Peelers Out of School Club
Child's Registration Entry Record

Child's name:			**Start Date:** **School Year on Start Date:**
D.O.B.	**Sex:**	**Religion:**	**Ethnic Origin:** **Please refer to list for code**
Child's First Language:	**Disabled – Y / N**		**Access requirements:** **Additional Language:**
Address:			**Email:** **Telephone number:** **Preferred Mobile:**

MEDICAL INFORMATION

Important Medical Conditions (eg: 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

Injections Received:

CHILD'S DOCTOR:
Name:
Address:

Telephone number:

Toilet Requirements:

Special Dietary Requirements:

OTHER INFORMATION:

Does your child require any additional support or have any education plans in place at school?
(We ask this so we can make any reasonable adjustments that may help your child whilst in our care)

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)

SESSIONS REQUIRED	Early 7.30-8.00	Before School 8.00-9.00	After school 3.30- 5.30	Late 5.30-6.00	Holiday care
Monday					Please use additional booking form for any holiday care required.
Tuesday					
Wednesday					
Thursday					
Friday					

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:

- **Sessions that you have booked your child in that the child does not attend.**
- **Bank Holidays**

*** Please see fee sheet for prices**

Full names of persons holding parental responsibility:	
Name of Parent/ Carer: Relationship to child: Home address (inc postcode): Place of work: Daytime telephone number:	Name of Parent/ Carer: Relationship to child: Home address (inc postcode): Place of work: Day time telephone number:

People authorised to collect and contact in case of emergency:

Name	Telephone Number	Relationship to child
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)

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, 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: ___/___/_____

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.

I give my consent to my child receiving any medical treatment which is urgently required, including plasters: Except: Signed (Parent/Guardian): Date:
I understand 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 compliance manual:

Signed (Parent/Guardian): Date:

I understand that for the safety of the children, I cannot use my mobile phone whilst in the nursery.

Signed (Parent/Guardian): Date:

I understand that if my child brings any equipment to peelers, Tower View Nursery is not responsible for its loss or damage. Mobile phones must be stored in the office and internet access is not permitted on such gadgets.

Signed (Parent/Guardian): Date:

I have no objection to photographs being taken of my child for the following purposes: Nursery website/Facebook/Instagram/ Records/Students records/provisions to ourselves/newspaper or similar publications/the child's own personal records. I understand that specific permission will be sought from myself for photos to be taken for other purposes.

Signed (Parent/Guardian): Date:

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 paid a retainer of £…….. which I understand will be refunded to me when the required period of four weeks written notice is given. I understand this will not be refunded should I choose to not take the place. I am aware full fees are still payable when my child does not attend Peelers for any pre-booked sessions. I have been made aware of the policy regarding payments.

Signed: (Parent/Guardian): Date:

Holiday club only:
Any prebooked sessions will be refundable or not charged for when cancelled with 2 full weeks notice only.

Signed: Date:

I understand that by signing this form I am giving consent for the nursery to use the personal information included in line with the Privacy Notice which I can view at any time.

Signed : (Parent/ Guardian) Date:

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.

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 Terms and Conditions detailed in the brochure and understand these are in place to enable the nursery to run efficiently.

Signed: (Parent/Guardian) Date:

Updated April 2025