

NOTES:

You are required to fill out this form for a place for your child. Parents/Carers are advised to read some policies and handbook and sign the agreement. Payments may be made by card or cash. Please note that this does not guarantee a place for your child and if the days you request are not available, you will be placed onto our waiting list.

Child's Details		Ma	le/ Female •
First name:	Last Name:		D.O.B.:
Poligion:	Nationality:		First Language:
Religion:	Nationality:		First Language:
Address Details			
Parent/Carer's details			
Full name:			
Address:			
Contact Numbers			
Home:	Mobile:		Email:
Business Address:			
Business Telephone Number — Direct Line:	Mobil	e:	
Parent / Carer 2 - Details			
Full Name:		Contact detai	ls:
Home:	Mobile:		Email:
Address:			
			Post Code:



Business Address:	
Business Telephone Number —	
Direct Line:	Mobile:
Specific Dietary Needs/Food or D	Orink Allergies •
	e following reasons, i.e. religious, allergy, medical or other, e.g., vegetarian, non-dairy, diabetic
If Yes – please specify	
Medical/Illnesses Any serious illness/condition?	
(Inhaler, etc) If yes, please specify Symptoms/ Medication/Treatment required:	
Any skin allergies/conditions?	
i.e. eczema	
If yes, please specify Symptoms/ Medication/Treatment required:	
Any medication allergies?	
If yes, please specify Symptoms/ Medication/Treatment required:	
Any special education needs/disabilities?	
i.e. speech therapy, occupational therapy or other If yes, please specify	
Immunisations	
Is your child up to date with these? Please provide details of those received:	



Has your child had any childhood infectious disease	
Chicken Pox? If yes, please specify	
ii yes, piedse specify	
External Contacts	
G.P Name:	Telephone No: STD
Health Visitor:	Telephone No: STD
Dentist	Telephone No: STD
Emergency Contacts – Details of two altern if we are unable to contact with you.	native people who we may contact in an emergency 🔍
Full name including title	Home/work telephone no including STD code:
Deletienebie te obild.	Malaila na
Relationship to child:	Mobile no:
Full name including title	Home/work telephone no including STD code:
Relationship to child:	Mobile no:
- Concont	
Consent • The following consents given by you, the parent/carer, remain terminated in writing or you have otherwise indicated by writte	valid until your child's attendance with Little Wonders Nursery has been en amendment which must be dated and signed.
*Please read each section and delete as appropriate. Your sign this is your wish.	nature is also required against each consent statement to confirm that
Face Painting	
I hereby give/do not give* permission for my child to have thei	r face painted as part of activities on fun days.
	Signature:
Sun Protection Cream	
I hereby give/do not give* permission for my child to have sun	protection applied.
	Signature:



nereby give/ao not give* permission for my d	child to travel on public transport (with a staff member of the nursery).
I hereby give/do not give* permission for my c nursery. CONSENT FORM GIVEN	Signature: shild to participate on short/nature walks supervised by nursery staff in the vicinity of the
	Signature:
Nominated persons whom ma	y collect your child
	nt to, collect your child, other than yourselves. On the days when you will not be collecting your child it is extremely of one of the following people who you have given permission to do so.
-ull name including title	Home telephone no:
Relationship to child:	Mobile no:
-ull name including title	Home telephone no:
Relationship to child:	Mobile no:
Photos/Artworkhereby give/do not give* permission for my c	child's photograph , as specified by the Manager, to be used/displayed within the nursery
	child's photograph , as specified by the Manager, to be used/displayed within the nursery
hereby give/do not give* permission for my o	
hereby give/do not give* permission for my o	Signature:
hereby give/do not give* permission for my o	Signature: child's artwork , as specified by the Manager, to be used/displayed within the nursery.
hereby give/do not give* permission for my of the hereby give/do not give* permission for my of the hereby give/do not give* permission for my of the hereby give/do not give* permission for my of the hereby give/do not give* permission for my of the hereby give/do not give* permission for my of the hereby give/do not give* permission for my of the hereby give/do not give permis	Signature: child's artwork , as specified by the Manager, to be used/displayed within the nursery.
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hereby give/do not give* permission for my of thereby give/do not give* permission for my of the Photos/Artwork hereby give/do not give* permission for my of the material belonging to Little Wonders Nursery i.e.	Signature: Shild's artwork, as specified by the Manager, to be used/displayed within the nursery. Signature: Signature: Child's photograph, as specified by the Manager, to be used/displayed for promotional by Website, Prospectus, Nursery Newsletters and other publications. Signature:
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•	Eth	nni	cit	У	

White - British	Mixed – White and Black Caribbean	
White – Irish	Mixed – White and Black African	
Any other White background	Mixed –White and Asian	
Asian or Asian British - Indian	Black or Black British – Caribbean	
Asian or Asian British – Pakistani	Black or Black British – African	
Asian or Asian British – Bangladeshi	Any other Black background	
Any other Asian background		
Chinese		
Any other Ethnic Group		

Parent,	Carer	Declaration	۱ 🕳
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Parent/Carer Declaration •	
In registering my child, at Little Wonders Nursery, I have read, understood	and agree to abide by policies and term and conditions of the nursery, and government legislation.
Parent/Carer (1) Signature:	Date:
Parent/Carer (2)Signature:	Date:

Data Protection —

In compliance with the current UK Data Protection Legislation, any information you provide to us will be kept confidential and will not be disclosed to any external sources without your prior consent.

Nursery Use Only

Instruction						
Application date:	Date:					
Commencement date agreed with Parent/Carer as	Date:					
Introductory/Settling In Sessions agreed		Date	(s) and Tim	nes		
with Parent/Carer	Date:	Mon	Tues	wed	Thurs	Fri
settling in policy discussed						
CONSENT FORM LOCAL VISITS						
CARE PLAN PART A						
	Select session	AM		PM		
Private/Funded		1 2 3	4	5		
Nursery Team informed and Key Person assigned	Keyworker:					
Special dietary requirements/ Allergy	ALLERGY: Dietary Requirement:					
My Care Plan Folder						



Enrolment fee of	received: Cash	Bank		Date	
Original Birth Certificate Seen		Bi	rth Certificate number:		
(staff initials) Photo copy BC					
Original Birth Certificate Seen		De	etails recorded by: (sta	ıff member signature)	
(DD/MM/YYYY)					
Passport number:		Ev	idence of proof of add	lress	
Country:					
Terms & Conditions					
 Please note the following conditions: All belongings/items of clothing need It is parents' responsibility to monitor to collected from the nursery. If staff doesn't recognise the person who is conformation about the person who is conformation about the person who is conformation about the parents to read to the don't encourage children to bring It is important for the parents to read to the don't encourage children to bring It's our responsibility to inform all the parents are required to update inform parents/career when necessary. When your child returns after an illness nursery. We have settling in policy, we discuss to the time of registering a child a deponder of the dollars of the dol	their child when entering through the brought the child in the nurse collecting the child other than the child enewsletter because important their own toy in case they are do parents/carers regarding our child eation immediately i.e. change in that policy with parent/carers at children who are not on the gove posit of 2 weeks' fees must be paid on child's first day at the nursery discuss the matter with the many whatever the circumstances. You choose to a take your child of a regarding outstand-ing account paying when nursery is on and it is and you would like to keep your child collect, then you give us 4 weeks' not a take in a failability of the place.	the main entrance before ry, the person should be re emselves. Int information can be miss imaged or lost. Id protection policy. Parent telephone number, busine A member of nursery staff the time of registration. In the	e child is handed over the child is handed over the eady to provide the information of the company and the child is a notice you will be company a retainer formation of the child is a notice of th	ormation. Parents are responsible at our child protection policy, we are (home or place of work), to let us ith you and see your child before he advance on Monday. On special e payable for 4 weeks' fees. We see that period. The retainer is half or	to provide the are ready to answer contact the he returns to the circumstances if it's end you an invoice you for that period. of the full fee you are
Nursery hours and Fee	r arrangements need to be made	dinough a monibor or star	Tormanager		
Morning session - Monday to Friday: 8 Afternoon Session - Monday to Friday: Private Enrolment Fee: 25£ (non-refunday) Toy fund: 5£ monthly (only apply to ch	; 6 – 1.30pm dable for all private children) fee	•	um 2 sessions.	LITTLE -NUI	WONDERS RSERY—
Agreement Ihereby agree to	the nursery's terms and condition	ons. I read and understood	d the policies and proc	edures of little wonders nursery.	
				Sign	
				Parents/Carers	
				Date	••••••

Manager