



Application Form

Date of enrolment (admin use):

Childs Details		
First Name		
Last Name		
Middle Names		
Date of Birth		
Male or Female		
Home Address		
Nationality		
Religion/ culture		
Parent/guardian Details	Parent/guardian 1	Parent/guardian 2
First Name		
Last Name		
Relation to child		
Home Address		
Mobile Number		
Home Number		
Work Number		
Email		
Place of work		
Emergency Contacts	Contact 1	Contact 2
Full Name		
Relation to child		
Mobile Number		
Home Number		

* For your child's safety, only persons on this form have consent to collect your child from Nursery provided they show a valid photo ID. Please let us know in advance if an emergency contact is due to collect your child.

Parent Signature 1: _____

Date : _____

Parent Signature 2: _____

Date : _____



Timing requirements

Please select your chosen days and sessions below.
Places are subject to availability on a first come first serve basis.

Childs Name: _____

Session	Timing	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day	8:00am - 6:00pm					
Morning	8:00am - 1:00pm					
Afternoon	1:30pm - 6:00pm					
Early Drop-off (limited spaces)	7:30am - 8:00am					

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.**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point to make a copy made for our files.

If you find that you no longer need the place, please inform us as soon as possible.

Parent Signature 1: _____

Date : _____

Parent Signature 2: _____

Date : _____

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions. Our Policies and Procedures can be found online and are provided during your child's application.

Admin use

Deposit Paid (£60): _____

Date : _____

Registration Fee Paid (£60) : _____

Date : _____



Our Fees

Our Nursery Fees include meals and snacks throughout the day as well as milk, nappies, wipes and nappy creams.

Daily Rate	Timing		0-3 years	3-5 years
Full Day	8:00am - 6:00pm		£62.00	£60.00
Morning	8:00am - 1:00pm		£33.00	£32.00
Afternoon	1:30pm - 6:00pm		£31.00	£30.00
Weekly Rate	Timing		0-3 years	3-5 years
Full Day (10% discount)	8:00am - 6:00pm	Mon - Fri	£279.00	£270.00
Morning	8:00am - 1:00pm	Mon - Fri	£165.00	£160.00
Afternoon	1:30pm - 6:00pm	Mon - Fri	£155.00	£150.00

*Fees are reviewed yearly

Registration

A non returnable Fee of £60 is payable to Register your child at Meadow Lane Children's Nursery, along with returnable deposit of £60 to hold your child's place. This will be deducted from your invoice on the last month before your child leaves the nursery. One calendar month's written notice is required to reduce or terminate your contract.

Invoicing

Fees are collected in advance on the 1st day of every month and are to be paid by standing order electronically. Fees are calculated by taking the weekly figure payable multiplied by 51 weeks a year, divided into 12 equal payments and invoices are emailed monthly. Late payment charges occur if fees are not settled by the 7th of the month. Any additional sessions can be paid by cash or cheque in advanced.

Late Collection

When a child is collected late, Ofsted stipulate that two members of staff remain on duty for health and safety reasons, therefore a late charge of £8 per 15 minute will be applied.



Registration Consent Form

Short Trip - general outings:

Your Child may be taken out of our setting as part of daily activities (With ratio supervision).

The venues are: on site allotments, on site Farm School, on site Forest School, local shop or local park.

I give permission for _____ to take part in short trips 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 any major outings, I understand I will be informed and my specific consent obtained.

Signature : _____ **Date :** _____

Printed Name: _____

Animals on site:

Due to the unique nature of our site, Your Child will have the continuous opportunity to have supervised contact with our onsite Farm animals to learn about how they live and how we care for them.

I give permission for _____ to have supervised contact with the on site animals in accordance with the settings Animal and Farm Policy.

Signature : _____ **Date :** _____

Printed Name: _____

Key Person:

Each child joining the setting will have a key person appointed to them. It will be the key persons responsibility to ensure that your child receives the best possible care whilst in our setting and to ensure that their records are kept up to date. Your child's key person may change as your child progresses through the setting. Your child key person is your first point of contact for anything you wish to discuss about your child. If your child's key person is unavailable a close member of staff will be appointed in their absence.

Your Child's Key Person will be: _____

Signature : _____ **Date :** _____

Printed Name: _____



Fees:

Fees are collected in advance on the 1st day of every month and are to be paid by standing order electronically. Fees are calculated by taking the weekly figure payable multiplied 51 weeks a year, divided into 12 equal payments and invoices are emailed monthly. Late payment charges occur if fees are not settled by the 7th of the month. Any additional sessions can be paid by cash or cheque in advanced.

A non returnable Fee of £60 is payable to Register your child at Meadow Lane Children's Nursery, along with a returnable deposit of £60 to hold your child's place. This will be deducted from your invoice on the last month before your child leaves the nursery. One calendar month's write notice is required to reduce or terminate your contract.

Signature : _____ **Date :** _____

Printed Name: _____

Policies and Procedures:

I have been provided with the details of Meadow Lane Children's Nursery Early Years Prospectus for parents, and Policies and Procedures have been provided to me, Including the Information sharing Policy. I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. (For safe guarding purposes).

Signature : _____ **Date :** _____

Printed Name: _____

Please sign below to indicate that information given on this form is accurate and correct, and you will notify us of any changes regarding your child's information.

