



CHILD REGISTRATION FORM

PLEASE COMPLETE FORM IN CLEAR BLOCK CAPITAL LETTERS

Please tick type of care needed:

Baby Room () Pre-school ()
Breakfast/Afterschool Club () Holiday Club. ()

School Name (if applicable)

Class (if applicable)

Drop off time:

Collection Time:

Management undertaken registration:

Actual start date:

DATE LEFT:

NEG? YES NO Amount payable:

Pupil Premium: YES NO

30 hours code:

Date of 2 year old check?

Parents ID checked:

Child's details: Male ☐ / Female ☐ Full name (as it appears on birth certificate):

Name to be called:

Date of birth (DD/MM/YYYY):

Child's home address:

Home telephone:

(1) Parent/Guardian's full name:

National Insurance number:

Relationship to child:

Mobile number:

DOB:

Email address:

Parent/Guardian's full name:

National Insurance number:

Relationship to child:

Mobile number:

DOB:

Email address:

Other than you and any other named above who could we contact in case we are unable to get hold of you

(1) Emergency contact details:

(Name, relationship to child,
contact number)

(2) Emergency contact details:

(Name, relationship to child,
contact number)

Confidential Password:					
Other than you Names of person(s) who would normally collect child and their relationship to the child					
Sessions Confirmed Please tick:		AM	PM	Full day	Extra sessions
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
General Practitioner Information Name, Address and contact number			Is your child immunisation up to date? (Please refer to immunisation guide)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been registered with dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child got any form of disability, medical needs or additional needs that requires extra support.	<input type="checkbox"/> No <input type="checkbox"/> Yes (please give details):		Are you in receipt of DLA for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child got any dietary requirements or allergies that you are aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please give details):		Are any outside agencies involved with you and your immediate family? i.e speech and language/ Social services / Family support worker etc	<input type="checkbox"/> No <input type="checkbox"/> Yes (please give details):	
Child's ethnic origin:			Child's Nationality:		
Languages spoken at home:					
Child's main language:			Position in the family (e.g 4th child):		
Sibling's Names and ages:					

Permissions and Consent		
1) I consent to Global Kids Day Care Ltd may photograph/video my child (for display work and observation assessments. (Please note this is key for us to be able to support your child's development as effectively as possible)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/ carer signature: PRINT NAME:
2) I Consent that Global Kids Day Care may use my child photo or video for Global Kids Website for promotion of the nursery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) I consent to Global Kids Day Care to take my child on local outings (as part of the daily routine or planned activities)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) I consent to Global Kids Day Care seeking medical assistance in an emergency in my absence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Management acknowledgment signature: PRINT NAME:
5) I consent to Global Kids Day Care applying sun cream provided by carer to my child in my absence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) I consent to Global Kids Day Care Ltd administering prescribed medication bought in by carer when requested and as directed by the GP label	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Funding Agreement for 2, 3 and 4 year old funding

I confirm that I understand I am entitled to 15 hours Early Education funding (EEF) for 38 weeks totalling 570 hours a year claimed through 2 Year Old Funding	
I confirm that I understand I am entitled to 15 hours Early Education funding (EEF) for 38 weeks totalling 570 hours a year claimed through 3 and 4 year old funding	
I confirm I will re-check my eligibility each term for my <u>extended</u> funding (<u>known as 30 hours</u>) which is equivalent to an extra 15 hours per week for for 38 weeks totalling 570 hours a year on top of the universal entitlement	

Does your child take up any EEF hours at any other childcare provider? YES / NO

If yes, please complete the following for the other provider where your child is accessing their EEF entitlement hours.

Setting Name	Weekly hours funded

I authorise Global Kids Day Care to claim Early Education Funding as agreed above on behalf of my child each term for the duration of my funding entitlement

In addition I also understand and agree that:

- The information I have provided may be shared with Tower Hamlets Council and the Department for Education, who will access information from other government departments to confirm my child's eligibility and enable the childcare provider to claim Early Years Pupil Premium (EYPP) and/or Disability Access Fund (DAF) on behalf of my child.
- Whilst it is appreciated that absences may occur due to unforeseen circumstances, I understand that the childcare provider may report my child's absence, in accordance with the childcare provider's safeguarding policy.

