



# ALPHABET LANES REGISTRATION FORM

## CHILD'S DETAILS

|   |      |        |
|---|------|--------|
| SURNAME:  |      |        |
| FORENAME/S:                                     |      |        |
| KNOWN AS:                                       |      |        |
| DATE OF BIRTH:                                  |      |        |
| GENDER:   | MALE | FEMALE |
| NATIONALITY:                                    |      |        |
| ETHNIC BACKGROUND:                              |      |        |
| FIRST LANGUAGE:                                 |      |        |
| OTHER LANGUAGE/S SPOKEN:                        |      |        |
| RELIGION:                                       |      |        |
| PASSWORD FOR COLLECTING YOUR CHILD <sup>1</sup> |      |        |

Safeguarding is your child/ren is extremely important to us! You must inform the nursery of any delay or changes to the collection arrangements.

## PLACEMENT DETAILS

Start date: \_\_\_\_\_ Date in which you would like your child to officially start

Sessions required: Please circle and enter hours on days and sessions required

|                       | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------------|--------|---------|-----------|----------|--------|
| FULL DAY/<br>15 HOURS |        |         |           |          |        |
| TOP UP                |        |         |           |          |        |

Your child will need to attend the nursery for what we call 'settling in' before their start date. This will enable you and your child to become accustomed to the staff and the other children.

**For Office use only:** The nursery manager will confirm the settling dates, once registration has been completed.

|                 |  |  |  |
|-----------------|--|--|--|
| SETTLING DATES: |  |  |  |
|                 |  |  |  |

<sup>1</sup> The person collecting your child **must be known** to the nursery, be aware of your chosen **password** and bring a **photo ID**. Otherwise, we will not be able to hand over your child/ren.

## MAIN PARENTS/CARERS INFORMATION

|  |                  |           |
|--|------------------|-----------|
| <b>MAIN PARENT/<br/>CARER'S FULL NAME:</b>   |                  |           |
| <b>RELATIONSHIP TO<br/>THE CHILD:</b>  |                  |           |
| <b>FULL ADDRESS:</b>   |                  |           |
|  | <b>POSTCODE:</b> |           |
| <b>HOME NUMBER:</b>  |                  |           |
| <b>MOBILE NUMBER:</b>  |                  |           |
| <b>EMAIL ADDRESS:</b>  |                  |           |
| <i>The information below is legally required and will only be shared with our local council in relation to your child's placement with us.</i> |                  |           |
| <b>DATE OF BIRTH:</b>  |                  |           |
| <b>NATIONAL<br/>INSURANCE NO. :</b>  |                  |           |
| <b>ABLE TO COLLECT<br/>CHILD?</b>  | <b>YES</b>       | <b>NO</b> |
| <b>WORK DETAILS</b>  |                  |           |
| <b>PLACE OF WORK:</b>  |                  |           |
| <b>POSITION:</b>   |                  |           |
| <b>WORK ADDRESS:</b>   |                  |           |
|  | <b>POSTCODE:</b> |           |
| <b>WORK TELEPHONE<br/>NUMBER</b>   |                  |           |
| <b>WORK EMAIL<br/>ADDRESS</b>  |                  |           |

|   |                  |  |
|---|------------------|--|
| <b>2<sup>nd</sup> PARENT/CARER<br/>FULL NAME:</b> |                  |  |
| <b>RELATIONSHIP TO<br/>THE CHILD:</b>             |                  |  |
| <b>FULL ADDRESS:</b>                              |                  |  |
|   | <b>POSTCODE:</b> |  |

|   |     |           |  |
|---|-----|-----------|--|
| HOME TEL:   |     |           |  |
| MOBILE NO.:   |     |           |  |
| EMAIL ADDRESS:  |     |           |  |
| <i>The information below is legally required and only be shared with our local council in relation to your child's placement with us.</i> |     |           |  |
| DATE OF BIRTH:  |     |           |  |
| NATIONAL INSURNACE NO.:   |     |           |  |
| ABLE TO COLLECT CHILD?  | YES | NO        |  |
| <b>WORK DETAILS</b>   |     |           |  |
| PLACE OF WORK:  |     |           |  |
| POSITION:   |     |           |  |
| WORK ADDRESS:   |     |           |  |
|   |     |           |  |
|   |     | POSTCODE: |  |
| WORK TELEPHONE NUMBER   |     |           |  |
| WORK EMAIL ADDRESS  |     |           |  |

***If any of the information above changes, you must inform us immediately!***

**Additional Information:**

|  |     |    |
|--|-----|----|
| Child know to <b>Social Services?</b>                                      | YES | NO |
| If yes, please provide <b>Social Worker's name</b> and contact information |     |    |
| Notes:   |     |    |
|  |     |    |

## EMERGENCY CONTACTS

If we are not able to reach you, in case of an emergency, please provide the contact information of **someone that you trust** with your child.

