



2-4 Brook Street
Luton, Bedfordshire
Tel: 01582 730510
www.trainingdepot.co.uk



Registration Form 2024 - 2025

Registration fee - £120

Amount:

Date:

Those receiving a grant of 15 or 30 hours - an annual extra activities fee is requested, see the current Fee Schedule for details

PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS

Staff - please tick when documentary proof has been obtained and retained (Birth Certificate or Passport)

| | |
|--|----------------------------|
| Child's First name: | Family name: |
| Female/Male D.O.B _____/_____/_____ | Child's name used at home: |

| | |
|---|----------|
| Date of entry: ____/____/____ | Address: |
| | |
| Was your child born prematurely? YES / NO | |

| | | | | | |
|---|--------|--------|--------|----------|--------|
| Enrolment details (Days and hours requested) | Mon Am | Tue Am | Wed Am | Thurs Am | Fri Am |
| | Mon Pm | Tue Pm | Wed Pm | Thurs Pm | Fri Pm |

| | |
|--|--------------------------|
| Mother/guardian details First name: Address: | Family name: DOB: |
| National Insurance Number: | DOB: |

| | |
|--|--------------------------|
| Father /guardian details First name: Address (if different from above) | Family name: DOB: |
| National Insurance Number: | DOB: |

| |
|---|
| Name of adult child lives with: |
| Name of adult that has parental responsibility: |

| | |
|----------------------------------|----------------|
| <u>Contact telephone numbers</u> | Home: |
| Mum Mobile: | Dad Mobile: |
| Mum Home/Work: | Dad Work: |
| Email address: | Email address: |

Other persons designated to collect:

Name: Relationship to child Tel:

Name: Relationship to child Tel:

Name: Relationship to child Tel:

Child's home language Other languages understood
 Child's Religion (if applicable) Ethnicity

Medical conditions of which staff should be aware? Yes / no
 Details if yes:

Allergies? Yes / no.
 Details if yes:

What treatment does your child need if there is an allergic reaction:

Doctor's Name:
 Doctors Address:

Doctor's Telephone:

Dentist Name:
 Dentist Address:

Dentist's Telephone:
 (if needed your child will be enrolled into the Supervised tooth brushing scheme)

Other information (other agencies e.g. speech therapist, physiotherapist etc.)

Previous pre-school or nursery experience?
 Name of setting

Children's Dietary Requirements

Please tick the boxes of food that your child eats.

| Chicken | Pork | Lamb | Fish | Beef |
|---------------|------------|------------|------|------|
| Halal Chicken | Halal Lamb | Halal Beef | | |

Any additional dietary requirements (if applicable)

Disability Access Fund Declaration

This section is only applicable to three and four year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting yearly. Is your child eligible and in receipt of DLA? Yes / No

If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:

Terms and Conditions of Training Depot Day Nursery

The following statements are shared to give you, the Parents/Carers, an understanding of our policies and expectations as well as giving the Nursery your consent to allow your child to participate in all the learning opportunities available. Parents are reminded that you are able to view our policies either by asking for a copy of them at the Office, or by viewing our website www.trainingdepot.co.uk.

Safeguarding

I understand that the Nursery uses a password system and I will telephone/inform the Nursery of the details of someone different collecting my child having shared a password with both them and the Nursery. I also understand Training Depot Day Nursery is under a legal obligation to report to Luton Borough Council/Child Protection, any incident where they consider a child may have been subjected to abuse or neglect. Furthermore I understand that it is possible that this could be done without me being first informed.

Visits outside the Nursery

I hereby give permission for my child to participate in visits within the local area. I understand that I will be notified in advance when a whole nursery trip is scheduled to take place. I further realise when my child is transported by motor vehicle, it will be operated by a properly licenced adult and every effort will be made to secure the safety of all the children. As a result of these safeguards and precautions, I will not attempt to hold Training Depot Day Nursery, the owners, the staff, or any licenced adult, responsible in the event of accident or injury to my child.

Administration of Medicines/Creams

I hereby give you permission to administer liquid paracetamol and/or apply sun cream/nappy rash cream/teething gel/prescribed cream for eczema. I understand if my child has an allergic reaction to any of the medications/creams listed that have been provided by myself or prescribed by the Doctor then I will be contacted immediately. I will complete a medicine form should I wish the Nursery to administer a medication or cream that is not listed. If nursery nappies / wipes are used there will be a charge.

Emergency Procedures

I hereby grant permission for the senior member of Management in charge to take whatever action they may decide to be appropriate and necessary to obtain emergency medical care as detailed in our First Aid Policy. I understand that any expense incurred as the result of the Nursery taking action in the event of an emergency is my responsibility.

Behaviour

I hereby give permission for Nursery to follow their behaviour policy. I understand that I will be informed of any behavioural incidences relating to my child.

Use of Nursery Equipment

I hereby give permission for my child to have the freedom to use all equipment on the premises of the Nursery and to participate in all the activities of the Nursery.