Parent/carer 1 Name and Signature	Date
Parent/carer 2 Name and Signature	Date



Terms and Conditions Agreement

- (1) I AGREE ALL INFORMATION GIVEN ON THIS FORM IS CORRECT
- (2) I AGREE TO PAY ONE MONTHS DEPOSIT AND PAY ALL OTHER FEES IN ADVANCE FOR ALL 52 WEEKS OF THE YEAR, COMMENCING ON THE FIRST DAY OF MY CHILD'S ATTENDANCE (EXCEPT NURSERY INSET DAYS AND NURSERY CLOSURE DAYS). I UNDERSTAND THAT ANY OUTSTANDING FEES WILL CONTINUE TO INCUR A £25 LATE PAYMENT CHARGE UNTIL THE BALANCE IS CLEARED AND THAT THIS COULD LEAD TO TERMINATION OF MY CHILD'S NURSERY PLACE AND/OR FEES BEING RECOVERED BY DEBT RECOVERY. I UNDERSTAND THAT I HAVE TO PAY FOR ALL BANK HOLIDAYS.
- (3) PARENT /CARERS WILL RECEIVE A PERIOD OF ONE MONTH'S NOTICE PRIOR TO ANY FEE INCREASE
- (4) IF MY CHILD IS ABSENT FROM THE NURSERY FOR ANY REASON, I FULLY UNDERSTAND THAT I STILL HAVE TO PAY THE FEES. (THIS INCLUDES ABSENCE FOR SICKNESS, HOLIDAY SELF ISOLATION OR BANK HOLIDAYS)
- (5) I AGREE TO GIVE FOUR WEEKS NOTICE OF WITHDRAWAL OF MY CHILD FROM THE NURSERY (4 WEEKS MUST BE AT TIMES THAT THE NURSERY IS OPEN OTHERWISE DEPOSIT WILL BE LOST.
- (6) I WILL KEEP MY CHILD AWAY FROM THE NURSERY IF SHE OR HE IS NOT WELL. I WILL ALSO INFORM THE NURSERY OF ANY CONTAGIOUS ILLNESS.
- (7) I WILL COLLECT MY CHILD AS PROMPTLY AS DISTANCE PERMITS, OR I'LL MAKE ARRANGEMENTS FOR COLLECTION IF S/HE IS NOT WELL.
- (8) I UNDERSTAND THAT THERE WILL BE A £5 PENALTY FOR EVERY 5MINS OF LATE COLLECTION. THIS MAY SEEM HARSH, BUT DUE TO STAFF TO CHILD RATIO AND THE SAFETY OF CHILDREN THIS HAS TO BE IMPLEMENTED. (THIS IS TO BE PAID AT THE TIME OF COLLECTION). THE DEFINITION OF LATE APPLIES FOR ANY TIME AFTER YOUR CHILD SESSIONS FINISHES. PERSISTENCE LATE COLLECTIONS WILL JEOPARDISE CHILD'S PLACEMENT AND MAY BE A CAUSE OF CONCERN.
- (9) I UNDERSTAND THAT MY CHILD PLACE WILL BE TERMINATED IF WEEKLY FEES ARE NOT PAID IN ADVANCE, WITH RE-ENROLMENT DEPENDING ON AVAILABILITY AND PAYMENT OF OUTSTANDING FEES
- (10) I UNDERSTAND THAT, IN ORDER TO KEEP MY CHILD'S PLACEMENT IN THE NURSERY I MUST PAY FULL NURSERY FEES FOR ALL FEES THAT ARE DUE
- (11) I HAVE BEEN MADE AWARE OF THE NURSERY POLICIES AND PROCEDURES AND THE CONTRACT AGREEMENT. I CLEARLY UNDERSTAND WHAT I HAVE READ, AND I AGREE TO CARRY OUT THE PARENT /CARER RESPONSIBILITIES UNDER THE SAME AGREEMENT.
- (12) I HAVE BEEN INFORMED WHERE I CAN ACCESS THE WELCOME BROCHURE AND FULLY UNDERSTAND THE CONTENTS
- (13) SHOULD THE MANAGERS DETERMINE THAT I HAVE NOT CARRIED OUT THIS CONTRACT, MY CHILD WILL BE WITHDRAWN FROM THE NURSERY AFTER FOUR WEEKS NOTICE, ANY OUTSTANDING FEES WOULD NEED TO PAID AND THIS AGREEMENT WOULD BE TERMINATED. (Subject to approval by Management).
- (14) I AGREE TO INFORM THE NURSERY REGARDING ANY CHANGES SUCH AS CHANGE OF ADDRESS, CONTACT DETAILS, OR ANY CHANGES TO THE INFORMATION ON THE REGISTRATION FORM. THIS INCLUDES IF ANY OUTSIDE AGENCIES ARE INVOLVED WITH THE FAMILY
- (15) I HAVE BEEN MADE AWARE OF THE NURSERY COMPLAINTS PROCEDURE AND HOW TO MAKE A COMPLAINT
- (16) EVERY TERM STAFF WILL UNDERTAKE TRAINING DAYS, SO NURSERY WILL BE CLOSED. FEES ARE NOT CHARGED FOR THESE DAYS.
- (17) I UNDERSTAND THAT IF MY PLACE IS FUNDED THROUGH EEF THAT IT IS MY RESPONSIBILITY TO UPDATE THE SETTING ON ANY CHANGES TO THE AMOUNT OF SETTINGS CLAIMING FUNDING IMMEDIATELY. I ALSO UNDERSTAND THAT FUNDING WILL NOT BE TRANSFERRED TO ANOTHER SETTING IF LESS THAN FOUR WEEKS NOTICE IS GIVEN BEFORE CHANGING PROVIDERS.
- (18) I UNDERSTAND THAT I AM LIABLE FOR ANY COSTS INCURRED BY GLOBAL KIDS DAY CARE DUE TO INCORRECTLY CLAIMED EEF FUNDING

Parent/Carer Signature.....Print name:.....Date:.....

Signed on behalf Global Kids Day Care Ltd.....Print name:.....Date:.....

Registration check list		
	ITEMS	Comments/ Area for discussion
	Form fully completed	
	Full Birth certificate checked	
	Proof of address checked	
	Immunisations checked	
	Permission checked	
	Settling in process discussed	
	GPDR discussed	
	Key person discussed	
	Fees or Grant discussed and agreed	
	Complaints procedure discussed	
	Welcome brochure	
	Website/Social media discussed	
	Healthy eating discussed	
	Items for first day discussed	
	Emergency contact	
	Late fees	
	Outdoor play and messy Play	
	Receipt of DLA?	
	Funding declaration form	
	Planning and supporting child and family	
	Home/Nursery agreement	

Parent / Carer signature(s)

PRINT NAME

Parent / Carer signature(s):

PRINT NAME

Management signature:

PRINT NAME

Date: