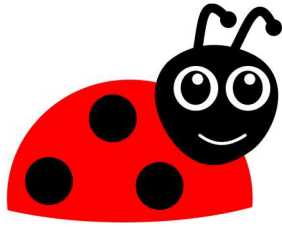


Child Registration Form  
**Ladybird Nurseries**

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

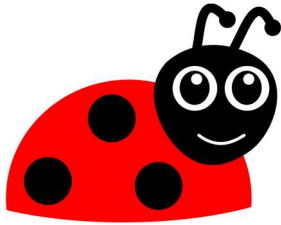
<b>Parent / 1<sup>st</sup> Carer</b>			
Full Name			
National Insurance No			
Address		Tel No:	
		Extn No:	
Town		Mobile No:	
Post Code			
Email Address		Work No:	
<b>Place of Work</b>		Job Title:	
Work Address		Dept:	
Town			
Post Code			
Able to Collect Child	YES	NO	
<b>Parent / 2<sup>nd</sup> Carer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



# Child Registration Form

## Ladybird Nurseries

<b>Emergency Contacts other than Parent or Carer</b>		Please give Details:	
Do any other individuals have Legal contact arrangements with the child?	No	YES	
<b>Emergency Contacts</b>	<b>Contact No 1</b>		<b>Contact No 2</b>
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.			
Are there any other services involved with the child or family?			
<b>Family Nurse</b>	YES	NO	Date Involvement commenced
Name			
Contact Info			___/___/___
Tel:			
<b>Social Worker</b>	YES	NO	Date Involvement commenced
Name			
Contact Info			___/___/___
Tel:			
<b>Speech &amp; Language</b>	YES	NO	Date Involvement commenced
Name			
Contact Info			___/___/___
Tel:			



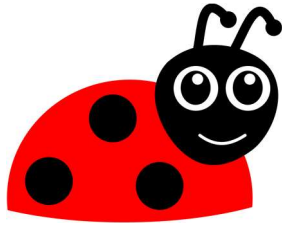
# Child Registration Form

## Ladybird Nurseries

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

<b>Immunisations – Please Tick If Your Child Has Been Vaccinated Against the Following:</b>					
Diphtheria	YES	NO	Tetanus	YES	NO
HIB	YES	NO	Mumps	YES	NO
Measles	YES	NO	Rubella	YES	NO
Polio	YES	NO	Whooping Cough	YES	NO
Details of any other Vaccinations:					
Has Your Child Had Any Infectious Diseases? If YES, please give details.			YES	NO	

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



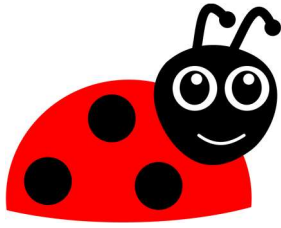
# Child Registration Form Ladybird Nurseries

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

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: ____/____/____	



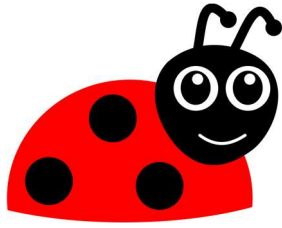
Child Registration Form  
**Ladybird Nurseries**

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.



Child Registration Form  
**Ladybird Nurseries**

**Payment Types**

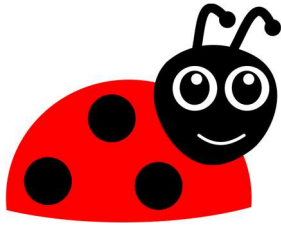
Please tick your preferred method of payment

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

**Fee Payment**

Name: Address:	Signature: _____:
Tel No:	Date: ____/____/____

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



Child Registration Form  
**Ladybird Nurseries**

### **Payment methods explained:**

**First Payment** – The Payment of your first invoice must be received by bank transfer or cash by first day that your child starts the nursery. This needs to include your deposit 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.

**Monthly Payment by Standing Order** - Thereafter, you will be invoiced per calendar month and we request that you pay by Standing Order on the same day each month. 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 x 52 weeks divided by 12 months. Any children receiving the government funding, vouchers or government UK codes will have this deducted from their invoice in the same way.

**Extra Sessions** – You will receive a separate invoice for any extra sessions and this is to be paid within 7 days of the date of the invoice. This can be paid by cash or bank transfer.

**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.