



Dawn to Dusk Day Nursery Swanley Registration Pack 2022

Thank you for choosing Dawn to Dusk Nursery for your child. All registrations are on guaranteed place basis following written confirmation from us. Therefore, no refund can be given if subsequently a place is not taken up from the agreed date of commencement. Wherever possible an alternative date may be agreed subject to availability.

If you wish to register your child for a place at then the registration form should be accompanied with a deposit and registration fee (see attached registration form). If we are unable to offer you the requested date, then an alternative will be offered.

Please ensure you have read and understood the payment policy and terms and conditions, as these must be signed by the parent/guardian at the time of registration.

We will also need to see a copy of your child's birth certificate or passport so please do bring this along to your child's settling in's.

In the very exceptional circumstances that the company should need to exclude a child, one month's notice will be given.

What your child will need at nursery

- A small bag with a change of clothes.
- A pair of Slippers.
- Nappy cream for younger children.
- In the summer a hat and sun cream.
- In the winter a warm coat / wet suit, hat and wellies as we go outside in all weathers.
- We will provide your child with a water bottle for an additional cost of £1.80 and staff will let you know when this needs replacing or if the lid needs replacing for 80p.
- Anything that will help your child settle in - comforter, blanket etc.
- Pictures of my family- one of mummy, daddy, any siblings, grandparents, any pets

We ask for all items to be labelled.

Registration Form

Child's full name

Address

Post code

Ethnicity

Date of birth

Religion

Who has parental responsibility?

Who does that child live with?

What do you live in? (circle)

House Flat Caravan Mobile Home

Language spoken at home?

Parents / Guardian name:

Relationship to child:

Place of work:

Email Address:

Work Tel:

Mobile Tel:

Home Tel:

Emergency details of a registered person who can collect your child in your absence.

Name:

Telephone number:

Their Relationship to your child:

I hereby confirm that the above named emergency contact has seen the nursery privacy notice.

Sign

Required care

I/We wish to book the following place(s) (Please tick required)

☐

am session

☐

pm session

☐

Fulltime

Days per week

Start Date

Cost per month will be

I have read, understood and signed the Payment Policy Agreement and accept its terms and conditions. I also understand that I must give a month's written notice when increasing/decreasing my child's days and that my deposit will be adjusted accordingly. (Therefore superseding the original contract). Additional days maybe booked, dependent on availability, but set days cannot be swapped if your child is unable to attend.

I enclose the registration fee of £25.00

I enclose the Deposit of £

(Non – refundable under any

circumstances)

Date

At the end of your child's time at the nursery one month's written notice is required. In the absence of such notice one month's fees will be charged in lieu.

Please confirm how deposit has been paid:

Cash

Card machine at setting

Bank transfer

Signed

Print

Date

Please sign to confirm that you have read our payment & privacy notice.

Signed

Date

For office use

Evidence of legal names and date of birth must be seen by a member of management.

Document seen

Child DOB

Date Seen

Identification Number

Signed

Child Red Book

Date Seen

Staff member seen by

Date & comments of health visitor checks.
10-12month, 2-year check

Medical History

Family Doctor

Doctor's Address &

Postcode

Doctor's Contact Number

Does your child suffer from any known allergies or chronic condition? (food, plasters, medication)

Please state:

Does your child have any special dietary needs?

Please state:

Does your child take any form of regular medication?

Please state:

What is your child's medical history? Does your child have any learning or developmental concerns that we need to be aware of? Are there any details of family history that you would like to share? Please state

I give consent for Dawn to Dusk Day Nursery to contact any outside agencies regarding my concerns and if necessary. Information could be from Speech and language, Children Paediatrics, previous setting etc.

Yes/No _____ Signed.....

When did your child last visit the dentist? Any concerns?

Are your child's immunizations up to date? (please state) Yes / No

Have you chosen to decline any immunizations? (please state) Yes / No (if yes please specify)

Any additional Information – Including birth story – e.g premature, traumatic etc

Sign: _____ Date: _____

Emergency Treatment consent form

Dear Parent/Guardian

To comply with Ofsted regulations, we ask you to complete the form below.
Giving Dawn to Dusk Day Nursery your consent if the situation arises, for your child to receive emergency treatment at a hospital and what treatment we can consent to before your arrival at the hospital.

I
give consent for my child

.....
to be taken to hospital if the situation arises.

I
give consent for my child

.....
to receive the following treatment before my arrival at the hospital:

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

Signed

Dated

Children's Paracetamol consent

I give Dawn to dusk Day nursery permission to give my child
..... Children's paracetamol
(calpol) in the event of an emergency (raised temperature) with the
understanding that I will collect my child within 2 hours of being called.

Sign –

Date -

Consent Form for Dawn to Dusk Day nursery

Please circle I do / do not when completing this form.

Full Name of Child -

- I do / do not give permission for my child to be taken outside of the nursery by the members of staff from Dawn to Dusk Day Nursery, for excursions such as trips to the park, the library or local shops.
- I do / do not give permission for my child to be taken on trips by staff.
- I do / do not give permission for my child to be photographed and video recorded at the nursery using the nursery owned tablets for tapestry input.
- I do / do not give permission for my child to feature in other children's inputs on tapestry.
- I do / do not give permission for my child to be photographed at the nursery. The photographs are used for wall displays within the rooms and reception area.
- I do / do not give permission for my child to be photographed at the nursery by a professional photographer company. E.g. – graduations nursery photographs for parents to purchase.
- I do / do not give permission for my child's photo to be on the nursery newsletter.
- I do / do not give permission for my child to be included in our website, in our photo art gallery – no names will be displayed with the pictures/images used. (www.dawntodusknurseries.co.uk)
- I do / do not give permission for my child to appear on social media sites such as our Facebook and Instagram page.

I as a parent have the right to request a post of my child to be taken down at any time, I also have the right to inform a member of management and change any of my options on this form at any time.

Signed

Print name.....

Relationship to child.....

Date:

Emergency contact numbers

Can you please ensure you complete all the information needed including work phone number.

Child 's Name -	
Date of Birth -	
Address -	
Postcode -	
Password for collecting child -	
Who has parental responsibilities -	

1. Parent / Carer

Name	
Relationship to child	
Home number	
Mobile number	
Work number	

2. Parent / Carer

Name	
Home number	
Relationship to child	
Mobile number	
Work number	

Name of a 3rd emergency person if the above two are unavailable – can you please ensure this person knows the password to collect your child if you are unavailable.

Name	
Home number	
Mobile number	
Work number	

I hereby confirm that the above named emergency contact has agreed to act as an emergency contact for my child in case of emergencies.

Parent / Carer sign -

Does your child suffer from any known allergy or chronic condition? If so What?

Does your child take any form of regular medication? If so What?

Signed..... Date.....