Notification of Absences

I will inform the Nursery if my child is going to be absent for any reason. I understand that sustained periods of absence will be investigated and may result in my child being removed from the Nursery's register and information may be shared with Luton Borough Council.

Updating Information

I will inform the Nursery of any change in circumstances or personal information, e.g. a change in telephone number or address.

Data Protection and Sharing Information

I hereby give permission for Training Depot Day Nursery to store data, in line with the nursery Data Protection Policy and GDPR. I also give permission to share relevant information about my child including: progress data, health, welfare and development and information regarding my child's home or family circumstances. This information will be shared with the following organisations: Luton Borough Council through their EYES system, (including Social Care and the Police where necessary, Early Years' Team, Special Educational Needs Team, 2 Year Old Funding, Family partnership Team, Local Authority Designated Officer, School and Ofsted, other Early Years' Settings that my child attends, Health Service (including Health Visitors, General Practitioners, Speech and Language Support Services).

Collection

I understand that I must collect my child at the agreed finishing time and will telephone the Nursery if I am going to be late. I further understand I will be charged a late fee if I arrive later than 10 minutes to collect my child.

Fees

I understand that to secure a Nursery place I will pay a Registration Fee or an activity fee and that the fees for the first month or week must be paid at the time the place is agreed and confirmed. All fees are payable **in advance** and if I do not keep to these terms it may result in my child being unable to attend Nursery. Fees are also payable on bank holidays and even if my child is absent from Nursery due to illness, family holidays etc. I further understand that extra session or hours will be charged according to our fee schedule and they must be agreed, booked and paid for a minimum of 24 hours in advance. If my child no longer requires a place at the Nursery, I will give written notice, 4 weeks in advance of their leaving date and pay all fees owed upfront when notice is given.

Change of Sessions

I understand that I must give at least 1 weeks' notice if I would like to change my child's sessions at Nursery. Session changes can not be used for occasional changes. This must be supplemented to the sessions agreed.

Notification of child leaving nursery

I understand that a month notice must be given when I withdraw my child from nursery. This must be done by sending an email to officeadmin@trainingdepot.co.uk. To confirm the last day my child will be attending TDDN. All fees will be paid a month prior to my child leaving. It is also my responsibility to ensure I take all my child's belongings on the last day, if this is not done they will be disposed of.

Photographs

I hereby give permission for my child to be photographed in the nursery for use in their assessment folder as well as promotional materials such as the website and Facebook page. I understand that no children's names are associated with their photograph and that photographs are regularly deleted off the nursery cameras. If the assessment folder is not collected within 1 months of the child leaving the folder will be destroyed.

Signed _____ Date _____

Name _____ Relationship to Child _____

Senior Member of Staff _____ Date _____

Office Use Only

Luton Safeguarding Children Board has endorsed the asking of a routine enquiry around Domestic Violence, this enquiry is made by all professionals and you may have been previously asked by your midwife or health visitor.

Routine Question – Have you / are you experiencing domestic violence? YES / NO

If this is an issue which is or has affected you, please speak to a member of staff in the office and we can support you, signpost you or refer you to a number of agencies who are trained to assist and support you.

Baseline

Please complete the form below, this will be shared with your child Key worker. Your child's key worker will be using the development matters to track your child's development. Would you like a copy. YES / NO

Child's name: _____ D.O.B: ____/____/____

Pre-start sessions are very important it is vital that we do as many sessions we can to ensure your child is settled with us before they start the sessions with us.

- Does your child have a comforter? Yes / No
- Does your child have a dummy? Yes / No
- Is your child toilet trained? Yes / No
- Can your child eat independently? Yes / No
- What does your child use to drink from?
- When your child is tired they?.....
- What motivates your child?.....

Please share with us your greatest worries about leaving your child with us.

What can we do to help?

My child's home language is _____ they can speak and understand English, YES / NO Please tick correct statement

- My child can understand single words.
- My child can put two to three words together.
- My child needs help with instructions.

Children's Dietary Requirements: - If your child has an allergy please provide a Doctors Letter.

Things you should know about my child.....

.....

.....

We want to ensure that your child achieves their highest potential at TDDN. The following questions will help us to support your child.

Do you have any concerns about your child's development? Yes / No

Has your child / is your child waiting to be seen by a speech and language therapist? Edwin Lobo Centre? A health visitor? Or anyone not listed? _____

Who was the referral made by? - _____

Do you have any reports to share with us Yes / No

Does your child have a medication condition that might affect their development? Yes / No

As a parent: -

- I will work in partnership with the nursery to help my child's development and welfare needs.
- I will remember to provide items needed for my child, to ensure they have a good day at the nursery
- I understand that deadlines cannot be extended due to staffing ratios.
- I understand there is a late fee if I am late to collect my child.
- I will pay fees in advance (If applicable).

