

The Winning Child Nursery TWCN

REGISTRATION FORM



| | | |
|---|-------------------|---|
| A: CHILD'S DETAILS | | |
| FORENAME: | Surname: | |
| Known as: | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth: | Birth Certificate Checked: Y/N Date: Cert. No: By: |
| Ethnicity: | Languages Spoken: | |
| Country of birth: | Nationality: | Other Nationality: |

| B. FATHER'S (CARER'S) DETAILS | MOTHER'S (CARER'S) DETAILS |
|---|---|
| Do you have parental responsibility of child? | Do you have parental responsibility of child? |
| Title: | |
| Forename: | |
| Surname | |
| Address | |
| House Number/Name: | |
| Street: | |
| Town/City: | |
| Post Code: | |
| Does child live at this address? | Does child live at this address? |
| Email: | |
| Telephone Details | |
| Home: | |
| Mobile: | |
| Employer Details | |
| Name: | |
| Tel: | |

C. EMERGENCY CONTACT – different from the parents

Please ensure that you tell any additional adults that you will be giving their contacts details below, so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this, please direct them to contact The Winning Child Nursery on 01322875555/07469879800. Thank you

| | | |
|--|-------------|------------------------|
| | Name: | Relationship to child: |
| | Address: | |
| | Tel (Home): | Tel (Mobile): |
| | | Email: |
| | Name: | Relationship to child: |
| | Address: | |
| | Tel (Home): | Tel (Mobile): |
| | | Email: |

D. TWCN FEE STRUCTURE

Nursery Fees

Fees are payable monthly in advance, in accordance with the rates in force at the time. Monthly fees are calculated as outlined below:

$$\frac{\text{Sessional fee} \times \text{Number of sessions} \times 52}{12}$$

12

We accept **Childcare Vouchers** and do **Siblings Discount for two or more children who are not on free funding**. You can discuss this with us during registration.

| | Time | Wee Winners/Babies 6 months-2 years (daily Rate £) | Winning Tots/ Toddlers 2-3 Years (Daily rates £) | Winning Stars/ Preschool 3-4 years (Daily rates £) | Lunch Fees for Toddlers/Preschool on free Funding |
|----------------|------|---|---|--|---|
| AM | 7-1 | £36.00 | £34.00 | £33.00 | £3.50 |
| PM | 1-6 | £31.00 | £29.00 | £28.00 | £2.50 |
| All Day | 7-6 | £65.00 | £61.00 | £58.00 | £6.00 |

E. FREE EARLY EDUCATION (FEE)

15 Hours Universal Entitlement

The Winning Child Nursery is registered to receive Free Early Education (FEE), effective from the term following your child's third birthday and this entitles each child (aged 3 – 5) to 15 hours each week up to a maximum of 570 hours per year.

The following information details how your child can access their 15 hours Universal entitlement FEE hours at TWCN TOTALLY FREE:

| | Time | Totally Free Hours (FEE) |
|----|-------|--------------------------|
| AM | 8 – 1 | 8 – 1 X 3 days |
| PM | 1 – 6 | 1 – 6 X 3 days |

30 Hours of Free Childcare – Extended Entitlement

In addition to the 15 hours Universal Entitlement of FEE, we also offer the Extended Entitlement of 30 hours of free childcare taking effect from September 2017, a government scheme to:

- Support working parents to manage the cost of childcare
- Support parents into work
- Enable parents to increase their working hours

Your child becomes entitled to the **Additional/Extended** Free Early Education and Childcare from the term after both of the following conditions are satisfied:

- Your child has attained the age of three
- You have a current positive determination of eligibility from HMRC

Your eligibility can be checked via www.childcarechoices.gov.uk. Once confirmed you will be given a 12-digit eligibility code which you will be required to bring to us alongside your National Insurance number so that we can check the validity of this code.

