

Birkbees Group Registration Form

Nursery application for: Fixbees Nursery Rhymes Birkbees First Class

Child's name as it appears on their birth certificate including middle names:

Preferred name for child: _____ Age: _____

Date of Birth: _____ Male Female Home telephone number: _____

Home Address: _____

Postcode: _____

Ethnicity (Please tick the appropriate statement)

White British	Mixed white/black African	Black/Black British – Caribbean
White Irish	Mixed Asian/black	Black/Black British – African
White other background	Other mixed background	Black/Black British – Other
Roma/Roma Gypsy	Asian/Asian British Indian	Chinese
Mixed white/black Caribbean	Asian/Asian British – Pakistani	Any other ethnic group
Mixed white/Asian	Asian/Asian British – other	

First & additional languages spoken: _____ Religion: _____

About your family

Mother/Carer's contact details

Title _____ First name _____ Surname _____

Work Contact No: _____ National Insurance No _____

Mobile number: _____

**Please ensure you provide an email address for correspondence and to view your child's learning journey
If you cannot provide an email address please provide at least one contact number**

1Email Address: _____

Work Address: _____

Postcode: _____

Responsibilities of Mother/Carer (Tick all that apply)

Parental responsibility Payment of fees Collect child from nursery Contact in an emergency

Father/Carer's contact details

Title _____ First Name _____ Surname _____

Work Contact No: _____ National Insurance No _____

Mobile number : _____

Please ensure that you provide an email address for correspondence and to view your child's learning journey

Email Address _____

Work Address: _____

Postcode: _____

Responsibilities of Father/Carer (Tick all that apply)

Parental responsibility Payment of fees Collect child from nursery Contact in an emergency

Other contacts – Emergency contact 1

Title _____ First name _____ Surname _____

Tel No: _____ Relationship to child _____

Mobile Number: _____

Responsibilities (tick all that apply) Collect child from nursery Contact in an emergency if Parent/Carer is unobtainable

Other contacts – Emergency contact 2

Title _____ First name _____ Surname _____

Tel No: _____ Relationship to child _____

Mobile Number: _____

Responsibilities (tick all that apply) Collect child from nursery Contact in an emergency if Parent/Carer is unobtainable

Who does the child live with?			
Address if different from above			
Legal responsibilities - Person(s) legally responsible for this child			
Name in full:		Name in full:	
Is there anyone who is legally not allowed contact with your child or to collect them from nursery?			Yes
			No
If yes please give details of who and the relevant court orders:			
Medical Details			
Does your child have any allergies?			Yes
If yes, please give details of the cause and reaction			No
Does your child require a special diet such as vegetarian, halal, wheat or dairy free etc?			Yes
If yes, please give details:			No
Does your child have any medical conditions?			Yes
If yes please give details:			No
Medical Practitioners & Immunisation information			
Name of Doctor:		Name of Doctors surgery:	
Address:			
Telephone No:		Postcode:	
Name of Health visitor:		Contact No:	
Name of Dentist:		Name of Dental surgery:	
Address:			
Telephone No:		Postcode:	
Has your child/will your child receive the following immunisations			
Immunisation	Please tick and date	Immunisation	Please tick and date
BCG		Meningitis C	
Diphtheria		Poliomyelitis	
HIB		Tetanus	
MMR		Whooping cough	
SEND/Additional Support			
Does your child have any special needs or disability?			Yes
			No
If yes, please give details:			
Agencies working with your child			
Agency Name such as Inclusion team, Portage Social Worker etc			
Name:		Contact No:	
Name:		Contact No:	

Sessions						
Please indicate your preferred sessions						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
MORNINGS						
AFTERNOONS						
Do you require a place for term-time only					Yes	No
School attending (Stingers OOSC only):						
Preferred start date:						

Consent Form	Yes	No
I give permission for my child to go on outings/trips into the local community e.g. local shops, the duck pond, the market and Norman park. Please note that you may not always be notified if the trip is a spontaneous decision on the day		
I give permission for my child to have their photograph taken for their learning journals		
I give permission for my child's photograph to be included in other children's learning journals		
I give permission for my child's photographs to be included on social networking sites such as Twitter/Facebook and the company website (for communication links & marketing purpose)		
I give permission for my child's videos to be included on social networking sites such as Twitter/Facebook and the company website (for communication links & marketing purpose)		
I give permission for BirkBees Limited to seek emergency medical treatment or advice for my child if necessary		
I give permission for Birkbees Limited to share relevant information regarding my child with other professionals		

