

NURSERY APPLICATION FORM

Child's Surname:	First Name:
Known as:	First Language:
Ethnicity:	Religion:
Gender: Male / Female (<i>please circle</i>)	Date of Birth:
Child's Birth Certificate/Passport No*:	
Child's NHS Number*:	Nationality:

1st Parent's Surname:	2nd Parent's Surname:
1st Parent's First Name:	2nd Parent's First Name:
Relationship to child:	Relationship to child:
Parent's Occupation:	Parent's Occupation:
Critical Worker: Yes / No (<i>please circle</i>)	Critical Worker: Yes / No (<i>please circle</i>)
Home address:	Home address:
Postcode:	Postcode:
Home tel:	Home tel:
Mobile No:	Mobile No:
Work address:	Work address:
Work tel:	Work tel:
Email:	Email:
Parental Responsibility: Yes / No (<i>please circle</i>)	Parental Responsibility: Yes / No (<i>please circle</i>)
Does this parent have legal access to the child: Yes / No (<i>please circle</i>)	Does this parent have legal access to the child: Yes / No (<i>please circle</i>)
Does this child live with this parent: Yes / No (<i>please circle</i>)	Does this child live with this parent: Yes / No (<i>please circle</i>)

If you change your address after this application has been sent off, please NOTIFY US.

Date you would like your child to start attending Nursery:	
Settling date: (to be set by the management)	

Days/Sessions Required	Monday	Tuesday	Wednesday	Thursday	Friday
Fulltime (8.00-18:00)					
AM (8.00-1.00)					
PM (1.00-6.00)					
Early Start 7.30-8.00					
Before School Club 7.30 – 9 am					
After School Club 3.15-6.00pm					

I understand that the offer of a vacancy is subject to availability, and I abide by the rules and regulations of the Nursery.

1st Parent/Carers Signature:	Date:
2nd Parent/Carers Signature:	Date:
Manager’s Signature:	Date:
*The nursery manager to check original NHS number, birth certificate and/or passport for child and proof of address for the parent. Please initial and date the box when these have been checked and photocopies taken.	
REVIEWED BY:	SIGN:
	DATE:

For Office Only

Original paperwork checked by: _____ Date: _____

EEE Funding Only	2yr 15hrs	3&4yrs 15hrs	3&4yrs 30hrs	term time	
Nursery Lunch	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Nursery Tea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Email added to group emails

Funding Eligibility checked i.e. funding forms, 30hrs code

Funded child added to portal

Date of Review (six months) _____

Terms and Conditions

1. You will be required to pay the nursery fees at the rate agreed. You will be charged for sessions booked rather than for sessions used.
2. In order to reserve a nursery place a non-refundable admin/holding fee of £25 and a refundable deposit of £75 is payable as confirmation. This refundable deposit will be returned on termination of your contract with the nursery provided that one calendar months' notice has been given from the booked start date, in writing. If you decide to cancel your child's booking, after completing one or more settling sessions, your deposit will be non-refundable.
3. For Funded only children the refundable deposit of £75 will be returned to parents two weeks after headcount day or can be used to pay off for the lunches and consumables.
4. A full-day session is from 8.00am - 6.00pm. A half-day session is from 8.00am - 1.00pm, or from 1.00pm 6.00pm.
5. Early drop off is available between 7.30am-8.00am at an extra cost. These can be booked in advance or as a regular session with the normal written calendar months' notice. See current price list.
6. Extra one-off sessions may be booked subject to availability. These sessions need to be paid in advance and before the extra session is attended. Once these sessions have been booked, they must be paid for even if you do not use them. These are charged on the daily rate.
7. Late collection of children will be charged at a rate of £1.50 per minute.
8. The fees can be made on a weekly or monthly basis. If fees are paid monthly, they become due on the first day of the month, in advance. Weekly fees are paid on your child's first session at the nursery. Fees are payable in full for bank holiday days and any holiday time that your child may take away from the nursery. All payments should be made by BACs, online, standing order, cheque or cash.
9. Fees not paid on time i.e first day of weekly session or paid in full at beginning of month or if you are behind with fees of a month, will incur an administration cost. And if a payment plan is not in place, we will have no choice but to contact our debt recovery agency. **Please note that there will be a £20 charge for any cheques bouncing.**
10. If a member of staff, either whilst employed or within six months of leaving Smartstarts Day Nursery is recruited by a parent/guardian of a child who has attended the nursery, the said parent/guardian will be liable to pay Smartstarts Day Nursery the equivalent of the last two months gross salary of the said member of staff.
11. As per the directive from Newham Early Years all nurseries are required to close for 3 days in the year for staff training. Fees are still payable by all and days cannot be swapped if you attend the day. This is the same throughout the Borough for all Nurseries.
12. If you wish to reduce the number of sessions, a one calendar months' notice needs to be given, in writing, or a payment in lieu.
13. EEE (15/30 hrs funding) claiming parents will incur a small charge for children's lunches. See current price list. Please note that if you pay for lunches and do not attend, there is no refund and the monies are still payable. If you are off long term, please let us know at least one week in advance, so that we do not order lunch for your child and then you will not be charged.
14. If you have two or more children attending the nursery a discount of 10% can be deducted from the lowest fee. This deduction is only allowable on regular sessions and not on one-off extra bookings.
15. Please let the Manager or Deputy know as soon as possible if your child is unable to attend the nursery. Please note that you will still be charged, if your child is unable to attend for any reason, this is so that we can keep your child's place open and not give to another child. If we do not hear from you for at least two weeks in writing, we may terminate your space. Then you will have to rejoin and pay an admin fee.
16. You must notify the nursery in writing (or by telephone in an emergency) if your child suffers from any infectious or contagious disease.
17. You will need to provide the names of up to three people (including yourself) who will be authorised to collect your child (see enrolment form)

