

the multi-award winning



Cedars Nursery



pre-school education & childcare

Registration Form

Please tick the Nursery you want your child to attend:

NEWCASTLE:
 Cherry Tree House, Grainger Park Road
 Newcastle upon Tyne,
 NE4 8SX
 Tel: 0191 298 3333
 email: newcastle@cedarsnursery.co.uk

SUNDERLAND:
 Copper Beech House, The Cedars
 Ashbrooke, Sunderland,
 SR2 7TW
 Tel: 0191 565 2549
 email: sunderland@cedarsnursery.co.uk

CHILD'S DETAILS

Child's First name(s) Religion

Child's Surname:

First name normally used Date of birth: Sex: **M** **F**

ADDRESS DETAILS

Street: Telephone No:

Area: Email Address:

Town: Are you a homeowner: Yes No*

County: *If not, then all fees must be paid on the first of each
 Post code: month by cash or card for the first six months.

REGISTRATION

The Nursery is open 51 weeks a year between 8am and 6pm weekdays. Morning sessions are from 8.00am until 1pm. Afternoon sessions are from 1pm until 6pm. Early Bird sessions are available from 7.30am at an extra charge.

Required Date of Commencement: Anticipated Date of Leaving:

* Funded (FEYE) education places are subject to availability. Please speak to the nursery manager for further details.

Early Years Free Entitlement Place 15 hours* 2 Year Old Entitlement Place *

Early Years Free Entitlement Place Extended 30 hours* Ref No.

I/we request the following Nursery Placement (Please tick the appropriate boxes)

All week	Mon	Tue	Wed	Thurs	Fri
Full Day (8am-6pm incl. meals)					
Morning Session (8am-1pm incl. breakfast & lunch)					
Afternoon Session (1pm-6pm incl. tea)					

FATHER'S DETAILS & PLACE OF WORK (if applicable)

Mr/Dr, etc: Date of Birth

First Name:

Surname:.....

Workplace:

Address:

Town:

Postcode:

Tel No:.....Mobile No

Email Address:

National Insurance No.

Does this parent have parental responsibility? Yes No

Evidence must be provided such as child's original full birth certificate, marriage certificate or letter of acquired legal responsibility.

MOTHER'S DETAILS & PLACE OF WORK (if applicable)

Mrs/Miss/Ms/etc: Date of Birth

First Name:

Surname:.....

Workplace:

Address:

Town:

Postcode:

Tel No:.....Mobile No

Email Address:

National Insurance No.

Does this parent have parental responsibility? Yes No

Evidence must be provided such as child's original full birth certificate, marriage certificate or letter of acquired legal responsibility.

Pick Up: Yes No Emergency Contact: Yes No

Password

Pick Up: Yes No Emergency Contact: Yes No

Password

EMERGENCY CONTACTS/COLLECTED BY

1st Contact Name:..... 2nd Contact Name:

Relationship to Child: Relationship to Child:

Telephone No: Telephone No:

Mobile No: Mobile No:

We will not release your child without the correct password. If someone, other than the people named on this form, are to collect your child you must inform us in advance. This person must be an adult, over 16 years old.

WE WILL NOT COMPROMISE YOUR CHILD'S SAFETY BY RELEASING THEM INTO THE CUSTODY OF ANY UNAUTHORISED PERSON.

CHILD'S MEDICAL HISTORY**DOCTOR'S DETAILS**

Doctor's Name:.....

Surgery:.....

Address:

.....

Postcode:

Telephone No:

HEALTH VISITOR'S DETAILS

Name:.....

Telephone No:

MULTI-AGENCY SUPPORT (if applicable)
e.g. Social worker, CAF, Speech & Language, etc)

Name:.....

Telephone No:

In the interests of good healthcare we have a policy of co-operating with your child's Health Visitor and Social Worker when necessary. Please confirm your agreement to our sharing this information.

YES NO

IMMUNISATIONS (please bring your child's health visitor book with you for the first induction)

Has your child been immunised against:

Diphtheria	Date: _____	Whooping Cough	Date: _____
Tetanus	Date: _____	Polio	Date: _____
HIB <small>Haemophilus influenzae</small>	Date: _____	Measles/Mumps/ Rubella	Date: _____
Meningitis	Date: _____	BCG	Date: _____

ILLNESSES

Has your child had any of the following:

- | | |
|-------------|-----------------------------|
| Measles | Whooping Cough |
| Chicken Pox | Mumps |
| Rubella | Others (please state) |

Does your child have :Special Dietary Requirements Yes/No* Please specify

Known Allergies or Medical Conditions Yes/No* Please specify.....

