

## TOWER VIEW NURSERY ~ Child's Registration Entry Record

|                                                                                                                                                       |      |                                            |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------|-----------------|
| Child's name:                                                                                                                                         |      | Start Date:                                |                 |
| D.O.B.                                                                                                                                                | Sex: | Religion:                                  | *Ethnic Origin: |
| Please provide us with a copy of your child's Birth Certificate<br>Was your child born premature? If yes please give details                          |      | *Please refer to list for code             |                 |
| Child's First Language:                                                                                                                               |      | Disabled - Y / N                           |                 |
| Additional Languages:                                                                                                                                 |      | Access requirements:                       |                 |
| Child's Home Address:                                                                                                                                 |      | Preferred Email (Also used for Tapestry) - |                 |
| Postcode:                                                                                                                                             |      | Preferred Mobile -                         |                 |
| Telephone number:                                                                                                                                     |      |                                            |                 |
| <b>FAMILY</b>                                                                                                                                         |      |                                            |                 |
| Can you tell us a little more about who is important in your child's life and who they live with?                                                     |      |                                            |                 |
| Does anyone in your household have any medical conditions, disabilities or additional needs that may help us better understand or support your child? |      |                                            |                 |
| <b>FUNDING ELIGIBILITY</b>                                                                                                                            |      |                                            |                 |
| Are you eligible for funding? Please state: _____                                                                                                     |      |                                            |                 |
| Eligibility Code: _____ Date Received: _____                                                                                                          |      |                                            |                 |
| Find out more at <a href="http://www.beststartinlife.gov.uk">www.beststartinlife.gov.uk</a>                                                           |      |                                            |                 |
| <b>** PLEASE SEE THE FUNDING TERMS AND CONDITIONS AGREEMENT **</b>                                                                                    |      |                                            |                 |
| <b>MEDICAL INFORMATION</b>                                                                                                                            |      |                                            |                 |
| Important Medical Conditions (e.g.: allergies)                                                                                                        |      |                                            |                 |
| Please reference any distinctive marks we may see on your child (e.g birth marks etc)                                                                 |      |                                            |                 |
| *Office use - please document these on a body map and file with registration form*                                                                    |      |                                            |                 |
| Page 2                                                                                                                                                |      |                                            |                 |

**Injections Received:**

**Has your child had Calpol? Yes or No (Please circle)**

**CHILD'S DOCTOR:**

**Telephone number:**

**Name:**

**Address:**

**CHILD'S HEALTH VISITOR:**

**Has your child had a 2 year progress check by either a Health Visitor and/or another provider?**

**Name:**

**Yes/No**  
Please Circle

**Address:**

**If yes, please provide the nursery with a copy of this to help with their initial assessments.**

**Telephone Number:**

**OTHER INFORMATION:**

**Are you currently attending any other child care settings?**

**If yes, please provide their details and the sessions they attend:**

**Are you claiming funding at this setting? If yes, how many hours?**

**Are you in contact with any external agencies i.e speech therapist, outreach worker, physio, Social services etc?**

**Do you give permission for us to contact these agencies: Y or N (please circle)**

**Toilet Requirements:**

**Special Dietary Requirements:**

**Please circle: Allergy Intolerance Other**

**Full names of persons holding parental responsibility and to be contacted in case of emergency:**

|                                                                       |                                                       |                              |
|-----------------------------------------------------------------------|-------------------------------------------------------|------------------------------|
| Name of Parent/ Carer:                                                | Name of Parent/ Carer:                                |                              |
| Relationship to child:                                                | Relationship to child:                                |                              |
| Home address (if different from child):                               | Home address (if different from child):               |                              |
| Postcode:                                                             | Postcode:                                             |                              |
| Place of work:                                                        | Place of work:                                        |                              |
| Work telephone number:                                                | Work telephone number:                                |                              |
| *NI Number:                                                           | *NI Number:                                           |                              |
| *Parent/ Carer D.O.B:                                                 | *Parent/ Carer D.O.B:                                 |                              |
| * This will be used to check your funding eligibility                 | * This will be used to check your funding eligibility |                              |
| <b>PEOPLE AUTHORISED TO COLLECT AND CONTACT IN CASE OF EMERGENCY:</b> |                                                       |                              |
| <b>Name</b>                                                           | <b>Telephone Number</b>                               | <b>Relationship to child</b> |
| 1.                                                                    |                                                       |                              |
| 2.                                                                    |                                                       |                              |
| 3.                                                                    |                                                       |                              |
| 4.                                                                    |                                                       |                              |

**PASSWORD:**

(A chosen word or phrase that will be used should someone other than the authorised persons above collect your child)

\*Please be aware that if circumstances change, it is your responsibility to notify the nursery.