Signature : _____ **Date :** _____

Printed Name: _____

I/We understand by registering a child with Meadow Lane Children's Nursery I/We agree that I have read and adhere to all policies and procedures.



Child's Profile

To help us understand your child better, please complete the form below which will be handed to your child's new key person. Settling in can be an uneasy process, which we want to make easier on both you and most importantly, your child.

Your Child's Name: _____

What does your child prefer to be called? _____

Does your child have a favourite toy, or comforter? _____

Has your child started potty training? _____

Does your child have a feeding routine (children under 2 years)? _____

Does your child have any food preferences: _____

Does your child have a sleep pattern? _____

Does your child have previous experience of attending a childcare setting? If so, please specify:

Does your child have a pacifier? (i.e dummy or thumb) _____

What does your child enjoy doing at home? (i.e drawing or cooking) _____

What other information is important for us to know about your child? (For example, what they like, what fears they may have, or any special words they use)

What Language(s) is/are spoken at home? _____

Does your child need a Bilingual support plan? _____

Are there any Festivals or special Occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged while he/she is in our setting?

Two Year Old progress Check - Children aged 24 to 36 months:

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24 - 36 months. We will ask you to be involved in completing the check and will discuss it with you.

If your child is aged between 24 - 36 months, has a two year old check already been completed for your child? If so please specify the setting that completed the check and date.

Parent/Carer 1: _____

Date : _____

Parent/Carer 2: _____

Date : _____



Medical Health Form

Has your child received the following immunisations? Please confirm and provide date of immunisations given.

Two Months Old	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	YES	NO	Date:
	Pneumococcal (PCV) vaccine.	YES	NO	Date:
	Rotavirus vaccine.	YES	NO	Date:
Three Months Old	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	YES	NO	Date:
	Meningitis C vaccine.	YES	NO	Date:
	Rotavirus, second dose.	YES	NO	Date:
Four Months Old	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	YES	NO	Date:
	Pneumococcal (PCV) vaccine, second dose.	YES	NO	Date:
Between 12 and 13 Months Old	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	YES	NO	Date:
	MMR vaccine – mumps, measles and rubella.	YES	NO	Date:
	Pneumococcal (PCV) vaccine, third dose.	YES	NO	Date:
Two to Three Years	Flu vaccine	YES	NO	Date:
Three Years and Four Months or soon after	MMR vaccine, second dose – mumps, measles and rubella.	YES	NO	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	YES	NO	Date:

Does your child have any ongoing medical conditions? If so please specify:

If yes, please specify which external agencies are involved e.g Paediatrician, Consultant, Dietician, Speech and Language Therapist, ect:

Does your child require a Health Care Plan: YES NO

Is your child known to have any allergies or food intolerances? If so please specify:
(A risk Assessment will be completed and kept on your child's file, staff will be made aware)

Does your child have any special needs or disabilities? If so please specify:

If so, are any of the following in place for your child?

SEN action plan: _____

Education, Health Care Plan: _____

Any other support your child may require: _____

Parent/Carer 1: _____

Date : _____

Parent/Carer 2: _____

Date : _____



Medical Consent Form

Paracetamol based medicine (e.g. Calpol or Sudafed):

I give permission for staff to administer paracetamol based products to:

_____ in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the settings procedures on the administration of medicine.

Signature : _____ **Date :** _____

Printed Name: _____

Nappy Cream:

I give permission for Nappy Cream (supplied by the setting) to be administered to:

_____ when required , in accordance with the manufacturer's instructions.

Signature : _____ **Date :** _____

Printed Name: _____

Teething Gel (babies only):

I give permission for Teething Gel (supplied by parent/guardian) to be administered to:

_____ when necessary, in accordance with the manufacture's instructions.

Signature : _____ **Date :** _____

Printed Name: _____

Sun cream:

I give permission for staff to administer hypoallergenic sun cream (supplied by parent/guardian or the setting) to:

_____ when necessary.

Signature : _____ **Date :** _____

Printed Name: _____

For inhalers/auto-injectors (e.g. Epipens) only:

I give permission for named staff who have been appropriately trained to administer the inhaler/Epipen/Anapen to:

_____ Named staff: _____

Signature : _____ **Date :** _____

Printed Name: _____

Emergency Treatment Declaration:

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by (the manager or deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signature : _____ **Date :** _____

Printed Name: _____



Details of other Care Professionals

GP Details (Doctors)	
Name	
Telephone	
Address	

Health Visitor (if applicable)	
Name	
Telephone	
Address	

Social Care Worker (if applicable)	
Name	
Telephone	
Address	

Other (if applicable)	
Name	
Telephone	
Address	

Parent Signature 1: _____

Date : _____

Parent Signature 2: _____

Date : _____



Photograph Consent

Record Keeping and display

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us.

I give permission for _____

To have his/her Photograph or video taken, as per the above conditions.

Training, Publicity and Marketing

Where possible We use images/ videos of children for training, publicity or marketing. For example in our brochures or on our website. We will always ask for permission prior to this.

I do / do not (please circle)

give permission for _____

To have his/her Photograph or videos used for training, publicity or marketing.

Parent/Carer 1: _____

Date : _____

Parent/Carer 2: _____

Date : _____