

# Birkbees Group Registration Form

Received on

Nursery application for:

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

Preferred name for child:  D.O.B  Age

Voucher code  Home telephone number:

Home Address:

Postcode:

Ethnicity (Please tick the appropriate statement)

<input type="checkbox"/> White British	<input type="checkbox"/> Mixed white/black African	<input type="checkbox"/> Black/Black British – Caribbean
<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed Asian/black	<input type="checkbox"/> Black/Black British – African
<input type="checkbox"/> White other background	<input type="checkbox"/> Other mixed background	<input type="checkbox"/> Black/Black British – Other
<input type="checkbox"/> Roma/Roma Gypsy	<input type="checkbox"/> Asian/Asian British Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed white/black Caribbean	<input type="checkbox"/> Asian/Asian British – Pakistani	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Mixed white/Asian	<input type="checkbox"/> Asian/Asian British – other	

First & additional languages spoken:  Religion:

## About your family

### First Parent/Carer's contact details

Title  First name  Surname   
 Work Contact No:  Mobile number:   
 Occupation  N.I.

**I would like you to use my email address for communication and to view Parentzone** YES NO

Email address

Work Address:

Postcode:

### Responsibilities of First Parent/Carer (Tick all that apply)

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

### Second Parent/Carer's contact details

Title  First Name  Surname   
 Work Contact No:  Mobile number:   
 Occupation  N.I.

Email address

Work address

Postcode:

### Responsibilities of Second Parent/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:												
<b>Responsibilities</b> (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:												
<b>Responsibilities</b> (tick all that apply)	Collect child from nursery					Contact in an emergency if Parent/Carer is unobtainable						
<b>Password</b>	Please give a password for anyone else who may collect your child.											

**Legal responsibilities - Person(s) legally responsible for this child**

Name in full:		Name in full:	
Does this person live with the child: If no please give address:		Does this person live with the child: If no please give address:	
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	No
If yes, please give details of the cause and reaction		
Does your child require a special diet such as vegetarian, halal, wheat or dairy free etc?	Yes	No
If yes, please give details:		
Does your child have any medical conditions?	Yes	No
If yes please give details:		

**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	

**Special educational needs/Additional Support**

**Withholding information about your child’s health and well being may result in a place being retracted due to Birkbees not being able to meet the child’s needs.**

Does your child have any special needs or disability?	Yes	No
Do you claim DLA or DAF?	Yes	No

Please give details of special needs or disability:

Does your child speak well in English or your home language?	Yes	No
Is your child able to communicate their needs by speaking?	Yes	No
Does your child have any behavioural needs?	Yes	No
Does your child move confidently using their whole body?	Yes	No
Does your child settle well in new environments?	Yes	No

**Agencies working with your child**

**Agency Name such as Inclusion team, Portage, Speech and Language, Social Worker etc**

Name:	Contact No:
Name:	Contact No:

**NON-FULL TIME PLACES MUST INCLUDE A MONDAY AND/OR FRIDAY**

**Please indicate your preferred sessions**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNINGS					
AFTERNOONS					

All places are for 51 weeks a year apart from the funded only sessions listed below. 51 weeks Term time Preferred start date:

The sessions below are term time only in line with school holidays

<b>FUNDED 3 YEARS OLD PLACES ONLY</b>	<b>AM 8.45 – 11.45</b>	<b>AM 9.15 – 12.15</b>	<b>PM 1.00-4.00</b>
<b>FUNDED 2 YEARS OLD PLACES ONLY</b>	<b>AM 8.30 – 11.30</b>	<b>PM 12.45-3.45</b>	