| SESSIONS<br>REQUIRED | Early<br>7.30-<br>8.00 | Full<br>Day<br>8.00-<br>5.30 | Am<br>8.00-<br>1.00 | Pm<br>12.30-<br>5.30 | Late<br>5.30-<br>6.00 | Funded<br>session<br>8-1 Or<br>12.30-<br>5.30** | Funded<br>Session<br>8.00-<br>3.30** | Funded<br>Session<br>9-3<br>**30<br>hours<br>only ** |
|----------------------|------------------------|------------------------------|---------------------|----------------------|-----------------------|-------------------------------------------------|--------------------------------------|------------------------------------------------------|
| Monday               |                        |                              |                     |                      |                       |                                                 |                                      |                                                      |
| Tuesday              |                        |                              |                     |                      |                       |                                                 |                                      |                                                      |
| Wednesday            |                        |                              |                     |                      |                       |                                                 |                                      |                                                      |
| Thursday             |                        |                              |                     |                      |                       |                                                 |                                      |                                                      |
| Friday               |                        |                              |                     |                      |                       |                                                 |                                      |                                                      |

**\*\*These sessions are subject to availability using 15/30 hours funding for 2/3/4 year olds**  
Should you not pick up your child by the designated time £8.60 is charged for each 5 minutes or part there of (this is to cover the cost of extra staff hours required under the legal staff child ratios).

\* Please note:-

We charge full rate for the following days:

- Days that you have booked your child in that the child does not attend.
  - Bank Holidays
- Any time your child is off nursery i.e Holidays, illness etc

**Terms of the agreement:**

To ensure that the parent/carer has read each clause and agreed we ask you to sign each box as indicated. This is to satisfy the OFSTED inspector and others that this agreement has been thoroughly read and understood.

\* We would ask that when you start with us you could provide a selection of photographs of your child, family and friends, so that we can use them as a resource to help them settle in.

#### Sick Child & Emergency Policy

It is our policy at Tower View to encourage and promote good health and hygiene for all the children in our care. It is our policy that:

- If a child shows signs and symptoms of having a communicable disease i.e. a temperature of 38 degrees or over, COVID-19 chicken pox, conjunctivitis etc OR in the opinion of the staff a child is ill, the parent will be contacted and a request will be made for the child to go home.
- If a child is prescribed anti-biotics then the child must have been taking them for at least 48 hours before returning to nursery\*.

\*Unless the child's condition has been deemed, as confirmed in writing by a GP/Dr, to be non-contagious.

- In the case of diarrhoea and/or vomiting, the child must be absent from nursery for a 48 hour period from their last episode.

With the welfare of my child in mind and in the interest of the remaining children, I agree to abide by the 'Sick Child and Emergency Policy' held at Tower View Nursery.

Signed: \_\_\_\_\_ Parent/Guardian      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give my consent to my child receiving any medical treatment which is urgently required, including plasters:

Except:

Signed (Parent/Guardian):

Date:

I understand that the nursery will endeavour to contact me should my child become unwell. I give permission for my child to receive non-prescription medication to minimise their distress, if deemed necessary, whilst waiting to be collected.

Signed (Parent/ Guardian):

Date

I understand that the children are taken for walks, visits, etc. off the premises and I give my permission for my child to be included in such outings.

Signed (Parent/Guardian):

Date:

I have also been shown the complaints procedure. I agree to bring any matters that I feel need investigating to the attention of the management team, in respect of the quality or manner of the childcare provided.

Signed (Parent/Guardian):

Date:

I specifically give staff my permission to handle emergencies and manage my child in accordance with the policies laid out in the policies and procedures file:

Signed (Parent/Guardian):

Date:

I have no objection to photographs being taken of my child for the following purposes: Nursery records/students record/advertising or similar publications and the child's own personal records. I understand that specific permission will be sought from myself for photos to be taken for other purposes. Please can we ask that you provide some family photographs of your child, which will be used as part of the settling in process.

Signed (Parent/Guardian):