(information regarding Allergy/Medical Conditions must be supplied by your Doctor prior to admission)

SICKNESS AND MEDICATION

Please refer to our Policies and Communicable Disease Chart. **Fees remain payable during a childs absence through illness.**

PARENTAL CONSENT

Do you give permission for the following: *Delete as applicable

Staff to administer First Aid? Yes/No*

In the event of an accident, your child can be taken to hospital by a member of staff? Yes/No*

The Nursery can take your child on outings? Yes/No*

Your child can handle Nursery pets and visiting animals with adult supervision? Yes/No*

The Nursery can take photographs and use in Bulletin, marketing material, website or press advertising? Yes/No*

FEES

I understand that fees are paid monthly in advance via Debit/Credit Card, Electronic Bank Transfer, Childcare Voucher Scheme or by cash/cheque upon written agreement with Manager, at the rates shown in our current published price list. Failure to pay fees on due date will incur a surcharge of £75.00. If paying fees via vouchers, please ensure these are submitted prior to the 1st of each month or they will be credited against the next months fees. Six weeks' notice must be given, in writing, for a child leaving the Nursery or six weeks' fees paid in lieu of such notice. Six weeks' written notice must also be given to alter days/sessions of registration attendance. If a child is registered and a place reserved but does not attend, then six weeks' written notice must be given, or six weeks' fees paid in lieu of such notice.

I enclose a registration fee of £30 This fee is refundable when your child leaves and all fees are settled. There is no registration fee for FEYE only places.

All invoices are to be forwarded to:

Name:..... Address:.....

 Postcode:.....

The signatory(s) are responsible for payment of all outstanding amounts due under the terms of this contract.

Signed:Print Name: Date:

Where there is third party funding, e.g. Employer, University, College, Free Early Years Entitlement (FEYE) etc, the person responsible for payment must sign below, even if placement is free of any direct charge. All invoices to be forwarded to:

Name:..... Address:.....

Postcode:

Signed: Print Name: Date:

Payments The Nursery accepts payment via Bank transfers to Lloyds TSB sort code 30-93-71 account no 03498404, by cheque to The Cedars Nursery, by cash to the manager or by debit or credit card.

Holidays - The Nursery is open throughout the year except for Statutory Holidays and between Christmas and New Year. Exact dates of holidays are published in our calendar each year. A Holiday Card is kept for each child to assist with planning. Four weeks holidays may be taken during the year. A minimum of six weeks' written notice must be given. There is no charge for Christmas closure week and Bank Holidays.

Absences - It is important that you let us know immediately if your child is to be absent for whatever reason.

Childcare Vouchers

If you would prefer to pay your child's fees using vouchers, please complete this form and return it with your registration form

Parent's Name:	
Child's Name:	
Voucher Company Used:	
Type Of Voucher:	Paper/E-Voucher (Delete As Applicable)
Date Of Commencement:	
Amount To Be Paid By Vouchers:	
Remaining Balance To Be Paid By Debit/Credit Card, Bank Transfer, Cash Or Cheque:	

Please note the voucher amount will not be deducted from your account until the Nursery have received your paper voucher or remittance advice via Email to newcastle@cedarsnursery.co.uk or sunderland@cedarsnursery.co.uk

Ethnic Origin of Children

The Local Authority now request that we record the ethnic origins of the children in our Nursery and we would be grateful if you would supply this information by ticking the relevant box below and answering the questions. The information you supply will remain confidential.

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> White, British | <input type="checkbox"/> Asian or Asian British, Indian |
| <input type="checkbox"/> White, Irish | <input type="checkbox"/> Asian or Asian British, Pakistani |
| <input type="checkbox"/> White, other Background | <input type="checkbox"/> Asian or Asian British, Bangladeshi |
| <input type="checkbox"/> Gypsy/Roma/Traveller | <input type="checkbox"/> Asian or Asian British, Other Asian Background |
| <input type="checkbox"/> Mixed, White and Black Caribbean | <input type="checkbox"/> Black or Black British, Caribbean |
| <input type="checkbox"/> Mixed, White and Black African | <input type="checkbox"/> Black or Black British, African |
| <input type="checkbox"/> Mixed, White and Asian | <input type="checkbox"/> Black or Black British, other Black Background |
| <input type="checkbox"/> Mixed, Other Mixed Background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other ethnic background (please state) _____ | |
| <input type="checkbox"/> Do not wish to be recorded | |

Is English your second language? Yes No If yes what is your first language? _____

Does your child have a disability, long standing illness or infirmity? Yes No

Office Use Only

Reg Fee Received (Cash/Cheque*/Card)	Third Party Funding Authorised	Ethnicity Form Received
Childcare Voucher Form Received		
Agreement for Policy Statements	Date Approved: _____	
Info added to NURSERY IN A BOX	Signed: _____	Date: _____