The following information details how your child can access their 30 hours extended entitlement of FEE hours at TWCN TOTALLY FREE

For Term time offer: For parents whose children will be attending the session during term time period up to a total of 38 weeks.

| | Time | Free Hours + Lunch fees |
|---------|-------|-------------------------|
| AM | 7 - 1 | 7 - 1 X 5 days |
| All day | 8 - 6 | 8 - 6 X 3 days |

For stretched Offer: For parents who would want to access the stretched offer as stated below, the extra 12 hours over the FEE hours will either be payable or relinquished:

| | Time | |
|----|-------|-----------------------------|
| AM | 7 - 1 | 7 - 1 X 4 days for 48 weeks |

Registration fee- £35.00 (No refundable)

Deposit (Two weeks fees) based on child's sessions- Refundable when leaving if a month's notice is given.

Lunch fees payable by children on free funding, the amount is different depending on the Sessions accessed.

Extra hour fee- £7.00 between 7am and 8am for children on 30 hours free funding who come in on 3 days.

Late pick up fees- A fine of £1 per minute will be charged after 6pm for children who are in all day and after two warnings of a maximum of 5 minutes for children who finish at 1pm.

| F. CHILD'S MEDICAL HISTORY | |
|---|-------------------------------------|
| Doctor's Name: | |
| Address: | |
| Telephone: | |
| Email: | |
| KNOWN ALLERGIES/SENSITIVITIES/INFECTIOUS ILLNESSES OR DISEASES: Please provide details: | |
| Food intolerances/sensitivities: | Food forbidden by religion/culture: |
| G. MEDICATION AND MEDICAL HELP | |
| 1. In the event of my child requiring a course of medication, I undertake to authorize this through the use of the Nursery's medication form | Signature: _____ Date: __/__/____ |
| 2. In the event of an accident or my child requiring emergency treatment, I consent to a member of Nursery staff calling an emergency ambulance and seek medical advice or treatment. | Signature: _____ Date: __/__/____ |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| H. ATTENDANCE SCHEDULE - If sessions is not included, please specify e.g., 8 - 1pm. | | | | | |
| CHILD'S NAME: | | | | | |
| COMPLETED BY: | | Signature: | | Date: __/__/20__ | |
| Start Date: __/__/20__ | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full Day: 7am - 6pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morning: 7am - 1pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon: 1pm - 6pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Universal Entitlement Totally Free sessions over 3 days | | | | | |
| Morning: 8am - 1pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon: 1pm - 6pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strictly 30 hours Extended Entitlement Hours | | | | | |
| Morning: 7am - 1pm (Over 5 days) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full day: 8am - 6pm (Over 3 days) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I. Outings

I give consent to my/our child being taken out of the Nursery on outings:

Signature:

Date: __/__/____

J. Two Year Check (for children aged 2 and above)

Have you completed the health visitor's two-year check review? Y/N

Has any other provider/setting completed the two-year check for your child? Y/N

K: DROP OFF AND PICK UP

The following people are authorized to collect or drop off my child at the nursery:

Name: Relation to child:

Name: Relation to child:

Name: Relation to child:

Authorization password (Please provide):

Signature: Date:

Authorization password (Please provide):

Signature: Date:

Authorization password (Please provide):

Signature: Date:

Authorization password (Please provide):

Signature: Date:

L. Parental Consent

Calpol Consent

I give permission for my child to be given prescribed Calpol by the staff of The Winning Child Nursery.

Print Name: _____ Signature: _____ Date: _____

Photograph Consent

I agree that the staff of The Winning Child Nursery can take photograph or videos of my child for learning record/publications.

Print Name: _____ Signature: _____ Date: _____

Outing/Trip Consent

I give permission for my child to be transported by the staff of The Winning Child nursery in the vehicle used for this purpose.

Print Name: _____ Signature: _____ Date: _____

Sun Cream consent

I give permission to the staff of The Winning Child nursery to protect my child's skin from sun burns by applying sun cream that I have earlier provided.

