



REGISTRATION FORM

Please complete in block letters and return to the nursery along with your deposit if applicable.

Name of Child:

M/F

DOB:

Agreed Start Date:

Pick up password:

Sessions Required

Session Types

	BR	AM	LUN	PM	TEA	EVE
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

BR	0730-0900	Breakfast (includes food)
AM	0900-1200	Morning
LUN	1200-1300	Lunch (includes food)
PM	1300-1600	Afternoon
TEA	1600-1700	Tea (includes food)
EVE	1700-1800	Evening

Primary Carer:

Secondary Carer:

Name:

Name:

Relationship to child:

Relationship to child:

Mr/Mrs/Miss:

Mr/Mrs/Miss:

Home Address:

Home Address:

Home Telephone No:

Home Telephone No:

Mobile Telephone No:

Mobile Telephone No:

Email:

Email:

Place of Work:

Place of Work:

Work Telephone No:

Work Telephone No:

Emergency Contact: Y/N

Emergency Contact: Y/N

Bill Payer: Y/N

Bill Payer Y/N

Parental Responsibility: Y/N

Parental Responsibility: Y/N

Authorised Pick up: Y/N

Authorised Pick up: Y/N

Signature:

Signature:



- A deposit of £75 must be made to secure a place within the nursery for children that are not in receipt of free early education (up to 15hrs per week). As long as one month's notice is given in writing and there are no outstanding monies owed £50 will be refunded when the child leaves the setting if the deposit was required on entry.
- If a place is cancelled less than a month prior to the start date the full deposit will be retained by the nursery.
- Standard monthly fees are payable in advance. (Fees must be paid by the 1st of each month by cash, cheque, debit/credit card, bank transfer and child care vouchers).
- Extra sessions will be invoiced in arrears and will show on your next month's invoice.
- One month's notice must be given before removing your child from the setting otherwise you will be liable for one full month's fees payable in lieu of notice.
- Late payment of fees may result in the loss of your child's place and could result in court action for non-payment.

I have read the above information and agree to the terms

*Signature:

Date:

*Signature:

Date:

* Only one signature required if sole responsibility for payment and parental responsibility lies with named parent/guardian.

The nursery will confirm any place offered and the sessions required. When confirmation has been received please contact the nursery to arrange your **free** settle sessions minimum of three.

This registration form is our legal contract with you and must be adhered to.

For Office use only:

Date of Deposit Received: free for 2s three year old funding

Paid by: Cheque/Debit Card/Credit Card/Cash

DOB checked: Yes/No Birth cert number or passport no

Date checked Staff Signature

NOTES



Childs Details

Full Name: _____ Childs age in years and Months: _____
Known as: _____ Childs Date of Birth: _____
Address of Child: _____

Doctors Details

Name: _____
Address: _____

Phone No: _____

Other persons responsible for picking up. We will contact in order.

<p>Name: 1</p> <p>Home Telephone no:</p> <p>Work Telephone no:</p> <p>Other:</p> <p>Relationship to child:</p> <p>Bill payer: Y/N</p> <p>Parental Responsibility: Y/N</p>	<p>Name: 2</p> <p>Home Telephone no:</p> <p>Work Telephone no:</p> <p>Other:</p> <p>Relationship to child:</p> <p>Bill payer: Y/N</p> <p>Parental Responsibility: Y/N</p>
<p>Name: 3</p> <p>Home Telephone no:</p> <p>Work Telephone no:</p> <p>Other:</p> <p>Relationship to child:</p> <p>Bill payer: Y/N</p> <p>Parental Responsibility: Y/N</p>	<p>Name: 4</p> <p>Home Telephone no:</p> <p>Work Telephone no:</p> <p>Other:</p> <p>Relationship to child:</p> <p>Bill payer: Y/N</p> <p>Parental Responsibility: Y/N</p>



