



Child Registration Form

TOM THUMB NURSERY

020 8520-1329

tomthumbdaynursery@icloudmail.com

web site: www.tomthumb-nursery.com

Date childcare begin _____ Date childcare ends _____

Name of child			
Date of birth		Age:	Sex:
Home address			
Postcode			
Position in family			
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			

About your family

Mother/carer	
Title	
First name	
Surname	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Father/carer	
Title	
First name	
Surname	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Emergency contacts

(We will not release your child into their care without prior authorisation from the parent/carer, we'll ask for a new password each time so please ensure both parties are aware of it)

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery emergency	<input type="checkbox"/>	Contact in <input type="checkbox"/>
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery emergency	<input type="checkbox"/>	Contact in <input type="checkbox"/>

Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
<p>Has your child had any of the following immunisations?</p> <p>Please tick and date</p>	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		

Address	
Postcode	
Telephone number	
Other agency details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

ALLERGIES, ILLNESSES AND INTOLERANCES

Please list all allergies and intolerances. 1. 2. 3. 4. Nature of Allergy or intolerance:	Is the allergy /intolerance life threatening Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the symptoms	
Has the illness been diagnosed by doctor Yes <input type="checkbox"/> No <input type="checkbox"/>	

MEDICATION

For the health and welfare of all the children who come to nursery we request that you do not bring your child into nursery if they are ill or have an infectious disease. Keep them at home for at least 48 hours until symptoms have passed with no signs of sickness/diarrhea. If prescribed with antibiotics then they will not be permitted until 24 hours after start of treatment. Unfortunately we cannot administer any medication to children unless it is Prescribed by a doctor. eczema cream, nappy creams, inhalers for asthma, or life threatening illnesses.

(Please tick that you have read and agree to abide by this) Yes No

DIETARY REQUIREMENTS

Please list all dietary requirements you would like us to follow. Please include all, whether medical or cultural

1.
2.
3.
4.
5.

LIKES & DISLIKES

Please state your child's favourite meals and foods not liked.

.....

.....

.....

ADDITIONAL NEEDS

Please state below if you feel your child requires any additional support. Clarify what kind of support you would like and level of our involvement?

.....

.....

Does your child have a 'special needs statement' agreed between yourself and Social Services?

If yes, do you agree to the Nursery having a copy of the statement on the child's file and for us to continue, if necessary, to monitor the needs in that statement?

(Please tick) Yes No

DETAILS OF CHILDCARE REQUIREMENTS

Childcare to start from:.....

(Please note full fees will be charged from this date)

Deposit paid £_____

Please state days childcare is required (tick all which apply)

Required Start Date:

Monday	Tuesday	Wednesday	Thursday	Friday

For children aged between 3 and 4 years old and in receipt of the FEEE grant (Free Early Education Entitlement) a signed Declaration form must be completed. This information may be shared with the Local Authority.

Families of 2 year olds may be entitled to the FEEE also but please check if you match the criteria on www.myearlylearning.co.uk

Amount due £.....

Method of payment:

- Standing order /BACS
- Cheque or Childcare Vouchers (Five clear working days before the due date of the 1st of each month)
- Cash
- Government Tax free childcare

Waiting list policy

From the date of which you are placed on the waiting list you will be placed on the list of the room of which you have chosen and from that date you will be given 2 years to be held on our waiting list.

If you are not given a space in this time you will be taken of waiting list and have to reapply for the room you would like your child to start.

OPENING HOURS: 8AM—6PM
AGE—RANGE : 1.YR-----5YRS

NURSERY FEE'S:

DEPOSIT REQUIRED WHEN PLACE IS OFFERED:£150
DISCOUNTS FOR SIBLINGS WHO ATTEND FULL TIME.

WEEKLY FEES FOR 1 - 2YR OLDS

FULL TIME: 8.00.AM---6.00PM £264.00.PER WK.

WEEKLY FEES FOR 2 - 5YR OLDS

FULL TIME: 8.00.AM---6.00PM £240.00.PER WK.

MONTHLY FEES 1 - 2YR OLDS

FULL TIME: 8.00.AM---6.00PM £1100.00.PER MTHS

MONTHLY FEES 2 - 5YR OLDS

FULL TIME: 8.00.AM---6.00PM £1000.00.PER MTHS

*CHILDREN ATTENDING FOR LESS THAN A FULL WEEK WILL BE CHARGE AT A DAILY RATE,
A MINIMUM OF 3 SESSIONS ARE REQUIRED FOR ALL CHILDREN*

DAILY FEES FOR 1 - 2 YR OLDS

FULL TIME : £60.00 PER DAY

DAILY FEES FOR 2 - 5 YR OLDS

FULL TIME : £55.00 PER DAY

*FEES ARE CHARGED OVER 50 WEEKS DIVIDED INTO 12 MONTHS
IF FEE ARE INCREASED YOU ARE GIVEN A MONTH NOICE OF THE NURSERY FEE INCREASE.*

FEES PLACES AVAILABLE IF YOUR CHILD IS AGED BETWEEN 3 - 4 YRS OLD SUBJECT TO AVAILABILITY

WE ACCEPT VARIOUS VOUCHER SCHEMES AND WORKING TAX CREDIT.

*TOM THUMB NURSERY : 1—7 BEULAH PATH ,
WALTHAMSTOW ,E17 9LZ
TEL:020 8520—1329.*

*VISITORS ARE ALWAYS WELCOME TO ARRANGE A VISIT PLEASE
CALL THE NURSERY DIRECT .*

PARENT/CARER CONTRACT AGREEMENT

1. I understand that a deposit of £150 is required to secure a childcare placement. This will be deducted from my child's last month's fee at the nursery upon one month's written notice. I will lose my deposit if I fail to give sufficient notice.

Signed:.....

2. I understand that full payment of fees must be paid to the nursery 50 weeks of the year and on the first of the month. I am clear that full fees are still payable whilst my child is absent from the nursery, whether for sickness or holidays. For planned absences I will pay in advance.

Signed:.....

3. I have read and understood the Policies and Procedures of Tom Thumb Day Nursery and will support the Nursery to implement them.

Signed:.....

4. I am clear about the opening and closing times of the nursery and understand the procedures taken if I am late in collecting my child/children. I will pay the late fee if my child is not collected from the Nursery by closing time.

Signed:.....

5. I agree to work in partnership with the nursery to ensure my child/ children receive the best care possible.

Signed:.....

6. I will abide by Tom Thumb Day Nursery's Equal Opportunity policy and Health & Safety policy. Particularly with regards to potty training, smoking, closing of internal doors, fire drills, third-party pick-ups, conduct, and illnesses.

Signed:.....

7. I understand that the nursery will be closed for and for our summer annual outing with a date to be confirmed.

Signed:.....

8. I have read and understood the ‘Sick Child Policy’ and will abide by the exclusion periods stated in it.

Signed:.....

9. I understand that I am responsible for my child/children’s valuables and personal possessions and the nursery are not responsible for lost and stolen items. We will write their names on the wash label so we can match clothes to children but request that you do it yourself to avoid confusion.

Signed:.....

10. I agree not to open any doors that could put the children at risk of leaving the nursery premises unattended. I will co-operate with the staff and the guidance given on special events held within the nursery as well as on a daily basis.

Signed.....

11. I will be polite and courteous to all of the staff team and as expected they will be in return. Staff will not have to tolerate rude or aggressive behaviour and you risk losing your child’s place if you do so.

Signed:.....

12. I agree to follow our guidance on storing buggies in our sheds. Due to limited space we can only accommodate small buggies that are compact when folded. We may have to insist that older children do not bring buggies if we run out of space in the sheds outside as the younger children must take priority. If your buggies is left under the blue shelter you will be asked not to leave your buggy at the nursery again.

Signed:.....

PERMISSION FORMS

1. I agree to my child being seen by a doctor/ medical staff to receive emergency treatment in an emergency, which may include taking him/her to hospital – no consent will be given by any nursery staff or management regarding hospital treatment.

Signed:.....

2. I agree to my child being taking out on outings and visits within a reasonable distance from the nursery and arranged as part of their learning and development. This will all be in walking distance of nursery.

Signed.....

