

Registration Forms



Nursery Manager – Linsey Bostock

Proprietors: Adrijana Owen & Karen King

hello@lilangelsnursery.com

01244811880



Li'l Angels Terms and Conditions:

Registration Fee:

There is a £30 registration fee, this is non-refundable this will then keep the child's place until they start to attend Li'l Angels.

Fees:

Fees are to be paid monthly or weekly either by cash or BACS, we also accept childcare vouchers. There is a £30 charge for late fees on a month, and 25% on weekly fees. All invoices must be paid by the date stated failure to do so will result in a late fee charge, fees that are continually being paid late will result in a letter from our legal team and further action may then be taken.

Fees will not be refunded or waived for absence through sickness or holidays. This rule is necessary so that the setting can properly budget for its own outgoings which continue whether all children are present. If the setting must be closed due to any reason beyond the control of the nursery, such as power failure or adverse weather conditions or the context of Covid-19 lockdown restrictions you will not be charged when Li'l Angels Nursery is not able to offer a service. For any fees that are paid in advance for childcare at Li'l Angels Nursery and services do not take place i.e., Lockdown/adverse weather (if replacement sessions are not able to be offered)/closer to the building due to repairs/elections the fees will be refunded. If there is an interruption of Li'l Angels Nursery services and we are not able to provide childcare parents will not require to give notice as per the terms of the contract.

Bank Holidays:

We are closed on all Bank holidays, and fees are still charged at full price, if there is room you may be able to swap your child's day for another day although this cannot always be done.

Holidays and Sickness:

Children's places are to be paid for during holidays and sickness in full for the first week and a half fee for the second week. This is only if your child is off for two weeks or more.

Sending a child home:

A child will be sent home if they have a high temperature (over 100%) CIW regulations state this. All children must be collected once contacted by the setting for either high temperature or any other sickness.

Exclusion from the nursery:

If a child has discharge from the eyes, ears or thrush in the mouth they must be treated by a doctor and be clear of discharge before returning to nursery. Sickness and diarrhoea must be 48 hours clear from the last symptom before returning. Children with chickenpox cannot return to the nursery until all the scabs have gone.

Child leaving:

If you wish to terminate the contract/agreement of your child attending Li'l Angels Day Nursery a month's written notice must be given.

I agree to these terms and conditions:

Signed _____

Dated: _____

Child's name (in full) Male/Female.....

Known as..... Date of birth:.....

First language..... Religion.....

Address.....

..... Postcode.....

Parent's name..... Home number.....

Address..... Mobile number.....

..... Postcode..... Work number.....

Place of work.....

E-mail address.....

Parent's name..... Home number.....

Address..... Mobile number.....

.....Postcode.....Work number.....

Place of work.....

E-mail address.....

Names of persons authorised to collect child.....

Days or sessions required please tick:

I would like my child to attend from.....

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Name and address of family doctor.....

.....Tel no.....

Name and address of health visitor.....

.....Tel no.....

Does your child suffer from any allergies or medical issues.....

.....

Can you please provide proof of your child's immunisations..... yes/no.....

Does your child have any special dietary needs.....

.....

Can your child wear plaster's?.....yes/no

Emergency contacts:

In an emergency if we cannot get hold of one of the parents an emergency contact will be called to come and collect the child. Think carefully who you would like this person to be and please provide a name and a contact number for them.

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Do you give permission for:

Routine outings with Li'l Angels Day Nursery

I/We agree for the above-named child to go on routine outings. This may include the use of a car.

Parent/Guardian's name (block capitals): _____

Signed: _____

Use of outdoor area and equipment e.g., slide, bicycle etc.:

I/We agree for the above-named child to use the equipment under the supervision of nursery staff.

Parent/Guardian's name (block capitals): _____

Signed: _____

Sun protection cream application:

I/We agree for sun protection cream to be applied only to the skin exposed to the sun for the above-named child. The sun cream needs to be provided and labelled by the parent/guardian.

Parent/Guardian's name (block capitals): _____

Signed: _____

Observation:

I/We understand that ongoing observation will be undertaken for the above-named child, to follow and assess their development, in order to support the nursery staff in working towards any qualification. These may be taken in the form of written statements, photographs/video or tape recordings.

Parent/Guardian's name (block capitals): _____

Signed: _____

Applying Hypoallergenic plasters

I/We agree for the above-named child to have hypoallergenic plasters applied for minor injuries.

Parent/Guardian's name (block capitals): _____

Signed: _____

Emergency Medical Treatment Parental Permission A situation rarely arises where emergency treatment or hospitalisation is necessary, but in such cases, prompt action may be important. Be always assured that, we would use every effort to communicate with you rather than use this authority. I hereby authorise Castle Day Nursery Staff in case of emergency and when the parent /guardian cannot be contacted to grant permission for my child _____ to seek medical emergency treatment.

Parent/Guardian's name (block capitals): _____

Signed: _____ date _____

Do you wish your child's dummies/bottles etc to be sterilised?.....yes/no

Can you please pick an emergency password for your child, this will be used in a situation of someone who doesn't normally pick up your child. If the person gets the password wrong they will not be allowed to enter the setting and you will be contacted.

Password.....



All about me

My name is

I am old

I live with



My favourite food is



My least favourite food is

I am happy when

When I am sad, I like to

I usually like to nap at o'clock.

I am comfortable sleeping When I sleep, I like to have my
(Please circle child's prefer