Date:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>I give permission for photos of my child to appear on the nursery website, Facebook page and Instagram page. No names will appear on such sites.</p> <p>Signed (Parent/Guardian): _____ Date: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <p>I understand that for the safety of the children, I cannot use my mobile phone whilst in the nursery.</p> <p>Signed (Parent/Guardian): _____ Date: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <p>As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern. Parents should please inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery on the day so the nursery management are able to account for a child's absence.</p> <p>This should not stop parents taking precious time with their children, but enables children's attendance to be logged so we know the child is safe.</p> <p>Signed (Parent/Guardian): _____ Date: _____</p>                                                                                                                                                          |  |
| <p>I further confirm that I agree to pay my childcare fees one month in advance by standing order and I understand that if fees are not paid the management team will charge for late payments or have the right to cancel my child's place. I have been made aware of the policy regarding payments.</p> <p>I have paid a retainer of £..... which I understand will be refunded to me when the required period of four weeks written notice is given. I am aware full fees are still payable when my child does not attend Nursery. I am also aware that this retainer will not be refunded, should I choose not to take the place. I have been made aware of the policy regarding payments.</p> <p>Please also see the 'Funding Terms and Conditions'.</p> <p>Signed: (Parent/Guardian): _____ Date: _____</p> |  |
| <p>I understand that the nursery operates an open access to information policy. This means that I am welcome, during normal opening hours, to view the Policies and Procedures under which it runs which are contained in the Policies and Procedures file. I am also aware that they are pleased to arrange meetings to discuss children's work and records at any mutually agreeable time.</p> <p>I have been shown the Policies and Procedures file which is kept in the office. I am aware of all the nursery's Policies and Procedures and the Terms and Conditions detailed in the brochure which enable the nursery to run efficiently.</p> <p><b>**The nursery also has a condensed copy of the policies and procedures for your convenience.</b></p> <p>Signed: (Parent/Guardian) _____ Date: _____</p>  |  |
| <p>I understand by signing this form, I give permission for the nursery to use the personal information in line with the Privacy Notice which I can view at any time.</p> <p>Signed: (Parent/Guardian) _____ Date: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <p>I consent to photographs and videos of my child being uploaded to Tapestry Online Learning Journal:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

**Yes**

**No**

I consent to photographs containing my child's image being included in other children's learning journals:

**Yes**

**No**

I agree to treat photographs containing images of other children as well as my own as for my own personal use only. This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or guardian of those children who may be included. For example, any such photographs cannot be posted on a social networking site or displayed in a public place:

**Yes**

**No**

Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child's time at Nursery. It is your responsibility to let us know if you want to withdraw or change your consent at any time.

Signed: (Parent/Guardian)

Date:

### **General Funding Terms and Conditions Agreement:**

\*If you are a stretched offer customer your fees have been calculated either over the year or per term. We ask that any permanent changes are made for the start of the term and not during the term as this could affect the entitlement.

\*Even though your days and hours may change, this agreement will last for the duration of your time at Little Holcombe and Tower View Nursery, whilst claiming the funding.

\*I have been made aware of the additional service charge for consumables including meals. This is payable, even if you choose not to attend the session. You also understand that the funded only sessions could change on a termly basis, in line with the availability of the nursery.

\*I understand that Little Holcombe and Tower View Nursery is committed to protecting the privacy and security of my personal data.

\* I understand that Little Holcombe and Tower View Nursery have set times for funded sessions and unused sessions cannot be transferred unless agreed by the Management Team.

\* I understand that if the setting has to cancel a session due to staffing levels, the setting will try to give an alternative session, but this is not always possible.

\* I am aware that 4 weeks' written notice is required should I decide to leave Little Holcombe and Tower View Nursery and understand that charges may be incurred should I not adhere to this.

\* I am aware that I must let the setting know if I am using another provider to access my funding entitlement.

\* I am aware that a maximum of 30 funding hours can be used on this offer if eligible.

\*I understand that should my circumstances change, and my child is no longer eligible for government funding, I will inform the nursery.

\*I give consent for my details to be checked and verified with the Local Authority to enable the nursery to claim the funding.

**\*I understand that even if I am not eligible for the funding at this time, I am aware of the funding terms and conditions.**

I can confirm that I have read and understood all of the information above.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* EYPP ~ Early Years Pupil Premium \*\***

Early Years Pupil Premium provides additional funding for schools and nurseries to support some children's development and improve the quality of early year's education. The checks will be made by the local authority, and they will then notify us whether your application has been successful. We will liaise with you before deciding on the best way to spend the funding.

If you are eligible for the funding, we can use the extra money in any way we choose to improve the quality of your child's early years education at Little Holcombe and Tower View Nursery i.e. staff training, resources, organised group sessions to help your child as an individual, in areas such as speech and language, social skills etc

And finally: -

We are constantly trying to improve the service we offer to our parents. We would really appreciate it if you could take a few moments to let us know why you chose Tower View Nursery:-

.....  
.....  
.....  
.....  
.....  
.....

.....Thank you for your time!

**Ethnic Origin**

**White - British**

Irish  
Traveller of Irish Heritage  
Gypsy/Roma  
Any other white background

**Mixed - White and Black Caribbean**

White and Black African  
White and Asian  
Any other mixed background

**Asian or Asian British**

Indian  
Pakistani  
Bangladeshi  
Any other Asian background

**Black or Black British**

Caribbean  
African  
Any other black background

**Chinese**

**Any other ethnic background**

**Updated February 2026**