**Childs Personal Details:
Please tick all relevant boxes:**

Hair Colour		Eye Colour		Nationality		Spoken Language		Religion		Ethnicity	
<input type="checkbox"/>	Black	<input type="checkbox"/>	Blue	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Blonde	<input type="checkbox"/>	Brown	<input type="checkbox"/>	American	<input type="checkbox"/>	French	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Dark Brown	<input type="checkbox"/>	Green	<input type="checkbox"/>	Australian	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Catholic	<input type="checkbox"/>	Asian Other
<input type="checkbox"/>	Light Brown	<input type="checkbox"/>	Hazel	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	English	<input type="checkbox"/>	Christian	<input type="checkbox"/>	African
<input type="checkbox"/>	Red	<input type="checkbox"/>	Other	<input type="checkbox"/>	British	<input type="checkbox"/>	German	<input type="checkbox"/>	C of E	<input type="checkbox"/>	Black African
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	Canadian	<input type="checkbox"/>	Greek	<input type="checkbox"/>	C of S	<input type="checkbox"/>	African Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Black Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	French	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Jehovah Witness	<input type="checkbox"/>	Chinese
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	German	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Greek
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Indian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	Gypsy/Roma
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Irish
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Japanese	<input type="checkbox"/>		<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Mixed Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Polish	<input type="checkbox"/>		<input type="checkbox"/>	None	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Portuguese	<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Spanish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Turkish
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Greek	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	White British
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Eastern European	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Black British
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other

If you have answered yes to any of the other boxes please explain here.



**Other Information:
Please tick all relevant boxes.**

Medical	Allergies	Open Permission	Vaccinations	Contracted illnesses	Dietary
Asthma	Bananas	Display of Dietary Needs	Whooping Cough	Chicken Pox	Religious
Diabetes	Eggs	Administration of Prescribed Medicines	Diphtheria	Diphtheria	Lactose Intolerant
Down's Syndrome	Fish	Nappy Cream	HIB	Whooping Cough	Vegan
Eczema	Lactose	Outings around local community	Measles	Measles	Vegetarian
Long Sighted	Nuts	Photos on website	Meningitis C	Meningitis C	See Allergies
Short Sighted	Oranges	Photos in and around nursery	MMR	Mumps	Other
Febrile Convulsions	Penicillin	Calpol/ Nurofen with Verbal Phone Consent	Mumps	Polio	
Epilepsy	Soya	Educational Observation Staff	Polio	Rubella	
Grommets	Strawberries	Educational Observation Students	Rubella	Tetanus	
Pyloric Stenosis	Sugar	Other	Tetanus	Scarlet Fever	
Sensitive Skin	Dairy		Other	Other	
Speech Problems	Gluten				
	Hay fever				
Other	Other				

If you have answered yes to any of the above please provide further information:

I agree that this information is up to date and accurate and accept that it is my responsibility to inform the nursery immediately of any changes to this information.

Signature:

Date:

Print Name



Emergency Medical Permission.

I the Parent/ Guardian / Carer of (child's name)

Give permission to Minster Day Nursery to act on my behalf in giving permission for any emergency treatment my child may need in my absence.

Primary contact:

Secondary Contact:

Minster Day Nursery agree to try to contact me and if they can't reach me then an emergency contact from below.

1	2
Name:	Name:
Home Telephone no:	Home Telephone no:
Work Telephone no:	Work Telephone no:
Other:	Other:
Relationship to child:	Relationship to child:
3	4
Name:	Name:
Home Telephone no:	Home Telephone no:
Work Telephone no:	Work Telephone no:
Other:	Other:
Relationship to child:	Relationship to child:

Childs Full Name:

Date of Birth:

Address:

Doctors Name:

Doctors Address:

Allergies:

I agree that this information is up to date and accurate and accept that it is my responsibility to inform the nursery immediately of any changes to this information.

Signature:

Date:

Print Name:



PRIVACY NOTICE TEMPLATE

for

Minster Day Nursery

Privacy Notice - Data Protection Act 1998

Minster Day Nursery and Out of School Club are a data controller for the purposes of the Data Protection Act. We collect personal information from you and may receive information about you from your previous school and the Learning Records Service. We hold this personal data to:

- Support your learning;
- Monitor and report on your progress;
- Provide appropriate pastoral care, and
- Assess how well we are doing.

Information about you that we hold includes your contact details and personal characteristics such as your ethnic group, any special educational needs and relevant medical information.

We will not give information about you to anyone without consent unless the law and our policies allow us to.

We are required by law to pass some information about you to our Local Authority (LA) and the Department for Education. If you want to receive a copy of the information about you that we hold or share, please contact, Lynda Cloake and or Sheila Quinney.

If you need more information about how the LA and/or DfE store and use your information, then please go to the following websites:

http://www.kent.gov.uk/your_council/contact_us/access_to_information/data_protection.aspx
and/or
<http://www.education.gov.uk/researchandstatistics/datatdatam/b00212337/datause>

If you are unable to access these websites we can send you a copy of this information. Please contact the LA or DfE as follows:

Information Resilience & Transparency
Team
Kent County Council
Sessions House
County Road
Maidstone
ME14 1XQ

Public Communications Unit
Department for Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

Website: www.education.gov.uk
email: <http://www.education.gov.uk/help/contactus>

Email: dataprotection@kent.gov.uk

Telephone: 0370 000 2288

Please sign and date and return to the nursery.



