

**Coalway Early Years**

Coalway Road, Coalway, Coleford, Glos GL16 7HL

Tel: 01594 839436

Registered Charity No: 900365

Email: bcplaygroup@btinternet.com

Website: www.coalwayearlyyears.co.uk

**REGISTRATION FORM**

Thank you for your interest in registering your child with Coalway Early years.

This form asks for the information we need to ensure that we hold the correct contact and emergency contact information for safety.

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| --- |
| *For Admin use only:* |
| Birth Certificate seen [ ] | Paperwork checked [ ] | Start Date: DD/MM/YYYY |

 **If you have any queries or require assistance completing this form please contact the office.**

When returning your form to the nursery please remember to bring with you:

* Your child’s Birth certificate
* National insurance number(s)
* All about me form
* Home to nursery agreement signed
* Baseline assessment complete
* Signed permissions on the registration form.

Child Details – Who is the child you are registering?

Child’s full name:….……..………………………….............................................................................. Gender: Male/female

Date of birth:DD/MM/YYYY

Address:................................................................................................................................................................................................................................................................................................................................................................................

…………………………………....................................................................................................Postcode: ............................................

Ethnic Origin/Religion....................................................... Languages spoken ....……......……………….................…………….

Siblings (names/ages)………………………………………………………………………………………………..............................................................................…

Other setting attended (previously and/or current) ………………….………….……………………………………........................................................

**Parents/Guardians:**

**Parent /Carer 1 Parent /Carer 2**

Relationship to child:............................................................ Relationship to child:.............................................................

Title ......................… Title:....................………………

Forename: .............................................................. Forename ...............................................................................

Surname:.....……....................................................... Surname:.........................:........................................................

Address:................................................................. Address: .............................................................…... ............... ................................................................................ .................................................................................................

................................................................................ .................................................................................................

Postcode: ............................................................... Postcode................................................................................

Telephone (work)................:……………………………………....... Telephone (work)....................................................................

Telephone (Mobile)................................................... Telephone (mobile)..................................................................

Telephone (Home)...................................................... Telephone (Home).....................................................................

Email Address.............................................................. Email Address............................................................................

Do you have parental Responsibility YES/NO Do you have Parental responsibility YES/NO

Authorised to collect? YES/NO Authorised to collect? YES/NO

*(These are required so that we can check funding eligibility)*

National Insurance Number:………………………....................... National Insurance Number: …………………………...............................

Date of birth: DD/MM/YYYY ...... Date of birth: DD/MM/YYYY

**Are there any issues we should be aware of concerning parental access for this child?** *If yes, please provide details below. Please be aware that we cannot deny access to any parent with parental responsibility without a court order. …………………………………………………………………………………………………………………………………………………………..*

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**EMERGENCY CONTACT/PERMISSION TO COLLECT**: (if parents/guardians cannot be contacted).

|  |  |
| --- | --- |
| Emergency contact 1Relationship to the child:...................................................Name.................................................................................Address....................................................................................................................................................................Postcode........................................................................Telephone number..........................................................Permission to collect child: YES/NO | Emergency contact 2Relationship to the child:...................................................Name.................................................................................Address....................................................................................................................................................................Postcode........................................................................Telephone number..........................................................Permission to collect child: YES/NO |
| Emergency contact 3Relationship to the child:...................................................Name.................................................................................Address....................................................................................................................................................................Postcode........................................................................Telephone number..........................................................Permission to collect child: YES/NO | Emergency contact 4Relationship to the child:...................................................Name.................................................................................Address....................................................................................................................................................................Postcode........................................................................Telephone number..........................................................Permission to collect child: YES/NO |
| Health VisitorName.................................................................................Address....................................................................................................................................................................Postcode........................................................................Telephone number.......................................................... | DoctorName.................................................................................Address....................................................................................................................................................................Postcode........................................................................Telephone number..........................................................Permission to collect child: YES/NO |

*Please note that wherever possible parents/carers should introduce any person authorised to collect their child to nursery staff in advance. In the event of this not being possible please provide your emergency contacts with a secure password to give to nursery staff when collecting:*

*PASSWORD: ………………………………………*

*We WILL NOT release your child into the care of an unauthorised contact even if they are known to the child and/or nursery staff.*

|  |
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| **Medical details please tell us about your childs medical history.***Please advise if your child has been vaccinated against the following:**Tetanus? YES/NO MMR? YES/NO HIB(meningitis) YES/NO**Other? ...........................................................................................................................................................*Has your child had any illnesses other than common colds, flu, etc?.....................................................................................................................................................................................................................................................................................................................................................Does your child have any medical conditions that we should be aware of?.....................................................................................................................................................................................................................................................................................................................................................Does your child have any specific dietary requirements – E.G vegetarian?.....................................................................................................................................................................................................................................................................................................................................................Does your child have any allergies, intolerances or sensitivities?.....................................................................................................................................................................................................................................................................................................................................................Does your child have any specific needs or disabilities?.....................................................................................................................................................................................................................................................................................................................................................Does your child have any specific religious or cultural needs?.....................................................................................................................................................................................................................................................................................................................................................*Has your child ever had a Febrile Convulsion, if so please list details below...........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................* |

**Emergency Medical Permission:**

*All staff at Coalway Early Years are trained in paediatric first aid. If your child has an accident while at nursery we require your permission to administer first aid and, in the unlikely event of a serious incident, seek professional emergency assistance. In the event of an accident we will require you to read and sign an accident form. If your child arrives at nursery with an injury we will require you to complete a ‘pre-existing accident’ form. Please note that any medication your child requires whilst at nursery must be prescribed by a medical professional, be in the original container with prescription label intact and you will be asked to complete and sign a short term medicine form.*

Declaration:

‘I ……………………...............................[print name], the parent/carer of ……………………..............………….…[print child’s full name]

give my permission for the staff of ‘Coalway Early Years’ to administer first aid to my child in the event of an accident, and in the event of a serious incident I give my permission for them to seek professional emergency assistance. I understand that in the event of a serious incident every attempt will be made to contact me or my child’s secondary carer or emergency contacts. I agree that if multiple attempts to contact me or my child’s secondary carer or other emergency contacts have failed, to give my permission for ‘Coalway Early Years’ staff to sign any consent forms required for emergency medical treatment. I agree to ensure that all of my contact details are kept fully up to date and inform the nursery of any changes at the earliest opportunity.

Signed: ………………………………………….. Date: …………………………………(parent)

Signed: ………………………………………….. Date: …………………………………(Manager)

**Booking details.**

Preferred Start Date:...........................................................................

Sessions required please highlight below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday**  | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **9.00-12.00** | **9.00-12.00** | **9.00-12.00** | **9.00-12.00** | **9.00-12.00** |
| **12.00-3.00** | **12.00-3.00** | **12.00-3.00** | **12.00-3.00** | **12.00-3.00** |
| **9.00-3.00** | **9.00-3.00** | **9.00-3.00** | **9.00-3.00** | **9.00-3.00** |

Please tell us if your child attends another childcare provider/childminder.

Name of setting/childminder.............................................................................

Address.............................................................................................................

Contact number................................................................................................

Email address.....................................................................................................

I/we give permission for Coalway Early Years to contact the provider to share personal and developmental information pursuant to the provision of childcare, as required by OFSTED.

Signature...........................................................................................................

|  |
| --- |
| **Additional needs:***At Coalway Early Years* we provide an inclusive environment where all children can participate fully in the activities and experiences provided. If your child has a special educational need and/or disability please can you provide information*: ………………………………………………………………………………………...............................................................................................**…………………………………………………………………………………………………………….........................................................................................……………**……………………………………………………………………………………………..........................................................................................……………………………*Details of other agencies currently involved with your child (for example, health visitor, speech and language therapist, occupational therapist, family support worker, children’s services):………………….…………………………………………………………………………………………………………………….........................................................................................….………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………….. |

**Permission:** *(please circle your response to the following statements – if you have answered NO to any of these statements please can you discuss your reasons with nursery manager).*

|  |  |  |
| --- | --- | --- |
| I give permission for staff to apply sun-cream to my child from the nursery supply when deemed necessary (NB: A bottle of named sun-cream must be provided by parent/carer). | YES | NO |
| I give permission for staff to use wet wipes and apply plasters when deemed necessary. | YES | NO |
| I give permission for staff to use face paints on my child (if my child is receptive to this) as part of occasional planned activities.  | YES | NO |
| I give permission for my child’s photograph to be used for their Learning Journey (see also ‘Parenta’ consent form) and for internal displays within the nursery. NB: On occasions, for the purpose of an accurate observation, your child may be included in photographs in other children’s Learning Journeys. | YES | NO |
| I give permission for my child’s photograph to be used anonymously on the nursery’s website. | YES | NO |
| I give my permission for my child’s photograph to be used in occasional press releases. NB: This may also include your child’s name. | YES | NO |
| I give permission for staff, on occasions, to take my child for short group walks/ outings to the local area (for example, the school grounds and facilities, local shops).  | YES | NO |
| I give my permission for information to be shared with other agencies (such as partnership settings, school, speech and language therapists, health visitors) in respect of my child’s development. | YES | NO |
| I give permission for data relevant to my child’s registration at nursery and development to be stored confidentially by the nursery in files or on the setting computer. Please refer to our Data Privacy Notice and Data Protection policy for full information in respect of this. | YES | NO |
| I give permission for staff to administer emergency medication (calpol) in the event of my child developing a temperature or becoming unwell when in nursery and will collect my child as soon as physically possible. | YES | NO |
| I give permission for staff to apply nappy creams or ointments to my child during the nursery day if required | YES | NO |

**Terms and Conditions September 2022 onwards.**

Age of admittance:

*Children are welcome to join us from age 2 up to school age. Children are required to be registered at the setting and all documentation to be fully completed ahead of starting. You must detail any health, Dietary, medical, allergic or other needs of your child.*

Fee Schedule.

*Fees are payable in accordance with our current tariff (for any parents that attend sessions that are not covered by the government 2,3 &4 year old funding). The invoices will be sent ahead of the next month outlining the cost for the month ahead. If you need to discuss this further please contact the manager, Kayleigh on bcplaygroup@btinternet.com. The session cost per hour for a child that is with us when aged two and then turns three will reduce to the three year old rate the term after the child’s 3rd birthday. For children in receipt of the 3 and 4 year old funding, That are not eligible for the EYPP payment from the Government. Will be liable for the setting s consumables charge. This is a monthly charge of £10.00 for 15 hours funding per week and £15.00 for 30 hours funding per week. The consumables charge covers additional costs that the funding is not intended to cover. Please refer to the “ Fees Policy” for more information.*

Holidays, Absences and notice to terminate.

*The nursery is open for 38 weeks of the year, in line with the term dates and inset days for “Coalway infants and Junior School”. Fees are payable at the full rate (if there is no funding applied) for all periods of a child’s absence, including holidays and sickness. A calendar months’ notice in writing is required from the parent/carer to terminate a child’s place in the nursery.*

Disruptions to services (force Majeure)

*In cases of disruption to services Coalways early years will do everything in its power to operate the service where it is safe to do so. However, severe disruptions may require the closure of the nursery or a reduction in service. In such cases fees remain payable during any period of closure. For example, may include but are not limited to, extreme weather (including snow and ice), other acts of god or third parties outside of the nurseries control including disruptions to highways, public transport, utilities and industrial action.*

Sickness and illness (for more information please see policy: sickness and illness on our website or ask for a copy.)

*Any child who has, or develops, an infectious illness must be kept at home. This includes conditions such as vomiting, Diarrhoea, discharges, conjunctivitis, sore throat and obvious rashes. In order to prevent the spread of illness, any child suffering from vomiting or Diarrhoea must be kept at home until clear of the symptoms for a minimum of 48 hours. Any child that develops a temperature must be collected and remain at home for a minimum of 24 hours.*

Accidents & incidents

*Despite extensive risk analyses and all efforts to remove hazards, accidents can happen. All such incidents are recorded, monitored and reported back to the parent/carer, who will be asked to sign an accident form. Where an accident is of a serious nature we will contact the parent/carer or the emergency contact to advise them of what has happened and what action is being taken. Where necessary we will contact the child’s doctor or the emergency services.*

**Data Protection**

*‘Coalway Early Years’ comply with ‘General Data Protection Regulations’ (which take effect from May 25th 2018). The ‘Data Privacy Notice’ supplied in your registration pack explains our lawful reasons for collecting personal data, an explanation of what we use this data for, and other aspects of how we will comply with these new regulations. It is very important that you read this notice.*

**Parent Declaration**

*I declare that the information provided above is correct. I agree to notify staff of ‘Coalway Early Years’ immediately of any changes. I agree to abide by rules and policies of ‘Coalway Early Years’, and have signed the ‘Home to Nursery’ agreement for the setting. I confirm that I have read and understood the ‘Data Privacy Notice’ and also read and understood the “Terms and conditions” for the setting provided in my registration pack.*

Signed:……………………………………………….. Print name: ………………………………….. Date: …………………………….

