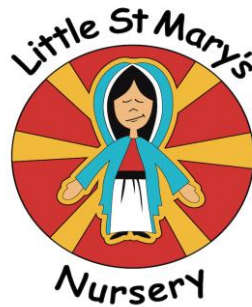


Little St Mary's Nursery Application

a: c/o St Mary's Catholic Primary School
t: 01527 852140
e: admin3507@welearn365.com
w: <http://www.stmarysrcstudley.co.uk/>



Dear Parent

Thank you for your interest in reserving a place in our new teacher-led nursery. We are delighted that you are considering us for your child's first steps in education.

Enclosed within this pack is a registration form on which you can give us your details and information about your child. Please ensure this is completed in full to enable the smoothest transition possible. In addition, enclosed is a booking form for you to indicate which days you would like your child to attend. The booking form is also to be used for any change of session requirements that may arise.

For new registrations, please complete Sections 1, 2, 3 and 4 in full

New registrations seeking to validate their 'additional hours voucher code' please complete Section 6.

For new bookings, in order to secure your nursery place we will require a deposit of £50. Your cheque should be made payable to **St Mary's Studley Childcare Ltd**. Your deposit amount will be used as a credit against your subsequent monthly invoices once your child starts in nursery. Please note that if you later decide not to take up the nursery place the deposit is non-refundable. No deposit is payable for amendments to existing bookings.

On receipt of your completed forms and deposit, you will receive confirmation of the offer of a place in the form of a contract that will require signature. On countersigning and receipt of this contract your child's place will be reserved.

If you have any queries or need any further information, then please do not hesitate to contact the nursery office on the above number.

We look forward to your child joining us soon.

Yours sincerely

Miss E Holtom
Little St Mary's Nursery Manager

Section 1 Booking Form

Name of Child	
Gender	
Date of Birth	
Proposed Start Date for sessions	
Age of Child at Proposed Start Date	

Are you intending to claim all or part of your 15 hours EEF entitlement?	Y/N
Are you intending to claim all or part of 15 Additional Hours free childcare?	Y/N

(EEF Early years Education funding)

Please enter your first-choice & back-up choice session requirements. Please TICK your preference clearly

	Nursery Morning 9-1.00pm	Nursery Afternoon 1-3.15pm (4.00 if EEF funded)	Include Nursery Lunch
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Tick as appropriate your Wrap Around Care session requirements

	Little Oaks Before School club 7.30-9.00am	SHORT EVENING Little Oaks After School club 3.15- 4.00pm	LONG EVENING Little Oaks After School club 3.15-6.00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent/Carer	
Signature	
Date:	

Section 2 Registration Form

Your Child's Details

Full Name	
Date of Birth	
Known as	
Gender	
Country of Birth	
Nationality	
Adopted from Local Authority Care	Yes / No
Young Carer	Yes / No

First Parent / Carer Details

First Parent/ Carer Name	
Mobile / Main Contact No:	
Home Phone Number:	
Email Address	
Home Address	
Post Code	
Parental Responsibility	Yes / No
Legal Access	Yes / No

Second Parent / Carer Details

Second Parent/ Carer Name	
Mobile / Main Contact No:	
Home Phone Number:	
Email Address	
Home Address	
Post Code	
Parental Responsibility	Yes / No
Legal Access	Yes / No

Religion

Religion of child	
Ethnic Group	
Language Spoken at Home	

Medical Information

Surgery attended	
Doctor's name (If applicable)	
Surgery Address	
Surgery Telephone Number	

Medical Disclosure

Does your child have any special needs or disabilities? If Yes, please provide details	Yes / No
Does your child have any Medical Conditions? If Yes, please provide details	Yes / No
Does your child have any Known Allergies? If Yes, please provide details	Yes / No
Does your child have any special Dietary Requirements? If Yes, please provide details	Yes / No
Are your child's Immunisations Up to Date? If No, please provide details	Yes / No
Does your child have a health care plan? If Yes, please provide details	Yes / No

Parental Permissions

Inhaler I give permission for a trained member of staff to administer the inhaler supplied by me	Yes / No
Epipen I give permission for a trained member of staff to administer the Epipen supplied by me	Yes / No
Walks, Outings and Forest School Your child will be taken out of the setting as part of daily activities. I give permission for my child to take part in short trips, Forest School or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For major outings, we will inform you and ask for your specific consent.	Yes / No
Sun cream I hereby give permission for a member of staff to administer sun cream as supplied by me to my child when necessary and record its use	Yes / No
Emergency Treatment In the event of an accident involving my child I understand that every effort will be made to contact me immediately. I give consent for to provide emergency first aid treatment to my child and/or to seek emergency treatment from a qualified medical practitioner.	Yes / No

Emergency Contacts

First Emergency Contact:	
Mobile / Main Phone Number:	
Home Phone Number:	
Work Phone Number:	
Relationship to Child:	

Second Emergency Contact:	
Mobile / Main Phone Number:	
Home Phone Number:	
Work Phone Number:	
Relationship to Child:	

Third Emergency Contact:	
Mobile / Main Phone Number:	
Home Phone Number:	
Work Phone Number:	
Relationship to Child:	

Documents (It is not necessary or desirable for documents to be sent in with this application however, staff will need to SEE one or other of these to confirm your child's age before your child starts.