It is important you read these carefully before signing this enrolment application form

- **A registration fee of £50.00 (non-refundable) is payable at enrolment to secure your child's place. This fee covers admin fees and settling in sessions. A registration fee of £20.00 is payable for Stingers OOSC.**
- **Fee payments must be made in advance, before the 20th of the month; non payment of fees will result in the childcare place being withdrawn and fee arrears being referred to debt collection**
- **Fee payments remain the same for bank holidays and other holiday periods. You are entitled to two weeks at half fees for holidays each calendar year as long as one month's notice is given in writing**
- **Fee payments remain the same if children are absent for sickness**
- **If your child is ill whilst at nursery you will be contacted and required to come and collect them immediately**
- **If you wish your child to be given prescription medication whilst at nursery a consent form must be signed, the only non prescription medicines staff are permitted to give children are Paracetamol suspensions and teething gel and these may only be in nursery for a maximum of 48 hours**
- **If your child has an accident whilst at nursery you will be informed and asked to sign an accident form**
- **If your child receives an injury away from nursery you are required to inform us on their next session**
- **If your child is going to be absent from nursery you are required to inform us by telephone**
- **You are required to inform staff of any changes to any contact details or those who have legal responsibility for the child**
- **We have 24 hour CCTV monitoring around the nursery in all rooms**
- **All record keeping and daily sheets are done on our online system called iconnect. This is why it is important for you to have an email address so that you are able to log into the parent portal**

Application for childcare	
I / we wish to apply for admission of the above named child into the named BirkBees Group setting	
I / we have read the company regulations and agree to comply with them	
I / we understand that one months notice in writing is required to terminate my child's place in nursery	
Name of parent/carer:	
Signature of parent/carer:	
Date of application:	

Birkbees Group Social Media Consent Form

Fixbees		Nursery Rhymes		Birkbees		First Class	
Child's name as it appears on their birth certificate including middle names:							
Date of Birth:							
Who has legal responsibility for your child:							
In what capacity are you signing:							
Parent		Guardian		Relative		Other	
I give permission for my child to be included on social networking sites such as Twitter/Facebook and the company website (for communication links & marketing purpose)							
I give permission				I do not give permission			
Signed:							
I give permission for my child to be included in video content on social networking sites such as Twitter/Facebook and the company website (for communication links & marketing purpose)							
I give permission				I do not give permission			
Signed:							

By signing this consent form, you also agree to adhere to the companies social media policy as outlined below:

Although the company welcomes parental involvement in our social media, we respectfully request that you ensure that the comments made are not discriminatory, defamatory or derogatory in any way towards the staff/company/other parents/children and any other users of the setting.

If parents wish to raise a concern about the services provided by the company we request this is done through our formal complaints procedure.

Failure to follow the complaints procedure may result in the company suspending you from our social media pages.

OFFICE USE ONLY									
Member of staff responsible for enrolment:									
Position in the company:									
Signature									
Registration fee paid					Date received:				
Fee payments expected weekly / fortnightly / four weekly / calendar monthly (please circle relevant one)									
Payments expected by cheque / standing order / cash / vouchers (please circle relevant one)									
Dates & times of settling in sessions:									
Room child assigned to:		Under 2 years		2-3years		3years +		Stingers OOSC	
Session 1			Session 2			Session 3			
Has the child been assigned a keyperson yet? If so who								Yes	No
Keyperson:									
Has the settling in sessions been recorded in the diary and passed on to the relevant room/keyperson								Yes	No
Has Child's enrolment details been put onto connect								Yes	No
Has the parent's email address been added onto contacts on connect								Yes	No
Has all the additional information such as dietary requirements, medical conditions, SEN been passed onto relevant keyperson/staff team									
If additional information is to be passed on please record details below:									
Dietary information									
Allergy information									
Medical information									
SEN information									
Named 'other' professionals working with child									
Trips and outings		If the child is unable to leave the setting please ensure ALL STAFF are made aware							
Social Media information		If child's photo/video cannot be used for marketing purpose please ensure ALL STAFF are made aware							
Enrolment information									
Have the relevant new starters questionnaires been completed								Yes	No
Have the relevant parent partnership sharing information sheet been completed								Yes	No
Has the childcare contract been received back, photocopied and put in the child's file								Yes	No
Has the social media permission form been completed, photocopied and a copy given to the room and a copy in the child's file								Yes	No
Has the child been issued with a development folder with the relevant development matters in								Yes	No
Has the child been issued with name tag/picture for coat hook and drawer label								Yes	No