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http://www.kent.gov.uk/your_council/contact_us/access_to_information/data_protection.aspx
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Please sign and date and keep this copy for your records.



Minster Day Nursery and Out of School Club's FEES STRUCTURE.

Minster Day Nursery and Out of School Club we believe in open communication with all parents/carers and staff and are therefore presenting this fees structure in order to ensure that everyone fully understands our charging. Our fee structure is fully inclusive of all drinks and snacks. We are open for 51 weeks per year, closing on Bank Holidays and Christmas. Our fees do not include any outings, celebrations or entertainment that is in addition to our usual session activities.

FEES: Fees are payable monthly in advance, in accordance with the rates in force at the time. Fees are reviewed annually, in April of each year, or in the event of any changes to the Code of Practice. Any changes to current rates will be advised in writing, at least one month in advance.

ILLNESS/ABSENCE: No refund will be given in the event of a child's absence due to illness or any other reason.

HOLIDAY: We offer three (3) weeks half price holiday for every academic year (beginning Sept – end Aug).

CLOSURES: If we are unable to open due to bad weather or any other unforeseen circumstances, parents will be refunded for a chargeable session or have it discounted from their next invoice. Should closure need to take place part way through a session, a refund will not be given in this instance.

LATE PICK UP: Children must be collected promptly at the end of a session/day. Should a parent fail to collect their child at the end of the session/day a late collection fee of £5.00 will be charged for the first 15 minutes, and a further £ 1.00 per minute thereafter.



LATE PAYMENTS: Fees are to be paid within 2 weeks of the invoice date. If you are experiencing financial hardship please speak, in confidence, to the owner/manager so that alternative payment arrangements can be made. If without negotiation, fees are not settled, we are left with no alternative but to withdraw your child's place and take legal action with the use of Sinclair Goldberg Price Limited Commercial Debt Recovery to recover the amount owed. Children in receipt of Free Early Education will be unable to access any additional fee paying hours until outstanding fees are settled.

DEPOSIT: We ask for a £ 75.00, (£25.00 non-refundable) deposit/registration fee upon acceptance of the place (£50.00 deducted from the last invoice). A deposit is NOT required for children who are receiving Free Early Education.

PAYMENT METHODS: Invoices can be settled by cash, cheques, credit/debit card, bacs transfer or voucher. Please make cheques payable to Minster Day Nursery.

FREE EARLY EDUCATION (FEE): The following information details how your child can access their FEE hours at Minster Day Nursery and Out of School Club.

FEE and ADDITIONAL FEES: All children become eligible for Free Early Education the term after they become 3. Some 2 year olds may also be eligible for funding. Parents/carers are asked to check with the manager to find out if their child qualifies.

A child is eligible for FEE at the start of the term after their second (if eligible), or third birthday in line with the Department for Education table below:

A CHILD BORN ON OR BETWEEN	WILL BECOME ELIGIBLE FOR A FREE PLACE FROM
1st April and 31st August	Start of term 1, in September, following their 2 nd /3 rd birthday
1st September and 31st December	Start of term 3, in January, following their 2 nd /3 rd birthday
1st January and 31st March	Start of term 5, in April, following their 2 nd /3 rd birthday



FEE OVER 38 WEEKS

Each child will be funded to a maximum of 15 hours per week over a minimum of 2 days. No session is to be longer than 10 hours per day or shorter than 2.5 hours per day for 38 weeks per year.

Free Early Education for *2, 3 & 4 year olds

Minster Day Nursery and Out of School Club offers the first 15hrs free early education accessed between the hours of 7:30am and 6pm Monday to Friday.

*2 year old funding is subject to eligibility.

Children attending non-funded days/sessions in addition to their Free Early Education will be charged at our current rates as shown on the registration pack. You will be invoiced in the usual way showing how many free hours your child is receiving in that period and what the additional charges are.

Please note that the Free Early Education can be split between 2 providers up to a maximum of 15 hours.

Thanks

Management and the Management Committee

Please keep this Copy for your records.





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Please note that the Free Early Education can be split between 2 providers up to a maximum of 15 hours.

Thanks

Management and the Management Committee

Please Sign and Return this Copy to the office.

Name:

Signature:

Date: