

# Clarence House Day Nursery

## Registration Form

Child's Name	Date of Birth
	Nationality
Mothers Name	Fathers Name
Parental Responsibility Y/N	Parental Responsibility Y/N
Mothers Address	Fathers Address <i>(if different)</i>
Child's usual address Y/N	Child's usual address Y/N
Work Address	Work Address
Telephone Numbers H: M: W:	Telephone Numbers H: M: W:
Clarence House Day Nurseries Ltd may send items such as newsletters, permission slips and other relevant documentation via email. Please cross in the box next to your email address if you give us permission to do so.	
Email Address	
Please provide any relevant information with regard to legal contact of your child. Please ensure you notify Clarence House Day Nurseries Ltd immediately should your child's legal circumstances change.	

Tel: 01480 386241

Email: [enquiries@clarencehousenurseries.co.uk](mailto:enquiries@clarencehousenurseries.co.uk)

Website: [www.clarencehousenurseries.co.uk](http://www.clarencehousenurseries.co.uk)

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## Children's Emergency Contact Details

Child's Full Name	
Allergy/Medical/Dietary Needs	Home Address
Date Of Birth	Home Telephone Number
Name & Address of Doctor	Telephone Number of Doctor
1 <sup>st</sup> Emergency Contact Name	Relationship
	Parental Responsibility Y/N
Telephone Number	Alternative Telephone Number
2 <sup>nd</sup> Emergency Contact Name	Relationship
	Parental Responsibility Y/N
Telephone Number	Alternative Telephone Number
3 <sup>rd</sup> Emergency Contact Name	Relationship
	Parental Responsibility Y/N
Telephone Number	Alternative Telephone Number
Clarence House Day Nursery will only release children into the care of individuals named by their parent/carer. Information given on this form equates to giving full permission for all named adults to collect the named child. Written Permission will be required from parent/carer in the event of any other adult collecting your child.	
Name	
Signature	
Date	

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# Clarence House Day Nursery

## Contract of Registration

Child's Name	Date of Birth
	Start Date
<p>All paperwork in our registration pack forms part of this contract. Clarence House Day Nurseries Ltd reserves the right to amend this contract.</p>	
<p>The current charges are shown in the attached Fee Schedule. The terms and conditions included in the Fee Schedule form part of this contract.</p>	
<p>The Attendance Schedule attached details the sessions required and conditions of admission. The terms and conditions included in the Attendance Schedule form part of this contract.</p>	
<p>The Registration Form, Medical Form and Emergency Contact Form provide us with essential information for the security, safety and well-being of your child. It is important that this information is correct and updated regularly. Please notify us of any changes to these details.</p>	
<p>Please provide identification for your child, this may be in the form of a birth certificate, passport or medical card.</p>	
<p>You will be allowed to stay and settle your child for as long as agreed with the manager. We recommend that you introduce your child gradually into the nursery routine. A named key person will be allocated to your child on admission. We ask that should your child have any educational or additional needs that you give us advance notice to enable us to put the necessary protocols into place.</p>	
<p>If your child attends another nursery/setting/child-minder, we require your permission to contact them. This is to enable compliance with the Early Years Foundation Stage Guidelines in effective practice.</p>	
<p>My child ..... attends ....., I give my permission for Clarence House Day Nursery to contact and share information with them with regards to my child's development.</p> <p>Signed..... Date.....</p>	
<p>Staff working in our nursery will value and respect the different racial origins, religions, special needs, cultures and languages so that each child is valued as an individual.</p>	
<p>Should your child require any medication whilst attending the nursery, we will require completion of a medication consent form.</p>	

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# Clarence House Day Nursery

We occasionally arrange outings for the children which take them off the nursery premises. At all times we ensure the correct adult/child ratio. Usually, these outings are impromptu such as a visit to the park or local walk; however there will be times that we go on specific outings, these will have separate and specific consent forms. A risk assessment will be carried out before each outing.

I agree that my child ..... has my full permission to partake in any impromptu outing organised by Clarence House Day Nurseries Ltd.

Signed .....

In the nursery we concentrate on encouraging good behaviour. We would reward any positive behaviour rather than concentrating on the negative aspects. Nursery staff are responsible for managing children's behaviour effectively and in a manner appropriate for their stage of development and particular individual needs. We reserve the right to require the withdrawal of any child whose behaviour is unacceptable.

