within the session. Alternatively, a healthy packed lunch may be provided, (no sweets crisps or fizzy/juice drinks please). Copthorne Kinders has a healthy eating policy, only healthy nutritious food and drinks will be provided. All dietary requirements will be catered for.

Please note: Copthorne Kinders requires one month's notice when withdrawing your child from nursery. All fees incurred are payable in advance. No refunds are offered on bank holidays , for illness or for adverse weather closure .

Parent /carer name.....

Child name.....

Date..... Parent /carer signature.....