**Consent Form, please circle.**

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	<b>yes</b>	<b>no</b>
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I give permission for my child to have their photograph taken for their learning journals on iconnect	<b>yes</b>	<b>no</b>
I give permission for my child's photograph to be included in other children's learning journals.	<b>yes</b>	<b>no</b>
I give permission for my child's photographs to be included on Twitter	<b>yes</b>	<b>no</b>
I give permission for my child's photographs to be included on Facebook	<b>yes</b>	<b>no</b>
I give permission for my child's photographs to be included on the company's website (for communication links & marketing purpose)	<b>yes</b>	<b>no</b>
I give permission for my child's videos to be included on Twitter	<b>yes</b>	<b>no</b>
I give permission for my child's videos to be included on Facebook	<b>yes</b>	<b>no</b>
I give permission for my child's videos to be included on the company's website (for communication links & marketing purpose)	<b>yes</b>	<b>no</b>
I give permission for students to observe my child for their portfolio, this may include a photograph. Student portfolios will usually only be seen by college tutors and assessors.	<b>yes</b>	<b>no</b>
I give permission for my child's photograph to be used for marketing purposes by Birkbees Nurseries	<b>yes</b>	<b>no</b>

**Birkbees Nurseries will only share relevant information regarding your child with other professionals if necessary and in accordance with company policy & procedure.**

**It is important you read these carefully before signing this enrolment application form. Fee paying only.**

- **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. If your child will be attending 15 hours funded sessions only there will be no registration fee charged.**
- **ALL childcare MUST be paid for in advance. On starting nursery, the first month's fees will be required up front.**
- **Bank holidays and closure days are not charged. Parents taking a 51-week contract 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 or you choose not to send them to nursery for any reason.**
- **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. Children prescribed antibiotics will need to remain away from nursery for the first 48 hours of the course. The only non-prescription medicines staff are permitted to give children are Paracetamol suspensions and teething gel and these may only be given in nursery for a maximum of 48 hours.**
- **If your child has an accident/injury whilst at nursery you will be informed and asked to sign an accident form.**
- **If your child has an accident/injury away from nursery we will ask you to fill out an accident at home form.**
- **All our staff are first aid trained but if necessary we will seek emergency medical treatment for your child.**
- **If your child is going to be absent from nursery you are required to inform us by telephone as soon as possible.**
- **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 is 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, Parent zone. Also, so that we can send invoices and letters by email. We no longer print these.**

### **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:

**OFFICE USE ONLY**

Child's name

Member of staff responsible for enrolment:

Position in the company:									
Signature			Registration fee paid			First month's fees paid			
Fee payments to be made; weekly / fortnightly / four weekly / calendar monthly (please circle relevant one)									
Payments expected by; standing order / cash / vouchers/ tax free childcare (please circle relevant one)									
Tick the following boxes that are relevant for the child									
Funded		Paying		Both		EYPP			
Has the child been added to connect with all the essential information:						YES		NO	
Contract filled out for room to get signed on first visit						YES		NO	
Dates & times of settling in sessions:									
Session 1			Session 2				Session 3		
Are these settling session in the diary:									
Date child is starting:					Days child will be attending:				
Room child assigned to:		Under 2 years		2-3years		3years +		Stingers OOSC	
Contract signed by parents:			Yes			No			

<b>INFORMATION FOR ROOM</b>		
Dietary information	Details:	
Allergy information	Details:	
SEN information	Details:	
Information not shared on enrolment form: (please state was is missing from the enrolment form so the room can ask parents)		
Is the child allowed on facebook, twitter and our website?	Yes	No
Is the child allowed out on outings in the local community?	Yes	No
Is the child allowed a picture taken for development files?	Yes	No
Is the child allowed to be in other children's development files?	Yes	No
Is the child allowed to be observed for student's files?	Yes	No
<b>Please ensure these are completed on first settling session (tick once completed)</b>		
All about me form	Dietary form	
<b>Please ensure the above are completed on visit (tick once completed)</b>		

Completed in room	Handed to kitchen	Handed to office	Copy given to parent
<b>Has a keyworker been assigned</b>	Yes	No	Person:
<b>Has the child been given a named peg/drawer</b>	Yes	No	