18. Please note that Smartstarts Day Nursery will not be liable for lost or damage to any clothing or toys that children may bring to the nursery and please label your child's coats and bags to avoid confusion.
19. Your child may attend the nursery until he/she reaches 5 years of age.
20. Please note that non-payment or late payment will constitute a breach of this agreement Smartstarts Day Nursery reserve the right to take any necessary action to recover all fees due and costs incurred in taking such action.
21. We may increase our charges once per year. We will give you written notice of any such increase at least one month before the proposed date of increase.
22. Please note that we have CCTV coverage throughout the nursery. This is to safeguard the children, staff and visitors. It is also used as a training tool for our staff.
23. Nursery closures due to unforeseen circumstances, which affect the day to day running of the Nursery and do not allow us to meet strict health and safety guidelines (eg. Adverse weather conditions, power failure, flooding etc – this list is not exclusive or exhaustive), fees will remain payable.
24. Smartstarts Day Nursery has the right at any time by giving notice (in writing) to terminate or change the agreement (terms & conditions) with immediate effect if you fail to pay fees within 14 days of the due date.
25. I/We accept that information sharing that is not factual and reflects the Nursery in a negative light could be led to the removal of my child from the Nursery.
26. I/We accept the Nursery reserves the right to terminate our child's enrolment or restrict access to the parent/guardian or child, at any time without notice, if any disruption caused by a parent or child is deemed inappropriate or not conducive to the nursery environment or its smooth running, or undermines the reputation of the nursery, or its staff, will be cause for termination at the discretion of the manager.
27. Smartstarts Day Nursery reserve the right to amend the Terms and Condition, as deemed necessary.
28. Having read and understood the nursery policies and procedures and signed the parent application form, I am happy for my child to attend Smartstarts Day Nursery.

I have received a copy of the current nursery fee schedule and I agree to abide by the terms and conditions of this agreement.

Child's Name:	D.O.B:
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1 st Parent/Carers Name:	
1 st Parent/Carers Signature:	Date:

2 nd Parent/Carers Name:	
2 nd Parent/Carers Signature:	Date:

Emergency Contacts (please put down those with authority to collect your child from Nursery. Parents will be allowed to collect unless stated)

We will only give your child to those authorised below (please provide a photo and password):

Contact 1

Full Name:	Address:
Relationship to child:	
Home Tel No:	Post Code:
Work Tel No:	Mobile No:
Collection Password:	

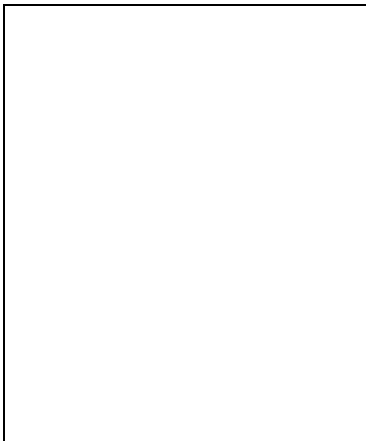
Contact 2

Full Name:	Address:
Relationship to child:	
Home Tel No:	Post Code:
Work Tel No:	Mobile No:
Collection Password:	

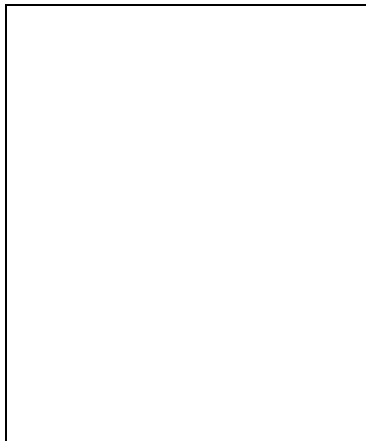
Contact 3

Full Name:	Address:
Relationship to child:	
Home Tel No:	Post Code:
Work Tel No:	Mobile No:
Collection Password:	


Picture of Contact 1



Picture of Contact 2



Picture of Contact 3



Medical Information

Dr's Name:	Address:
Surgery / Practice Name:	
Tel No:	Postcode:

Immunisations (Please tick the relevant boxes)