I confirm that I will be able to show staff: Circle as appropriate	My Child's Birth Certificate
	My Child's Passport

Declaration

I certify that I have answered all the questions to the best of my knowledge and belief	Signature	Date
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Section 3
Consent Form
For Photography and Images of Children

During your child's time with us we may wish to take photographs of activities that involve your child. The photographs may be used for displays, publications and on a website by us or the local media.

Photography or filming will only take place with the permission of the Head teacher and under appropriate supervision. When filming or photography is carried out by the news media, children will only be named if there is a reason to do so (e.g. they have won a prize) and home addresses will never be given out. Images that might cause embarrassment or distress will not be used nor will images be associated with material on issues that are sensitive.

Before taking any photographs of your child, we need your permission. **Please complete, sign and date the form and return it to us.** You can ask to see images of your child held by the Academy. You may withdraw your consent at any time.

Name of Child		
Parent / Carer		
I understand that: <ul style="list-style-type: none"> ▪ the local media may take images and audio of activities that show the establishment and children in a positive light e.g. Reception Year pictures of new starters, drama and musical performances, sports and prize giving ▪ photographers acting on behalf of the school and nursery may take images for use in displays, publications or on a website ▪ embarrassing or distressing images will not be used 		
I give my consent for images to be taken and used		Please Tick
Internally within the school – such as our School newsletter (initials may be included for celebratory purposes)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Our school /nursery website – names not included		Yes <input type="checkbox"/> No <input type="checkbox"/>
Externally (e.g. within the media - names may be included)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Parent / Carer		
Date:		

Section 4 Collection Password Confirmation

Little St Mary's Nursery takes its responsibility for safeguarding and promoting the welfare of children in its care very seriously.

It is important that your child is collected at the end of their nursery session by a person who has been identified by you as a person authorised to collect your child.

If you are not able to collect your child, staff will need to know in advance who will be collecting your child. In all circumstances where it will not be you who collects your child, please ensure that you sign the collection diary to that effect and detail who will be collecting your child.

We understand that emergencies do happen; in these situations, please telephone the nursery informing staff of who will be collecting your child. At this point we will need a password as a security question so that your child will be allowed to leave nursery with the identified adult.

If the above procedure is not followed staff will be unable to release your child, staff will endeavour to contact you. However, procedures are in place to ensure the safety and wellbeing of any child not collected at the end of the day.

Name of Child	
Password	
Parent / Carer Name	
Parent / Carer Signature	
Date	

Nominated Collectors

Name	Relationship to Child	Contact Phone Number

**Section 5
Cancellation Form**

Name of Child (Block Capitals)	
Date of Birth	

Please input your current session usage and indicate those that you wish to cancel

	Nursery Morning 9.00-1.00pm	Nursery Afternoon 1.00pm-3.15pm	Cancellation Reason
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

	Little Oaks Before School Club 7.30-8.55am	Little Oaks After School club 3.15-5.00pm	Little Oaks After School club 3.15-6.00pm	Cancellation Reason
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Declaration

I hereby provide 30 days' notice to cancel the sessions detailed above. I understand that I will be charged in full for these sessions throughout the notice period. I accept that the notice period will commence on the day this Cancellation Form is provided to the Nursery Office.

Parent/Carer
Signature
Date:

OFFICE USE ONLY

Date of receipt
Receiving party

Section 6

Details for children claiming the additional 15 hours' childcare (for wrap around provision).

Child's Name	
Child's Date of Birth	
Eligibility code (e.g. 12345678912) given to you by HMRC	
1 st Parent / Carer Name	
1 st Parent / Carer National Insurance Number	
1 st Parent / Carer Date of Birth	
2 nd Parent / Carer Name (If applicable)	
2 nd Parent / Carer National Insurance Number	
2 nd Parent / Carer Date of Birth	

Declaration

I/We agree that the information I/we have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable Little St Mary's Nursery to claim for the relevant free childcare hours from September 2018.

	1 st Parent / Carer	2 nd Parent / Carer (If applicable)
Signature		
Date		

Please return this completed form(s) with all relevant documentation to:

Little St Mary's Nursery Admissions
C/o St Mary's Catholic Primary School
Pool Road
Studley
Warwickshire
B80 7QU

Or Scan and email to:

admin3507@welearn365.com