Print Name: _____ Signature: _____ Date: _____

Christian Ethos

I give/do not give permission to the staff of The Winning Child Nursery to involve my child in Christian activities as scheduled by the nursery

Print Name: _____ Signature: _____ Date: _____

For Parents who do not give consent for their child to be involved in Christian activities

I am aware that my child will still be in the same room with others while Christian activities are going on though staff will engage them in other activities to the **best of their abilities**; we will not accept any responsibility for them listening in or learning any of the songs or stories being taught during these sessions.

Print Name: _____

Signature: _____

Date: _____

M.

TERMS AND CONDITIONS

Please check the boxes to confirm that you have read our terms and conditions.

- All fees are payable monthly in advance by the 28th of each month by direct debit, BACS, standing order.
- I understand that the nursery is closed for all bank holidays and the period between Christmas and New Year however fees remain payable for these days.
- Should the nursery be unable to open due to bad weather or any other unforeseen circumstances, we will notify you as soon as possible but fees still-remain payable
- We hold two inset days in a year during which the nursery is closed for staff's training however fees remain payable
- Our fees do not include any outings, celebrations or entertainment that is in addition to our usual lesson activities.
- Fees are to reflect in the nursery's account latest on the 28th of each month. If you are experiencing financial hardship please speak, in confidence, to the manager so that alternative payment arrangement can be made where possible.
- A late payment fee of £10 applies to payments that are between 1 to 5 days late and £20 payments for those later than 5 days
- If without negotiation, fees are not settled, we are left with no alternative but to withdraw your child's place and if necessary, take legal action to recover the amount owed.
- Children in receipt of Free Early Education (FEE) will be unable to access any additional fee-paying hours until outstanding fees are settled.
- No refund or swapping of session will be given in the event of a child's absence due to illness, holiday, or any other reason.
- Your child's place at the nursery is not confirmed **until two weeks' deposit** based on sessions required on this application is received after an offer of a place is made by the nursery. The deposit, less any unpaid fees, is returned on child's last day at the nursery **provided** the **one-month** notice has been given.
- This contract may be terminated by one month's written notice from either you or the nursery.
- Children on funded sessions **MUST** give the required 1-month notice as stated above but should you wish to withdraw your child without following the notice period you will be required to pay for the full one-month fee.
- The nursery reserves the right to terminate the contract immediately if:
- A child's behavior is considered to affect the well-being of the other children in the nursery.
 - Any fees remain outstanding for 5 days or more
- If a child becomes ill with vomiting or diarrhea, they must not attend the nursery until they have been well for a minimum period of 48 hours

Children must be collected promptly at the end of a session or day. Should a parent fail to collect their child within 5 minutes of the session/day end, a late collection fee of £5 will be charged for every five minutes.

Kindly note that the 5 minutes no charge period is only applicable when a parent has been late less than 3 times within the previous 3 months otherwise lateness becomes chargeable right from the time a child's session ends.

Lateness fees **must** be given out to staff on your child's next session at the nursery before they will be allowed into the setting.

Children will only be released into the care of their parents. If any other person is collecting your child, the nursery must be informed prior to collection.

We reserve the right to ask for proof of identity and the person must be given a password.

Any valuables brought to the nursery with your child are at your own risk. All clothing and property must be clearly labeled and please do not send your children in, wearing big jewelry. The nursery accepts no liability for ANY loss of clothing or jewelry.

The nursery reserves the right to amend the fees and conditions. Please note that our fees are subject to alteration, normally in April or September of each year. We shall provide two months-notice of any fee changes.

I enclose a registration fee of £35 per child and I understand that this fee is non-refundable if my child is offered a place at the nursery.

NOTE: The deposit is not applicable to children on FEE sessions ONLY, but the one-month notice MUST be adhered to avoid incurring the NOTICE period charges.

I have read and agreed to abide by the nursery's policies and procedures.

N: DECLARATION

I confirm that the information provided on this registration form is accurate to the best of my knowledge. I have read and agreed to the terms and conditions above. I enclose/do not enclose a payment of £35 in respect of Registration fee.