Diphtheria, hepatitis B, Hib b, polio, tetanus, whooping cough (pertussis) - Given at 8,12 &16wks	<input type="checkbox"/>
Rotavirus - doses 1 & 2 - Given at 8 & 12 weeks	<input type="checkbox"/>
Pneumococcal - Given at 12 wks	<input type="checkbox"/>
Meningitis B - doses 1 & 2 - Given at 8 & 16 wks	<input type="checkbox"/>
Flu Vaccine (given every year)	<input type="checkbox"/>
Hib/MenC(1st dose), MMR(1st dose),Pneumococcal (2nd dose, MenB (3rd dose) - Given at 12 mths	<input type="checkbox"/>
Diphtheria, tetanus, whooping cough, Polio & MMR 2 nd dose - Given at 3yrs & 4mths	<input type="checkbox"/>

Please give details of any special dietary requirements:
Nursery - Lunch / Tea / Both or Packed - Lunch / Tea / Both
Please give details of any allergies:
Severity: High / Medium / Low (please circle one)
Please give details of any medical conditions:
Severity: High / Medium / Low (please circle one)
Illnesses – Has your child had the following (please tick box and provide date of illness):
Chicken Pox <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> German Measles <input type="checkbox"/> Measles <input type="checkbox"/>
Whooping Cough <input type="checkbox"/> Polio <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hand, Foot & Mouth <input type="checkbox"/>
Other (please specify):

Health Visitors Name:	Tel No:
Email address:	Mobile No:

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I give consent for the emergency contact persons, listed on page 4, to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

1 st Parent/Carers Signature:		Date:	
2 nd Parent/Carers Signature:		Date:	

Additional Needs * (please delete as appropriate)

Does your child have any additional needs?		Yes / No*			
If Yes what are they?					
ADHD	Speech & Language	Autism	Cerebral Palsy	Global delay	Other

Please circle box above or write below if not listed.

What special support will they require in our Setting:

Does your child have any of the following in place:

SEN support	Yes / No*
Educational, Health & Care Plan (EHC plan)	Yes / No*

Are there any professionals / Services involved:

Speech & Language Therapist	Yes / No*
Name:	Tel No:
Occupational Therapist	Yes / No*
Name:	Tel No:
Educational Therapist	Yes / No*
Name:	Tel No:
Children's Centre:	Yes / No*
Name:	Tel No:
LCIS	Yes / No*
Name:	Tel No:
SENCo	Yes / No*
Name:	Tel No:
Other:	Yes / No*
Name:	Tel No:

Does your family have a social worker for any reason? Yes/No*

Name:	Based at:
Tel No:	Email address:

What is the reason for the involvement of the Social Care department with your family?

NB if the child has a child protection plan, make a note here, but do not include details.

PERMISSIONS BY PARENTS

Please circle YES or NO to **give OR not give** permission for my child to have the following and provide your initial where requested.

Photography - We give consent for Smartstarts to take pictures and make notes on children's development & progress, to display pictures in classroom and the Nursery.	Yes / No
Photographs/Videos by Other parents - We give Consent to other parents to have a photo/video of our child/ren to be part of the whole class when it is a special occasion i.e. birthdays, concerts etc on their cameras or taken home on a USB.	Yes / No
Photographs/Videos by Other parents - Social Media We agree NOT to put any pictures on social media i.e. Facebook, Instagram etc. If we do then we take full responsibility and we will be liable and NOT Smartstarts Day Nursery.	Initial:
Local Trips - We consent to our child being taken out of the Nursery on local trips i.e. to the park, local shops, etc. Risk assessments are carried out before children are taken off the premises and parents are informed beforehand of any trips.	Yes / No
Trips to Place of Worship - On some occasions children will be celebrating various festivals, this enables children to learn about other cultures & festivals. We give consent for our child to attend events at place of worship i.e. temple, church, mosque etc. Risk assessments are carried out before children are taken off the premises and parents are informed beforehand of any trips.	Yes / No
Emergency Medical Treatment - We consent for the nursery to seek any necessary emergency medical advice/treatment for our child/ren and for our child/ren to be seen by a medical practitioner. We understand that the nursery will contact us before/whilst emergency treatment is being arranged.	Initial:
Sun Protection - We consent to sunscreen being applied to our child/ren during the summer months and we agree to provide the sunscreen and a hat, labelled with our child's name.	Initial:
Administer Calpol (provided by the parent) - We understand that on the odd occasion my child may get a temperature at the nursery and the nursery will contact us prior to administering the Calpol to our child. This will only be in case of an emergency and the dosage given will be age appropriate. We agree to collect our child if, in the nursery's opinion, my child is too unwell to be at nursery.	Initial:
Plasters - We consent to our child wearing plasters if necessary	Yes / No
Website - We give consent to Smartstarts Day Nursery to put our child/ren's pictures of them enjoying their day at nursery on the website. Or to celebrate a piece of the child's artwork by putting it on the website for all to see. Parent's permission will be gained beforehand.	Yes / No
CCTV - We understand that our child's activities in the nursery rooms may be recorded via the CCTV system for security purposes only, and that the information recorded may be kept securely in the nursery for a maximum period of up to thirty days.	Initial:

1st Parent/Carers Name:	Signature:	Date:
2nd Parent/Carers Name:	Signature:	Date: