



Child Registration Form

# Ladybird Nurseries

<b>Child's Full Name</b>	: _____ :		<b>Start Date:</b> ___/___/___
<b>Known as ...</b>		<b>Date of Birth</b>	___/___/___
<b>Gender</b>		<b>Religion</b>	
		<b>Ethnicity</b>	
<b>First Language</b>		<b>Other Languages</b>	

<b>Parent / 1<sup>st</sup> Carer</b>			
<b>Full Name</b>			
<b>National Insurance No</b>			<b>DOB:</b>
<b>Address</b>		<b>Tel No:</b>	
<b>Town</b>		<b>Extn No:</b>	
<b>Post Code</b>		<b>Mobile No:</b>	
<b>Email Address</b>		<b>Work No:</b>	
<b>Place of Work</b>		<b>Job Title:</b>	
<b>Work Address</b>		<b>Dept:</b>	
<b>Town</b>			
<b>Post Code</b>			
<b>Able to Collect Child</b>	<b>YES</b>	<b>NO</b>	
<b>Parent / 2<sup>nd</sup> Carer</b>			
<b>Full Name</b>			
<b>National Insurance No</b>			<b>DOB:</b>
<b>Address</b>		<b>Tel No:</b>	
<b>Town</b>		<b>Extn No:</b>	
<b>Post Code</b>		<b>Mobile No:</b>	



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Email Address		Work No:	
Place of Work		Job Title:	
Work Address		Dept:	
Town			
Post Code			
Able to Collect Child	YES	NO	

Emergency Contacts other than Parent or Carer		Please give Details:	
Do any other individuals have Legal contact arrangements with the child?	No	YES	
Emergency Contacts	Contact No 1	Contact No 2	
Full Name			
Relationship to Child			
Address			
Tel:			
Mobile:			
Password for Child			
As security is of the utmost importance, we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password.			
<b>Medical Details</b>			
Doctor's Name		Tel:	
Surgery Name			
Health Visitor's Name		Tel:	
Address			
Town			
Post Code			
Does your child have a Personal Child Health Record book (Red Book)? If yes, please bring to induction visit.			



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Are there any other services involved with the child or family?			
<b>Family Nurse</b>	<b>YES</b>	<b>NO</b>	<b>Date Involvement commenced</b>
Name Contact Info Tel:			___/___/___
<b>Social Worker</b>	<b>YES</b>	<b>NO</b>	<b>Date Involvement commenced</b>
Name Contact Info Tel:			___/___/___
<b>Speech &amp; Language</b>	<b>YES</b>	<b>NO</b>	<b>Date Involvement commenced</b>
Name Contact Info Tel:			___/___/___

<b>CAHMS</b> Child and Adolescent Mental Health Services	<b>YES</b>	<b>NO</b>	<b>Date Involvement commenced</b>
Name: Contact Info Tel:			___/___/___
<b>Path Finder's Team</b>	<b>YES</b>	<b>NO</b>	<b>Date Involvement commenced</b>
Name Contact Info Tel:			___/___/___
<b>Any Other Service</b>	<b>YES</b>	<b>NO</b>	<b>Date Involvement commenced</b>
Name Contact Info Tel:			___/___/___

Immunisations – Please Tick If Your Child Has Been Vaccinated Against the Following:					
<b>Diphtheria</b>	<b>YES</b>	<b>NO</b>	<b>Tetanus</b>	<b>YES</b>	<b>NO</b>
<b>HIB</b>	<b>YES</b>	<b>NO</b>	<b>Mumps</b>	<b>YES</b>	<b>NO</b>
<b>Measles</b>	<b>YES</b>	<b>NO</b>	<b>Rubella</b>	<b>YES</b>	<b>NO</b>
<b>Polio</b>	<b>YES</b>	<b>NO</b>	<b>Whooping Cough</b>	<b>YES</b>	<b>NO</b>



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<b>Details of any other Vaccinations:</b>		
<b>Has Your Child Had Any Infectious Diseases? If YES, please give details.</b>	<b>YES</b>	<b>NO</b>

<b>Has Your Child Any Food Allergies or Special Dietary Requirements?</b>	<b>YES</b>	<b>NO</b>
<b>Please Give Details:</b>		
<b>Are There Any Foods You Do Not Want Your Child to Have?</b>	<b>YES</b>	<b>NO</b>
<b>Please Give Details:</b>		
<b>Has Your Child Any Cultural or Religious Requirements?</b>	<b>YES</b>	<b>NO</b>
<b>Please Give Details:</b>		
<b>Any Other Details That May Be Useful.</b>		

