

## 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:	Family name:
Address	
National Insurance Number:	DOB:
Father /guardian details	
First name:	Family name:
Address (if different from above)	
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  
Child's Religion (if applicable)

Other languages understood  
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](http://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. The person collecting my child will be asked for ID. 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 and will work with the nursery.

#### **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**

Reviewed Sep 24

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. 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 understand that Full sessions will be charged even if I collect my child early, eg if my child attends nursery 9 to 4 I will be charged fees for a full day. If my child attends nursery 2-5 I will be charged for a pm session.

I further understand that extra session or hours will be charged according to the 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](mailto: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 after one month.

#### 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 month 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 baseline

**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 are you child's interest?.....

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.....

My child can speak and understand English Yes / No

How many words can you child say?.....

Does your child have an allergy? Yes / No

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

Is your child waiting to be seen by eg Speech and Language therapist? Edwin Lobo Centre? Yes / No

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

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

Please share with us any other information you feel would benefit your child settling with us?

.....  
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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 let fee if I am late to collect my child.

I will pay fees in advance.

Parent Name:- \_\_\_\_\_ Parents Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed Sep 24