Parents Name: - _____ Parent Signature _____

Date: ____/____/____

Reviewed March 2024

Free childcare entitlements – parental declaration form

| | |
|-----------------|--|
| Provider | |
|-----------------|--|

Your child details

| | |
|--------------------------------------|--|
| Child's legal surname | |
| Child's legal forename | |
| Preferred name (if different) | |
| Address (including postcode) | |
| Gender | |
| Date of birth | |
| Start date with provider | |

Child's ethnic group

Luton Council is required to compile information on the ethnicity of children accessing the free early education entitlement in Luton. The information will only be used to compile statistics on the ethnicity of children benefitting from the free entitlement. No individual children will be identified in our statistics.

| | |
|-------------------------------|--|
| Child's ethnic group | |
| Child's first language | |

Please tick the appropriate box below to indicate your child's needs.

| | | | | | |
|------------------------------|--------------------------|-------------|--------------------------|--------------------------------|--------------------------|
| No Special Educational Needs | <input type="checkbox"/> | SEN Support | <input type="checkbox"/> | Education Health and Care Plan | <input type="checkbox"/> |
|------------------------------|--------------------------|-------------|--------------------------|--------------------------------|--------------------------|

Parent details

The information in this section is needed to make eligibility or validation checks for the extended entitlement, Early Years Pupil Premium, or Disability Access Funding

| | Parent/Carer 1 | Parent/Carer 2* |
|--------------------------------------|----------------|-----------------|
| Parent/carer's legal surname | | |
| Parent/carer's first name | | |
| National Insurance or NASS No | | |
| Parent/carer's date of birth | | |
| Parent/carer's telephone no. | | |
| Parent/carer's email | | |

Document check

Please tick the appropriate box below to indicate what document you are providing as proof of child's date of birth

| | | | | | |
|-------------------|--------------------------|----------|--------------------------|-------|--------------------------|
| Birth Certificate | <input type="checkbox"/> | Passport | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|-------------------|--------------------------|----------|--------------------------|-------|--------------------------|

| | |
|--|--|
| Document reference number | |
| Document recorded by (staff member) | |
| Date document seen | |

Free childcare entitlements

Please indicate which funding entitlement/s you are claiming

| | | | |
|---|--------------------------|--|--------------------------|
| Disadvantaged 2 year old funding | <input type="checkbox"/> | Working parent entitlement for 2 year olds | <input type="checkbox"/> |
| Universal funding for 3 and 4 year olds | <input type="checkbox"/> | Working parent entitlement for 3 and 4 year olds | <input type="checkbox"/> |

| | |
|---|--|
| Disadvantaged 2 year old code | |
| Childcare for working parents eligibility code | |

Please record the total number of hours per day.

| | Provider one | Provider two | Provider three |
|---------------------|--------------|--------------|----------------|
| Setting name | | | |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

| | | | |
|---|--|--|--|
| Total funded hours per week | | | |
| Number of weeks per year e.g. 38, 45, 51 | | | |
| Total non-funded hours per week | | | |

Disability Access Fund (DAF)

Children claiming the free entitlements who are in receipt of Disability Living Allowance (DLA) are eligible for DAF. This is an extra payment made once a year to help support your child in their setting.

| | |
|---|--|
| Is your child in receipt of DLA? | |
|---|--|

A copy of your most recent DLA award letter must be provided with this form.

If your child is splitting their funded entitlement across two or more providers, please nominate the main setting where the Local Authority should pay the DAF.

| | |
|------------------------------|--|
| DAF nominated setting | |
|------------------------------|--|

* Please seek permission from the parent/carer 2 before providing their details

Early Years Pupil Premium (EYPP)

Children from families on lower income may be eligible for EYPP. This is an extra payment to your childcare provider to help support your child.

Please tick below if you give your consent for your details to be checked for eligibility for EYPP.

| | | | |
|---|--------------------------|---|--------------------------|
| Yes – please carry out an EYPP check | <input type="checkbox"/> | No – I do not consent to an EYPP check | <input type="checkbox"/> |
|---|--------------------------|---|--------------------------|

Parent/carer/guardian with legal responsibility declaration

I confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise the above named provider/s to claim free entitlement funding as agreed above on behalf of my child.

| | To be completed by parent/carer with legal responsibility |
|-------------------|--|
| Signed | |
| Print Name | |
| Date | |

| | To be completed by childcare provider |
|-------------------|--|
| Signed | |
| Print Name | |
| Date | |

In collecting your data for the purposes of checking your eligibility for the free entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) Luton Council is exercising the function of a government department. Luton Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006. Please note that from April 2024 2-year-olds will qualify for DAF and EYPP, and under 2s will qualify from September 2024.

Data Privacy

Luton Council is committed to protecting your privacy when you use our services. We will make sure we hold records about you (on paper and electronically) in a secure way, and we'll only make them available to those who have a right to see them. If you want to know more about how the Council keeps your data safe please see our privacy statement <https://m.luton.gov.uk/Page/Show/privacy-cookies/privacy-notice/service/Pages/Children-families-education.aspx>