Parent/Guardian's name (Print):

Signature:

Date: __/__/_____

GETTING TO KNOW YOU FORM

This document should be completed prior to the start of the child's settling in. This will enable staff to prepare activities in the room for the child's visits that are of interest to them and will help them to settle.

This document should be kept by the key person in the child's profile and should be used to support the child's starting points on entry to the nursery.

| | | |
|---|---|-------|
| Name of Child | | D.O.B |
| What does your child like to be called? | | |
| Parents/Carers (First and Family Names) | | |
| Any brothers/sisters – names and ages. Any special family members? | | |
| What is the first language of your child? (The language they have been brought up in and speak at home) | | |
| Has your child grown up hearing and speaking more than one language? | | |
| If yes, please list those languages. | | |
| What is your family religion? | | |
| This information is very helpful to us, but you do not have to tell us if you prefer not to. | | |
| Does your child have any medical needs, allergies, dietary requirements, or special needs? | | |
| Does your child suffer with or ever previously had seizures? | | |
| Has your child been supported by any professional services such as Portage, Social Workers, Speech Therapist etc. If so, please give details. | | |
| What does your child like playing with at home? | Does your child have access to a garden or park? | |
| | If yes, how often does she/he have access to it? | |
| Does your child have a special book or song at home? | What is your child's favourite TV Programme or video? | |
| Is there anything your child especially likes or dislikes? | | |
| Have you attended any previous settings or group activities with your child? E.g., mother and toddlers/swimming or gym clubs etc.). | | |

| |
|---|
| <p>Does your child have a mid-day sleep?</p> <p>If so for how long?</p> <p>Is there any special routine in place for your child's nap time? (Sleeping on tummy, lullaby etc.)</p> |
| <p>Does your child have a special toy or comfort object?</p> <p>If so, please make sure you bring it to the nursery.</p> |
| <p>Have you started potty training?</p> <p>If so, explain your current process with your child.</p> <p>Is your child usually dry during the day but sometimes has toilet accidents?</p> |
| <p>Any other information you would like to share with us please</p> |

Parent/Carers Signature:

Name:

Date:

Received by (Print Name):

Signature:

Date:

ALL ABOUT ME



To be completed as a child starts at a new setting and included in the child's learning journal.

My name.....

I like to be called.....

Date of birth.....

My home language.....

Religion, Beliefs, Culture.....

How often will I come here.....

My parents' names are

.....

Other siblings

What other settings (Preschools / Nurseries / Childminders) do I attend and how often

Has a 2-year progress check been completedif yes, when.....

Who else cares for me (friends, family members)

Have you had a copy of the Parents Guide to the Early Years Foundation Stage?

Framework

My Routine now:

Please note the things that normally happen during a regular day – we will gather more information about individual things over the page:

| |
|------------|
| Morning: |
| Lunch Time |
| Afternoon: |
| Evening: |

Meeting my needs....

| | | |
|---|--|--|
|  | Milk: Times and amounts, warm or cold? | |
|  | Naptime/bedtime: Where I like to sleep, what times suit me best, my sleep routine. Comforters? Signs that I am sleepy. | |
|  | My favourite toys and playthings. Things I like to do at home and who I play with. | |
|  | Places I like to visit. People we visit. Things I like to do away from my home. | |
|  | Pets of my own or other people's pets I like to talk about. | |
|  | Who lives in my house with me? Brothers and sisters too and how old they are. | |
|  | Other children I like to be with - my friends and their ages. | |
|  | Things that make me sad or unhappy. Things I am not keen on doing. How I can be comforted and settled. | |
|  | Foods I like to eat and foods I don't like. Can I feed myself or do I need help. Do I have a lid on my cup? | |
|  | Toileting. Do I wear nappies? Disposable? Do I wear pants? Do I need help with going to the toilet? Or do I prefer the potty? | |
|  | Medical things you need to know about me. Hearing difficulties? Speech difficulties? Was I premature? Have I been in hospital? | |
|  | How I like to play. On my own, with others? | |
|  | My favourite books, rhymes, songs, music, or TV programs. | |

Date completed Completed by