



Registration Form

Child's full name _____

Child's date of birth _____

Address _____

Postcode _____

Phone number (home) _____

Ethnicity (optional) _____

Religion (optional) _____

Nationality (optional) _____

Name of Parent/Guardian _____

Mother's employer _____

Employer's address _____

Postcode _____

Employer's phone number _____

Mother's email address: _____

Name of Parent/Guardian _____

Father's employer _____

Employer's address _____

Postcode _____

Employer's phone number _____

Father's email address: _____

With whom does the child live? _____

Language(s) spoken at home: _____

In case of emergency and we are unable to contact the above contacts please provide a telephone number where a friend or relative can be contact during nursery hours.

Name _____ Phone number _____

Name _____ Phone number _____

Password (to be used in emergencies) _____

Name of person who will usually collect your child _____

Child's Doctor _____ Phone number _____

Address _____

Postcode _____

Please indicate if any of the following are involved with the child's care:

Foster carer Social Services Paediatrician

Speech and Language Another Nursery/Pre-School

Please provide contact details for each one that has been ticked.

Is the child a 'looked after child'? Yes No

Has the child ever been subject to child protection/child in need plan? Yes No

Which sessions do you require your child to attend?

Please indicate approximate times for arrival and collection if a FULL DAY.

In order to maintain continuity in terms of care and development, ALL children are required to attend a minimum of two sessions, or one FULL day per week.

| | MORNING 8.30am-12.00pm | AFTERNOON 1.30pm-4.00pm | FULL DAY 7.00pm-7.00pm |
|-----------|---------------------------|----------------------------|---------------------------|
| MONDAY | _____ | _____ | _____ |
| TUESDAY | _____ | _____ | _____ |
| WEDNESDAY | _____ | _____ | _____ |
| THURSDAY | _____ | _____ | _____ |
| FRIDAY | _____ | _____ | _____ |

Parents of those children not staying all day, but who would like them to receive a meal, can book in advance at the following cost:

Dinner **£3.00**

Date I wish my child to start at the nursery on: _____

I have received and read a copy of the Prospectus and Pricing Policy agree to comply with the terms and conditions.

Signature of Parent/Guardian _____ Date _____

Please note that all fees are payable four weeks in advance, and can be cash, cheque or a standing order. An invoice will be sent one week prior to fees being due. Please make cheques payable to **Little Footprints Ltd.**

Bank details: Little Footprints Ltd Sort code: 30-13-51 Account number: 00576518v

Registering your child for nursery

We cannot accept your child for a place at Little Footprints Day Nursery without a completed and signed Registration Form being given to the office. Upon receipt, we will confirm your child's place (or otherwise as the case may be).

An initial registration fee of £50 will then be required, which will subsequently be refunded from your first months invoice. Your child's registration fee is non-refundable if you choose not to start.

If you are registering two children or more, you will receive a 10% discount for one child only, (providing neither child receive Government funding).

How did you hear about us?

- Recommendation Facebook page Google Website Children's Centre
 Advertisement (where? _____) Other: _____

Has your child been immunised against the following illnesses?

| | YES | NO |
|----------------|--------------------------|--------------------------|
| Diphtheria | <input type="checkbox"/> | <input type="checkbox"/> |
| Tetanus | <input type="checkbox"/> | <input type="checkbox"/> |
| Whooping Cough | <input type="checkbox"/> | <input type="checkbox"/> |
| M.M.R | <input type="checkbox"/> | <input type="checkbox"/> |
| Polio | <input type="checkbox"/> | <input type="checkbox"/> |
| HIB | <input type="checkbox"/> | <input type="checkbox"/> |
| Meningitis | <input type="checkbox"/> | <input type="checkbox"/> |

Has your child any ongoing treatments and/or any known allergies? _____

If yes, please discuss this with your child's key worker within their room.

Should the need arise I give Little Footprints Day Nursery permission to seek emergency advice or treatment in the event of the nursery not being able to contact me.

Signature of Parent/Guardian _____ Date _____

I give permission for Little Footprints Day Nursery to administer any medication that maybe required during nursery hours. E.g. Calpol, antibiotics.

Signature of Parent/Guardian _____ Date _____

Please let us know your child's religion, ethnic background or any other information you may feel relevant to the care of your child:

As from the 25th May 2018, the Data Protection Act (DPA) is being replaced by the General Data Protection Regulation (GDPR).

This is specifically for the purpose of safeguarding your personal information and data.

As a UK registered business, Little Footprints Limited is legally bound to inform you of the following information and to request your signed permission to allow us to store all relevant personal details of yourselves and your child(ren). (This refers to the details recorded on your child's registration form.)

You will have the right to access, rectify, erase or restrict this information at any time.

Little Footprints Limited does of course require all the information stored on your child's registration form (contact in case of emergencies, etc.) but you do have the legal right to refuse to supply it.

This information will be retained by us until your child leaves our care. You can then request to have all your personal information returned.

Little Footprints Limited will not under any circumstances provide any of your details to any outside organisation, either in the UK or elsewhere.

To comply with GDPR legislation every business has to nominate a Data Controller who you are able to contact at any time.

The Little Footprints Limited contacts are Clive Howell, Deborah Potts and Victoria Stone.

I personally agree to the above and also sign on behalf of my husband/partner/wife agreeing to Little Footprints Limited retaining my/our personal details whilst my child(ren) are cared for by the nursery.

Name of child (printed) _____

Signature of Parent/Guardian _____ Date _____

Terms and Conditions:

1. I understand that the £50 registration fee paid is non refundable in the event that I do not take up the place reserved for my child.
2. I understand that my child will not be admitted to the nursery if she/he is unwell.
3. I understand that if my child is sick/unwell or absent for any reason when they have booked in and attend a session, fees will be charged as normal.
4. I agree to give out least one full calendar months notice, in writing of my intention to reduce my child's attendance pattern at nursery, and understand that I will have to pay one full calendar months fees in the events of reducing/changing the pattern first reserved for my child.

Signature of Parent/Guardian _____ Name _____

Child's identity evidence — to be completed by the nursery.

Type of evidence seen (e.g. birth certificate, passport) _____

Child's date of birth on documentation _____

Signed _____ Date _____

Please return this Registration Form to:

Little Footprints Ltd, c/o Thundersley Primary School,
Dark Lane, Thundersley, Essex SS7 3PT