For safeguarding reasons, we ask that if the below mentioned are required to collect your child, they **must** bring a **photo ID**, and be aware of the **password** you chose (page 1).

| EMERGENCY CONTACT NO. 1 |           |        |  |
|-------------------------|-----------|--------|--|
| FULL NAME               |           |        |  |
| RELATIONSHIP TO CHILD   |           |        |  |
| ADDRESS                 |           |        |  |
|                         |           |        |  |
|                         | POSTCODE: |        |  |
| BEST CONTACT NUMBERS    | HOME      | MOBILE |  |

| EMERGENCY CONTACT NO. 2 |           |        |  |
|-------------------------|-----------|--------|--|
| FULL NAME               |           |        |  |
| RELATIONSHIP TO CHILD   |           |        |  |
| ADDRESS                 |           |        |  |
|                         |           |        |  |
|                         | POSTCODE: |        |  |
| BEST CONTACT NUMBERS    | HOME      | MOBILE |  |

***It is your responsibility to make sure that this information is ALWAYS kept up to date. If you do not want information shared with someone, then we would advise that you do not put him or her down as an emergency contact.***

## MEDICAL DETAILS

### Doctors (GPs) information

|                        |  |
|------------------------|--|
| NAME OF MEDICAL CENTER |  |
| ADDRESS                |  |
|                        |  |
|                        |  |
| CONTACT NUMBER         |  |

### IMMUNISATIONS

Please bring in the 'Red Development Book' for Office to photocopy immunisations page(s)

### MEDICAL CONDITIONS

|   |     |    |
|---|-----|----|
| Does your child have any <b>medical conditions</b> , or been seen by a specialist doctor? | YES | NO |
| If YES, please complete below:  |     |    |
| Name of condition:  |     |    |
| Name of Specialist (Doctor/Consultant/Physiotherapist etc)                                |     |    |
| Specialist/Hospital Name & Address  |     |    |
|   |     |    |
|   |     |    |
| Contact number  |     |    |
| Please provide us with any additional information that we may need to be aware of:        |     |    |
|   |     |    |
| Does your child have any <b>skin conditions</b> , such a eczema, etc?                     |     |    |
| If yes, do you use any special creams?<br>Please refer to page 8 for nappy creams         |     |    |
| Please give details of how you maintain your child's skin condition:                      |     |    |

**OTHER INDIVIDUAL REQUIREMENTS**

|  |     |    |
|--|-----|----|
| Does your child have any food allergies:   | YES | NO |
| If yes, please give details:   |     |    |
| Are there any foods you DO NOT want your child to have?                                  | YES | NO |
| If yes, please give details:   |     |    |
| Does your child have any religious/cultural requirements?<br>If yes, please give details |     |    |

|   |     |    |
|---|-----|----|
| Does your child have any 'Special Educational Needs'.<br>(Physical, emotional, sensory or learning needs) | YES | NO |
| If so, please give details (Is your child registered, being registered etc)                               |     |    |
|   |     |    |

If your child develops any conditions and allergies after submitting this form, please contact us immediately and inform us of any changes so that we can update your child's records and let your child's Key Person aware.

If you become concerned with any aspect of your child's health, you must also inform us. Speak with your child's Key Person and the Nursery Manager.

## Child Safety Agreements and Permissions Slips

### Sunscreen

*In the **summer months**, you must send your child to nursery with a **hat**, **sun cream** and **appropriate clothing** for **outdoor play**.*

I give permission for staff at Alphabet Lanes to apply nursery provided sunscreen to my child.  
Please refer to bottom of page 5 if your child requires a specific sunscreen.

**Signature:**

**Date:**

### Sharing Information

*From time to time, information may need to be shared with other agencies about your child. These agencies may be, Special Educational Needs Support, Speech and Language Support, Child Development Support and Social Services.*

I hereby give consent for nursery staff to share information about my child with other external agencies in relation to the support and development of my child.

**Signature:**

**Date:**

*Please note that staff will share information without consent if they are concerned about the welfare of the child.*

### Safeguarding Children

*Alphabet Lanes Ltd take the safety of children **VERY seriously!** We are bound by law to record all accidents inside and out the setting. We have a duty to report **ANY ill treatment to children or unexplained reoccurring wounds.***

I acknowledge that I have read and understand that the nursery is legally bound to record and if they feel necessary, report any wounds, accidents and any ill treatment of my child.

**Signature:**

**Date:**

### Permission to Photograph

I give permission for Alphabet Lanes staff to photograph my child for the following purposes:

- Learning Journals
- Displays in the nursery's scrapbooks
- Displays in the setting's boards
- Displayed on the nursery website
- Social Media (twitter, facebook...)
- Leaflets (frontal face pictures will not be used)

**Signature:**

**Date:**

### Nappy Cream

I give permission for staff at Alphabet Lanes to apply nursery provided nappy cream/ barrier cream to my child, if required.

Please specify if you will be providing a specific cream: \_\_\_\_\_

**Signature:**

**Date:**

*Please note that staff will share information without consent if they are concerned about the welfare of the child.*

### Mile Radius Outings

We would like to expand our outings to a larger area, covering a 1mile radius from the nursery. This would include:

- Nearby shops and supermarkets
- Parks and green spaces
- Playgrounds

The routes we take may involve road crossings and public transport.

