

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

**PERSONAL DETAILS OF CHILD**

CHILD'S SURNAME			CHILD'S FIRST NAME	
GENDER (please tick)	MALE	FEMALE	DATE OF BIRTH	

**IMMUNISATION RECORD**

VACCINE	AGE	TICK IF VACCINATED
DTaP/IPV/Hib	2 months (1st dose)	
Pneumococcal	2 months	
Rotavirus	2 months	
Men B	2 months (1st dose)	
DTaP/IPV/Hib	3 months (2nd dose)	
Men C	3 months	
Rotavirus	3 months (2nd dose)	
DTaP/IPV/Hib	4 months (3rd dose)	
Men B	4 months (2nd dose)	
Pneumococcal	4 months (2nd dose)	
MMR	12-13 months	
Men B	12 - 13 months (booster)	
Hib/Men C	12 - 13 months	
Pneumococcal	12 - 13 months	
Men B	12 - 13 months	
4-in-1 pre-school booster (diphtheria, tetanus, whooping cough, polio)	3 years and 4 months	
MMR	3 years and 4 months (2nd dose)	

**PLEASE PROVIDE DETAILS:**

LANGUAGE SPOKEN AT HOME		CHILD'S RELIGION IF ANY	
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR DISABILITIES?			

HAS THE CHILD ANY ALLERGIES THAT YOU ARE AWARE OF?	YES DETAILS:	NO
DOES THE CHILD HAVE ANY MEDICAL CONDITIONS THE SETTING NEEDS TO BE AWARE OF?	YES DETAILS:	NO
IS THE CHILD TAKING ANY REGULAR FORM OF MEDICATION?	YES DETAILS:	NO
DOES THE CHILD ATTEND ANY OTHER OTHER SETTING?	YES DETAILS:	NO
DOES ANY AGENCY HAVE ANY CONTACT WITH THE CHILD?	YES DETAILS:	NO
WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD?	DETAILS:	
ARE THERE ANY MEDICAL EMERGENCY PROCEDURES THAT ARE PROHIBITED FOR FAMILY, CULTURAL OR RELIGIOUS REASONS?	YES DETAILS:	NO
DOES YOUR CHILD HAVE ANY CULTURAL OR DIETARY REQUIREMENTS?	YES DETAILS:	NO

### DETAILS OF PARENT (S) OR MAIN CARERS

DETAILS	FIRST ADULT	SECOND ADULT
RELATIONSHIP TO CHILD		
TITLE		
SURNAME		
FIRST NAME		
HOME ADDRESS		
POST CODE		

DETAILS	FIRST ADULT	SECOND ADULT
CHILD'S HOME ADDRESS (IF DIFFERENT TO ABOVE)		
HOME NUMBER		
MOBILE NUMBER		
WORK NUMBER		
EMAIL ADDRESS		
NAME AND ADDRESS OF EMPLOYER		

**DETAILS OF EMERGENCY CONTACT (who we will contact if parents/ carer is unavailable)**

	CONTACT 1	CONTACT 2
NAME		
ADDRESS		
POST CODE		
TELEPHONE NUMBER		
MOBILE NUMBER		
REALTIONSHIP TO CHILD		

**DETAILS OF DOCTOR AND HEALTH VISITOR**

	DOCTOR	HEALTH VISITOR( if child is five years and under)
NAME		
ADDRESS		
POST CODE		
TELEPHONE NUMBER		

**START AND FINISH TIMES**

Families must inform the setting by 1pm if their child is not attending the after school club and 10am if they are not attending the holiday club. If no contact is made the setting will assume a problem exists and will make all efforts to contact the parent/ carer and or emergency contacts. If contact cannot be made by the nursery by 24 hours the local Area Child Protection Unit will be contacted for advice.

Your child must be collected by the end of their session. An additional fee of £10 for every 15 minutes or part thereof will be charged in the event of late collection.

**AFTER SCHOOL CLUB**

**£10.50 per session**

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

**PAYMENT OF FEES/ CHANGE OF ATTENDANCE**

Your childcare fees are payable monthly in advance on the 1st of each month by Standing Order, Childcare Vouchers or cash, we do not accept cheques. These are non-refundable in the event of your child’s absence.

If you wish to decrease your child’s attendance, we require one month’s written notice.

The after school club setting is open in accordance with the open days of school it provides wrap around care for. The club will be closed on inset days.

In the case of late payment of fees, or a payment being returned unpaid, an administration fee of £25.00 will be charged. We may suspend your child’s place if your account is overdue.

**CHANGE OF ADDRESS**

You must keep us informed if you move house, change your place of work, change telephone numbers, etc. The nursery needs to keep all records up-to-date in case of emergency.

**TERMINATION NOTICE**

If you wish to withdraw your child from the nursery we require one month’s written notice or one month’s fees in lieu of notice. Notice of termination given after the 15th of the previous month may

result in a delay in the refund of any overpaid fees, deposit, etc. Fun Foundations reserves the right to require the withdrawal of any child subject to one month's notice or the refund of one month's fees in lieu of notice.

## **MEALS**

Holiday club provides breakfast, snacks and a light tea. The child is required to bring a packed lunch.

A light tea is provided at after school club. A four weekly menu is provided.

## **ALLERGIES, ASTHMA, MEDICAL CONDITIONS**

It is your responsibility to inform the setting immediately if your child has, or develops an allergy, asthma or a medical condition and to provide the nursery with full information regarding the condition and treatment.

## **MEDICATION**

If your child is on any medication which has to be administered whilst attending the setting, you must complete a medicine form giving instructions on times and dosage for each course. Written consent must also be given for the application of creams and lotions. There may be times when your child has a slight temperature. We require a signature for this prior to administering any medicine, such as infant paracetamol or ibuprofen.

## **SICKNESS AND EMERGENCY TREATMENT**

For the health and welfare of all children who attend the setting we request that you do not bring your child into the setting if they are ill or have an infectious disease and do not attend for at least 48 hours following the last episode of sickness and/or diarrhoea. We also ask that a child is to stay away from nursery for 24 hours following the commencement of anti-biotics. In the event of illness, accident or emergency we will act on your behalf and take such action as we consider appropriate. This may include taking your child from the setting to seek medical attention. Every effort will be made to contact you immediately. We reserve the right to send any child home if senior staff feel that they are not well enough to attend the setting.

I \_\_\_\_\_ give permission to Fun Foundations to take appropriate action in the event of illness, accident or emergency.

Signed \_\_\_\_\_

## **IN THE EVENT OF 'ACCIDENTS'**

If your child has a toilet-related 'accident' we will change his/her clothes immediately. There may be times when a full body wash is needed.

I \_\_\_\_\_ give permission to Fun Foundations to wash my child in the event of an emergency.

Signed: \_\_\_\_\_

## **COMMUNICATION**

You are requested to share any concerns you may have with the setting leader, or, if the leader is absent, the deputy leader. Positive links between parents and staff are essential to promote the ongoing positive development of your child. We would appreciate any comments or suggestions that you may have that could be left (anonymously if preferred) in the Suggestion Box; this will enable us to ensure the best possible service for you and your child. We may also ask parents to complete questionnaires occasionally for the requirements of the CIW.

## **MANAGING CHILDREN'S BEHAVIOUR**

We concentrate on encouraging good behaviour. We reward positive behaviour rather than concentrating on any negative aspects. We reserve the right to require the withdrawal of any child whose behaviour is unacceptable. Please refer to our Policies page on our web-site for full details of our Behaviour Policy and Procedure.

You should be aware that Fun Foundations has a responsibility to take reasonable action to ensure the welfare and safety of its children. In cases where the staff have a cause to be concerned that a child in their care may be subject to ill treatment, neglect or other forms of abuse, staff will follow Fun Foundation's Child Protection Procedures and inform the Social Services. This may involve a visit to the home by a social worker.

Occasionally we take photographs or videos of children in our settings. We would like your permission to be able to use photographs or videos for the following purposes:

	YES	NO
• Photographic evidence to be shared amongst parents of our setting		
• To share good practice with other settings in our area		
• Media photos (web-site, leaflets, local press, etc)	YES/ NO	
• Seminars / courses for training purposes	YES/ NO	
• Social Media	YES/ NO	

I wish my child to be identified as \_\_\_\_\_ Signed \_\_\_\_\_  
(E.g. Daniel Jones/ Daniel/ Dan/ I wish for my child to remain anonymous)

## **SECURITY**

We only release children to parents / carers or authorised persons and ask you to provide photographs for our records. We may also ask you to provide a personal password which can be used if you need someone else to collect your child; this needs to be a responsible person over the age of 16. If there is to be a change to the person who will be collecting your child you will need to

contact the setting and speak to the person in charge. If we are not informed, we cannot allow the child to leave.

### **EQUAL OPPORTUNITIES**

Staff working in our settings will value and respect the different racial origins, religions, special need, cultures and languages so that each child is valued as an individual.

### **POLICIES AND PROCEDURES**

Full details of the nursery's Policies and Procedures are available to download on our web-site. A copy of the complaints policy is available on the Policies page of our web-site.

I have read Fun Foundations' Out of School Policies and Procedures.

Staff employed by Fun Foundations Day Nursery are subject to recruitment checks. We apply for disclosures for criminal offences under the rehabilitation of offenders act prior to staff being appointed.

Fun Foundations reserves to right to amend this contract.

Password, in case of someone else picking your child / children: \_\_\_\_\_

**I ACCEPT THIS CONTRACT OF ENROLMENT AND UNDERSTAND, AND AGREE TO TAKE RESPONSIBILITY FOR THE PAYMENT OF THE TARIFF OF FEES**

**PARENT / MAIN CARER SIGNATURE** \_\_\_\_\_

**PARENT / MAIN CARER SIGNATURE** \_\_\_\_\_

**MANAGER / DEPUTY MANAGER** \_\_\_\_\_

**DATE** \_\_\_\_\_

\_\_\_\_\_