

Mohair Centre Ltd

Nursery Registration Form

The Mohair Centre is committed to the Safeguarding and the promotion of the welfare of all children and young people.

CHILD'S DETAILS

Child's Full name:

Date of Birth:

Language Spoken at home:

Ethnicity/Culture:

Religion:

PARENTS/CARERS DETAILS

Name:	Name:
Relationship to the child:	Relationship to the child:
Address:	Address:
Postcode:	Postcode:
Home Telephone No:	Home Telephone No:
Mobile Telephone No:	Mobile Telephone No:
Occupation:	Occupation:
Place of Work:	Place of Work:
Work Telephone No:	Work Telephone No:
Email Address:	Email Address:

****Please ensure we have an email contact as we send invoices and nursery information via email. When your child starts you will receive a link to log in to your Child's Learning Journey available through the 'Family' online platform.**

EMERGENCY CONTACT DETAILS SHOULD WE BE UNABLE TO CONTACT YOU

Name:	Telephone No:	Relationship:
Name:	Telephone No:	Relationship:
Name:	Telephone No:	Relationship:
Please provide a password for emergencies if the person who regularly collects your child is unable to:		
Who does the child permanently live with (Full name)		

Are there any **contact restrictions** for the child: Yes / No please indicate.....

Does your child attend another Early Years setting or childminder Yes / No

Please indicate which one and how many sessions they attend:

Can we contact them?: Yes/ No

Are any other professionals involved with your child / family? Yes / No

e.g. ISEND team, Speech and language, Children's Social Care Team, Keyworker Team or any Adult Services

Please give details (use overleaf if necessary):

MEDICAL DETAILS – Please use overleaf if necessary

Doctor's Name:

Surgery Address:

Telephone No:

Health Visitor's Name:

Telephone No:

Known Allergies:

Medical conditions:

Special Dietary requirements:

Any Other Information you feel we should know:

IMMUNISATION DISCLAIMER

Statement	Acknowledgement (please tick ✓)
I/We acknowledge that all children can be exposed to diseases that can have serious, if not fatal, consequences, e.g. measles, mumps, meningitis, polio	
I/We are aware of the view of the NHS that the best way to protect children is by immunisation and that this will also help to protect other people with whom the child may come into contact in the setting, such as those with weakened immune systems or newborn babies	
I/We are aware of the view of the NHS that immunisation is the best defence against epidemics that can kill or disable both children and adults	
I/We assume full responsibility for my/our decision and confirm that I/we understand the associated risks and benefits and the importance of childhood immunisations in reducing the risk of my/our child contracting serious, potentially fatal diseases	

Please indicate which vaccines have been received by your child	✓
Diphtheria/Tetanus/Pertussis/Polio/Hib/Hep B	
Pneumococcal	
Men C	
Hib/Men C	
MMR1	
Preschool Booster	
MMR2	
Rotavirus	
Men B	
None of the above	

We require parental consent for the following. Please sign to give consent:	
In the event of an emergency, I give permission for the nursery to seek emergency medical advice / assistance	Sign here
I give permission for the nursery to keep records about my child	Sign here
I give permission for the application of sun cream	Sign here
I give permission for the application of nappy cream	Sign here
If Nappy cream is prescribed by the doctor a separate medication form will need to be completed. Please indicate if your child's nappy cream is prescribed here.	Indicate here if your child requires a prescribed nappy cream:

ORAL HEALTH

Children should be seen by a dentist when they get their first tooth, or from 1 year old.

NHS Dental Services are free for children under 18 (Department for Education)

- **Is your child currently registered with a Dentist?** Yes / No (delete/ circle as appropriate)
- **Has your child received a dental check-up yet?** Yes / No (delete/ circle)

DIGITAL PHOTOGRAPH & FILM FOOTAGE PERMISSION

I/we give permission for the Mohair Centre, to take photographs or film footage (taken on the setting's password protected devices only) of my child, for the reasons we have indicated:

Please tick which statements you give permission for, thank-you.

- ☐ to support the Mohair Centre's staff coursework
- ☐ the Mohair Centre's scrapbooks/publicity/displays on site
- ☐ to support the Mohair Centre's promotional literature

- ☐ to support the Mohair Centre's website
- ☐ to support the Mohair Centre's Social media pages
- ☐ other publications, such as the local newspaper
- I give permission for photographs and videos to be used to record my child's learning and development, to support observation & assessment and these will be found on your child's Learning Journey ('Famly' online platform)
- I understand that my child may appear in the same frame as a photograph / video used in another child's learning journey (using the 'Famly' online platform)
- I give permission for my child to feature in GROUP photos/videos on the 'Famly' platform
- I understand that that any group photographs shared on Famly must not be reshared on publicly available social media and names of children/ staff must not be mentioned.

Please sign : Date:

Please note any photographs or video footage stored electronically will be stored securely. By law the Mohair Centre is registered with the Information Commissioner's Office (ICO) as a data controller. For further information please read our full digital image policy and visit the ICO website at: <http://www.ico.gov.uk>

Child's Full Name	
Parent / Carer(s)' Name	
Parent/Carer(s)' Signature(s)	
Date	

SESSIONS, FEES & FUNDING

Please indicate preferred start date for your child:

.....

(subject to availability)

We would like our child to attend **all year / term time only** (please circle one)

CARE REQUIRED		Please tick sessions required below:		
Day	8am -1pm	8am-3pm	8am-6pm	Optional Breakfast club from 7.30am (2-4yrs only) cost £5.00 per session
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

To claim any Funding for your child we need your Funding Code and National Insurance Number THE TERM BEFORE FUNDING IS DUE.

Please visit [Eligibility checker | Best Start in Life](https://www.beststartinlife.gov.uk/eligibility-checker) <https://www.beststartinlife.gov.uk/eligibility-checker> to check for eligibility and to get a code.

If you are claiming Funding, Please enter your child's funding code here

Parent 1 National insurance Number

Parent 2 National insurance number

Please indicate how you will be paying nursery fees (please tick below):	
Payment by BACS, directly into our account	
Tax Free Childcare- please state <u>account reference number</u> here	
Childcare Vouchers	
Cheque	

Please use the child's name as a reference when paying with vouchers or directly into our bank account to help us track payments.

ALL FEES ARE DUE ON THE 1st OF THE MONTH, PAID IN ADVANCE

I/we wish to register my/our child for the above sessions. I agree once a place has been confirmed for my child, I will be **bound by the settings policies, procedures and the terms and conditions of the nursery as provided in the parent handbook.**

SIGNED

Parent/Guardian Name: DATE:

Please return the completed form above to:

Liz Cogger, Mohair Centre, Brickfield Farm, Lewes Road, East Sussex, BN8 6JG

Or Email it to nursery@mohaircentre.co.uk

Please do not hesitate to ring or email to confirm that we have received it if you do not hear from us soon.
Telephone: 01825872457