I give permission for my child to attend outings on a 1mile radius.

**Signature:**

**Date:**



**Reminder:**

I understand that it is my responsibility to update this form in the event I no longer wish to approve of one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Parent/Carer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT FORM**

Does your child suffer from any medical conditions/ allergies that the Pre-school should be aware of? (including any current medication)

Please provide details of emergency medication that must be administered

**Consent (please read carefully)**

- I confirm to the best of my knowledge that my son/daughter does not suffer from any other medical conditions other than the ones listed in the registration form
- I agree to my son/daughter to be given emergency medication treatment should they need it
- I agree to the help of all emergency services assistances in my absence should my child so need it

|                                 |       |
|---------------------------------|-------|
| Full Name of child:             |       |
| Parent/Guardian's name in full: |       |
| Parent/Guardian's signature:    | Date: |

# Placement Agreement

*This form is to be signed and returned to the office.*

## Terms and Conditions

- A £60 registration fee is payable upon signing if you wish to reserve a placement for your child
- Four week's deposit is due within two weeks of a placement been accepted.
- Fees are calculated and invoiced on a monthly basis. They are due in advance on the 1st of each month
- No child will be allowed to start their nursery place unless ONE MONTH payment for fees is paid in advance whatever the circumstances
  - Top-up fees are
    - £9 for babies
    - £7 for 2 year olds and over
    - £6 for 3 year olds and over
- Fees are payable by direct debit or card or standing order
- Cheques are accepted if paid and cleared before session commences
- Late payments will have a £10.00 charge added for administrative costs
- If your child is absent for any reason you will still be required to pay fees in FULL
- Fees will not be refunded if ALNP is forced to close due to unforeseen circumstances. For example, snow, lack of heating and/or electricity
- Fees are subject to an annual review every November. Parents will be given a minimum of 6 weeks' notice in case of change
- Term time only families will be asked to pay a consistent monthly fee (flat rate) over a 12 month period
- Failure to comply with this agreement can lead to the child/ren's place being revoked and legal action taken to recover any outstanding nursery fees
- These Terms and Conditions may be subject to change at any time. Parents/carers will be notified within at least a month's time
- You may lose your place if:
  - a) You are in arrears
  - b) You persistently pay late
  - c) Continual lateness of picking up your child
  - d) Show any kind of aggressive or threatening behaviour towards any member of staff
  - e) Any breach of the Terms and Conditions

## Agreement

1. I/We have been given a copy of the children's prospectus, have read, and agree to the policies and procedures within Alphabet Lanes Nursery Ltd. These have been explained to me/us and I/We agree to abide by them.
2. The information within this form, regarding my child/ren and my particulars are true to the best of my knowledge.
3. I agree to follow ALNP's Payment Terms and Conditions by making monthly payments on the dates given, for my childcare place, in accordance with this agreement
4. By signing this Agreement, I confirm I have read and agree with the Terms and Conditions herein that govern the admission of my child (ren) to Alphabet Lanes (Berridge Road)

Parent/Carer's name

\_\_\_\_\_

Signature

\_\_\_\_\_

Manager/ Deputy name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date: \_\_\_\_\_

## INITIAL CONSULTATION - STARTING POINTS

*Please make sure to complete and return this form before your child starts with us.*

Initial Parent Consultations helps us create a learning environment unique to each child. This is an opportunity for parents to voice any concerns they may have, and to plan appropriate strategies to aid progress.

The form will be kept in your child's Learning Journal.

|   |  |
|---|--|
| <p><b>Communication &amp; language:</b><br/>         How does your child communicate<br/>         ie, point, speak, gestures?<br/>         How many words does your child speak per<br/>         sentence (3,4 or 5)<br/>         What language does your child speak at<br/>         home? Does you child have English as a second<br/>         language? Do they understand it? Speak it?</p> |  |
| <p><b>PSED:</b><br/>         Is your child using the toilet independently?<br/><br/>         Can they dress themselves? ie shoes, socks,<br/>         coats.<br/><br/>         How confident would you say your child is on a<br/>         scale of 1-3?</p>  |  |
| <p><b>PD:</b><br/>         How does your child spend any outdoor time?<br/>         Climb, skip, jump, run, visit friends/family. Etc.</p>  |  |
| <p><b>Maths:</b><br/>         Does your child have any number recognition,<br/>         count in any form, aware of shapes, space and<br/>         measure.</p>   |  |
| <p><b>Literacy:</b><br/>         Is your child able sit through a story?<br/>         Is your child able to relay about what happened?<br/>         &amp; predict what could happen next?<br/>         Can they recognise any letters? Own name?</p>  |  |
| <p><b>Creative Art &amp; design:</b><br/>         Does your child paint, draw, use the<br/>         computer, Ipad, do they role play alone?</p>  |  |
| <p><b>Understand of the world:</b><br/>         How aware of staying safe is your child, i.e. road<br/>         awareness, strangers, how things grow?<br/><br/>         Do they have siblings? If so, what is their name,<br/>         age, and which school do they go to?</p>  |  |