Parents and Carers should be aware that the nursery has a duty to take reasonable action to ensure the welfare and safety of its children. In cases where the nursery staff have a cause to be concerned that a child in their care may be subject to ill treatment, neglect or other forms of abuse, staff will follow the Cambridgeshire County Council Child Protection Procedures and inform Social Services of their concern. This may involve a visit to the home by a social worker.

All staff employed by Clarence House Day Nurseries Ltd are subject to official checks for criminal offences under the Rehabilitation of Offenders Act prior to being unsupervised with children.

I agree to provide a named sunscreen of at least factor 25 for my child, to be applied by nursery staff as necessary

Signed .....

If necessary I agree to provide nappy/barrier cream for my child to be applied by nursery staff as needed.

Signed .....

# Clarence House Day Nursery

For the health and welfare of all children who come to the nursery we request that you do not bring your child into the nursery if they are ill or have an infectious disease. In the event of illness, accident or emergency we will act on your behalf and take such actions, as we consider appropriate. This may include taking your child from the nursery to seek medical attention. Every effort will be made to contact you immediately. We reserve the right to send any child home if senior staff members feel they are not well enough to attend the nursery.

I understand that my child needs to be excluded from nursery for up to 48 hours after sickness and diarrhoea.

I understand that I need to inform the nursery of any infections/illnesses my child may have.

I will seek advice from the nursery as to when my child may return to the nursery with regards to their health.

I understand that if necessary a Care Plan will be put in place should my child require one.

I ..... give permission to Clarence House Day Nurseries Ltd to take appropriate action in the event of illness, accident or emergency to my child .....

Signed ..... Date.....

The nursery is registered under the data protection act and takes into account the eight principles of the act when gathering and processing information. The information collected by Clarence House Day Nurseries Ltd is for nursery business only, you will be notified and your permission sought should any information be passed on to others except in Child Protection Issues.

Full details of Clarence House Day Nurseries Ltd Policies and Procedures are available upon request at all times. Your attention is drawn to them. A copy of the complaints policy is attached to this contract.

**I accept this contract of registration: (parent/carer/s to sign)**

<b>Name (1)</b>	<b>(1)</b>
<b>Signature (2)</b>	<b>(2)</b>
<b>Date</b>	

# Clarence House Day Nursery

## Attendance Form

Child's Name:			Start Date:		
Day	Morning 7.30-1.00	Afternoon 1.00-6.30	Short Day 9.00-3.30	Full Day 7.30-6.30	Grant Session (specify times)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Please tick the sessions required and indicate normal drop off/pick up times.					
Clarence House Day Nurseries Ltd is committed to providing a fair and open admission system to all children.					
As a provider of registered childcare, we both encourage and actively support eligible parents/carers claiming and taking up the childcare element of the Working Tax Credit.					
We can claim NEF Grant funding on your behalf for children eligible through Cambridgeshire County Council					
Our insurance will not cover any children before 7.30am and after 6.30pm. We ask you to be punctual.					
<b><u>CONDITIONS OF ADMISSION</u></b>					
<ol style="list-style-type: none"> <li>1) A deposit of £150 is payable on registration of your child (with the exception of children claiming grant sessions only). The deposit will be deducted from your child's last month's fees providing one month's written notice has been given. The deposit is not refundable if your child does not take up their place in the nursery.</li> <li>2) Fees are payable in advance on the first of each month by standing order. Please see the attached fee schedule for current rates and terms and conditions.</li> <li>3) If you wish to withdraw your child or change attendance we require one month's notice in writing or one month's fees in lieu of notice.</li> <li>4) Clarence House Day Nurseries Ltd reserves the right to require the removal of a child from the nursery, subject to one month's notice or one month's fees in lieu of notice.</li> <li>5) I consent for my child to attend this nursery; I understand that the nursery has policies and procedures and that there are expectations and obligations relating to both the nursery and myself and agree to abide by them.</li> <li>6) I understand that persistent late or non-payment of fees will jeopardize my child's continued place.</li> <li>7) I confirm that the information given on all forms is correct and agree to notify the Nursery Manager in writing of any changes in detail.</li> </ol>					
I/We accept the conditions of admission (parent/carer/s to sign):					
Name (1)			(2)		
Signature (1)			(2)		
Date					

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# Clarence House Day Nursery