<b>Medical Treatment</b>		
<i>I hereby give consent for Ladybird Nurseries to:</i>		
<b>Administer Emergency First Aid</b>	<b>YES</b>	<b>NO</b>
<b>Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary.</b>	<b>YES</b>	<b>NO</b>
<b>Administer medication.</b>	<b>YES</b>	<b>NO</b>
<b>To apply a plaster when necessary.</b>	<b>YES</b>	<b>NO</b>
<b>To apply sun cream factor 50+. I also understand that is my responsibility to provide a hat and appropriate clothing during the summer months.</b>	<b>YES</b>	<b>NO</b>
<b>Signature:   : _____:</b>	<b>Date:   ___/___/___</b>	



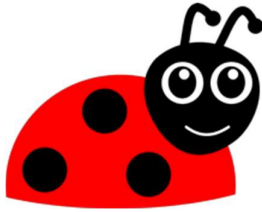
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Outings		
<i>I hereby give consent for Ladybird Nurseries to:</i>		
To take my child on local visits and outings.	YES	NO
To travel on public transport.	YES	NO
Signature: _____:	Date: ____/____/____	

Photographs		
<i>I hereby give consent for Ladybird Nurseries to:</i>		
Photograph my child and for those photographs to be used in my child's file and displays around the nursery.	YES	NO
Use photographs of my child taken at Ladybird Nurseries in another child's file or diary (as a group)	YES	NO
Use photographs of my child on the nursery website	YES	NO
Use photographs of my child for advertising purposes	YES	NO
Signature: _____:	Date: ____/____/____	

Sharing Information		
<i>I hereby give consent for Ladybird Nurseries to:</i>		
Share information about my child with other agencies such as Speech and Language, Health Visitors, Special educational need support.	YES	NO
Signature: _____:	Date: ____/____/____	



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Sessions Attended						
Please circle Required days.	<b>Full Day</b> 8.00am – 6.00pm	Mon	Tues	Wed	Thurs	Fri
	<b>Morning</b> 8.00am – 1.00pm	Mon	Tues	Wed	Thurs	Fri
	<b>Afternoon</b> 1.30pm-6.00pm	Mon	Tues	Wed	Thurs	Fri

**All session requirements must be confirmed in writing.**

**A minimum of 1 Months' notice for all session changes must be given.**

**Children must be registered for a minimum of 2 sessions per week.**

**Shift Patterns**

**The nursery can accommodate some shift patterns subject to availability of places, but, in order for us to manage this irregular booking pattern, sessions must be confirmed one month in advance in writing.**



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<b>Payment Types</b>		
Please tick your preferred method of payment		
<b>Cheque</b>	<input type="checkbox"/> <b>Monthly</b> in advance	<input type="checkbox"/> <b>Weekly</b> in advance
<b>Cash</b>	<input type="checkbox"/> <b>Monthly</b> in advance	<input type="checkbox"/> <b>Weekly</b> in advance
<b>Standing Order</b>	<input type="checkbox"/> <b>Monthly:</b> in advance	<b>Date: 1<sup>st</sup> of each Month</b>
<b>Voucher</b>	<input type="checkbox"/> <b>Monthly:</b> in advance	<b>Date: 1<sup>st</sup> of each Month</b>
<b>Electronic Transfer (BACS)</b>	<input type="checkbox"/> <b>Monthly:</b> in advance	<b>Date: 1<sup>st</sup> of each Month</b>
<b>Local Authority</b>	<b>Name of Authority:</b>	
<b>College</b>	<b>Name of College:</b>	

<b>Fee Payment</b>	
<b>Name:</b> <b>Address:</b>	<b>Signature:</b> : _____ :
<b>Tel No:</b>	<b>Date:</b> ____/____/____



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**We would like to welcome you to Ladybird Nurseries.  
Please find our payment methods explained below.**

## **Payment methods explained:**

**Deposit:** Upon accepting your place, a deposit is required which is 2 x your weekly fees and up to a maximum of £500. A deposit is refundable once we have received a month's written notice.

**A First Payment –** Your 1st invoice will be sent to you a before your child starts. The Payment of your first invoice must be received by bank transfer or cash.

**Monthly Payment by Standing Order -** You will be invoiced each month, and we request that you pay by Standing Order. Your payments need to be between the 1<sup>st</sup> to the 7<sup>th</sup> of each month. We will calculate your invoice weekly and if you receive 15 or 30 hours government funding this will be deducted accordingly.

**Extra Sessions –** All extra sessions will be added to your invoice.

**Holidays, Bank Holidays and Sick Days – All holidays, Bank Holidays and sick days are to be paid in full.**

### **Bank Payments:**

**Account Name:** Ladybird Nursery

**HSBC sort code:** 40-42-13

**Account No:** 11221345

**Reference:** Child's Name. This identifies your payment.

**A £15 administration fee will be charged on a weekly basis for all late payments.**

**You will be issued with an invoice each month. Any copy invoices / documentation requests will incur an administration charge of £5.00.**