## Medical Form

Child's Name	
Doctor's Name & Address	Doctor's Telephone Number
Please list any known medical problems, special health requirements or additional needs your child/the child in your care has	
Please list any known allergies, intolerances or major dislikes (foods/materials) your child/the child in your care has	
<i>A Care Plan may be required which will be completed with your child's key person</i>	
Any other relevant information	
Please list vaccinations to date	
<i>Please inform us if your child has any further vaccinations</i>	
In the event that my child ..... is involved in a serious accident I expect to be contacted immediately. Should my child ..... require immediate medical treatment or advice before I can get to the hospital / doctors surgery or I / named person is out of contact, I hereby authorise named contact / Clarence House Day Nursery Ltd staff member present to consent to any emergency medical treatment / give first aid necessary to ensure the health and safety and the well being of my child on my behalf.	
Parent /Carer Signature	
Parent /Carer Name	
Date	

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# Clarence House Day Nursery

## Images Permission Form

Dear Parent / Carer

Whilst caring for your child, the occasion sometimes arises to take photographs/videos to share with you, for the use of promotional literature, accompany staff / student coursework, and send for medial publication or to keep for provision records. In order to do this, your permission is required.

Child's Name
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I am the parent / legal carer of the child named above and I give permission for my child to be photographed by staff and students from Clarence House Day Nurseries Ltd, for the following reasons *(please tick all that apply)*:

Nursery Display		Employees/Trainees Coursework	
Promotional Literature		Nursery Website	
Local Media		National Media	
Our Facebook Page		Other Websites	
Nursery events, e.g. carnival, nativity play, open day			

- I fully understand that there will be no payment for my child to participate in the use of images for which I have given permission.
- I herewith give permission for my child to be photographed or videoed in relation to any production/event organised/authorised by Clarence House Day Nurseries Ltd and whilst under the care and jurisdiction thereof.
- I agree that all media (including press and internet footage) of events organised by Clarence House Day Nurseries Ltd. will be released at the sole discretion of the management.
- I agree herewith that all images I or any person known to me take of children, staff members or others associated with Clarence House Day Nurseries Ltd will be for personal use only and will not be posted onto any internet websites which have public access unless full written permission is sought.

Parents/Carer Name	
Parents/Carer Signature	
Date	

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# Clarence House Day Nursery

CHILD'S NAME:

SLEEP PATTERN/  
ROUTINE  
*How do I sleep:*  
  
*When:*  
  
*Where:*

THINGS S/HE  
ENJOYS

FAVOURITE  
FOODS AND FEED  
ROUTINES

MUSICAL TASTES

PHOTOGRAPH  
  
*Affix photograph of  
your child here*

SIBLINGS &/OR  
PARTICULAR  
FRIENDS

FAVOURITE  
TOYS/COMFORTER

MEDICAL/ALLERGY  
INFORMATION  
  
*Please complete  
appropriate form for  
this*

STRONG  
DISLIKES &/OR  
FEARS

Write here any additional information concerning your child which you think we would find useful (*if necessary continue overleaf*)

# Clarence House Day Nursery

CHILD'S NAME:

## Food and Menu's

A light breakfast, mid morning snack, a two course lunch and a snack tea are provided each day. Clarence House Day Nursery runs a six week rolling menu, which is attached. We use fresh produce and wholemeal foods where possible. All foods are cooked on the premises which have been inspected and rated by Environmental and Community Health Services, our establishment has been rated as very good. The staff members who prepare food have achieved the Foundation Stage in Food Hygiene certificate. Herbs and spices may be added to some dishes for taste; however we do not use salt in cooking or add salt to food. We provide alternative foods for children with specific dietary, intolerance and allergy requirements. Please read through the menus and highlight any foods you have not tried at home or do not want your child to eat. Please note that we are unable to give your child foods which you have not tried at home.

Food's I am allergic to:	I eat my food Purreed Mashed Solid  Please circle
Any other relevant information:	
Parents name	Parents signature
Date	

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# Clarence House Day Nursery

Please complete in Block Capitals

**Enter your Bank Name & Address:**

TO:

**Person / Organisation you wish to pay:**

Name of Organisation: Clarence House Day Nurseries Ltd  
Bank: Bank of Scotland  
Account Number: 06014522  
Sort Code: 12-20-29  
Reference (Enter your child's name):

**Payment Details**

Amount of First Payment £..... Date of First Payment.....

Amount of Usual Payment £..... Date of Usual Payment.....

Amount of Usual Payment (in words).....

Amount of Last Payment £..... Date of Last Payment.....

OR

Please continue payments until further notice (tick)

**Customer Details**

Account in the name of:

Bank Branch:

Bank Account Number:

Sort Code:

**Special Instructions** (Include any additional information applicable to this instruction)

**Customer(s) Signature**

Please debit my/our account accordingly: .....

Date: .....

**Contact Telephone Number:**

**Once Completed Please Send This Form To Your Own Bank Branch**

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