3. I agree for photographs and videos to be taken of to be used for observations, assessments and planning. I agree that only at social events outside of the nursery (annual trip etc) that other parents/ guardians can take pictures if overseen by members of staff.

Signed.....

4. I agree for students and volunteers to work with my child and carry out relevant observations with them. (As directed by the Manager).

Signed.....

5. I agree that sun-cream at factor 50 can be applied by staff and that I will practice Safe Sun guidance of applying sun-cream before dropping my child and providing a spare sunhat for nursery.

Signed.....

6. I am aware that the nursery has a software system called Tapestry journal which will be used for taking pictures of your child and recording their progress, which you can privately access through ParentZone. Please respect that pictures that include other children, staff or parents, are not permitted to be shared on social networking sites due to the dangers attached to them. We have to be extremely rigid in enforcing this and you risk jeopardising your child's place with us if you break these rules.

Signed.....

7. I give my Consent for Tom Thumb day Nursery to processing any personal data. I opt-in. Data agreements — Early years providers are now obliged to have written arrangements with anybody processing data for them.

Signed.....

TOM THUMB DAY NURSERY

RULES FOR PAYMENT

You will be charged for payment 50 weeks per year (January – December).

The Nursery is open for 50 weeks of the year.

The Nursery is closed:

Christmas (approx one week/ 7 days)

Summer (Two week)

All Bank Holidays.

Two training days per year

The Specific dates will be placed on the Parent's Notice Board well in advance to allow time for further care arrangements to be made.

Nursery Fees

The Nursery fees go up each year. Parents will be notified of prices as soon as possible.

Long term planned Holidays must be paid for in advance to ensure that your place will be kept open. These must be confirmed in writing especially when the child is receiving their FEEE to ensure the free time is not being misused.

FEEE (Free Early Education Entitlement)

When your child reaches 2 years old they may then be entitled to 11 hours of free Early Education spread over the 50 weeks, this is means tested and normally reserved for those on a low income. We do not offer term time only places of 15 hours. When your child turns 3 years old, they may be entitled to the FEEE from the term after their 3rd birthday. This provides for 22 hours of free time. Parents need to apply to the Council for a code if they meet the eligibility criteria which is to be in full time employment but earning no more than £100,000 annually. FEEE grant will be deducted from full Nursery fees, the amount will be calculated for you.

Fees are payable a month in advance and must be paid by the 1st of each month, or the first day of your agreed attendance. Late fees payments will incur a charge of £5.00 per day. Cheques must be made payable to Tom Thumb Day Nursery. A charge of £25.00 will be incurred if there are insufficient funds to cover your Cheque/ Standing Order.

Please ensure that all fees are paid on time. If you are experiencing any difficulties please explain to the nursery manager at least two weeks prior to the payment date.

Parents who fail to pay their fees without prior arrangement will be asked not to bring their child back to the nursery until their payment has cleared.

Your child must be collected by 6pm. Late Collection of Children will incur fees of:

- £5 for every per part 5 minutes
- If after 6.30pm parents/ guardians have not called, Social Services will be contacted.

Arrears and persistent late collection of your child from Tom Thumb Day Nursery will lead to your child losing his/her place.

Admission of the child is at the discretion of the Nursery Manager if there are serious concerns about the child's health, or a risk of infection to others Parents are required to

give one month's written notice when the place is to be terminated or sessions decreased to avoid fees being levied for the same period. Your deposit will be deducted from the last month's fees.

Once your child has been given a Nursery Place, the Rules of Payment form an agreement between yourself and Tom Thumb Day Nursery.

The Nursery Manager may terminate the child's place at the Nursery for reasons of Safeguarding, Health and Safety or if the Rules of Payment or any of your signed agreements and conditions are not adhered to or are broken.

I/we have read, understand and agree the Rules of Payment

Signed:..... Print.....Parent/Carer

Child's Name:.....Date:.....

Communication Plan

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is _____
EARLY YEARS PUPIL PREMIUM (EYPP) REGISTRATION

About this form:

From April 2015 all Early years providers who deliver Government funded early education will be able to claim the Early Years Pupil Premium for three and four year old children whose parents are in receipt of one or more of the income based criteria or who are eligible under the non-income based criteria e.g. adopted child.

Registering could provide up to an extra £300 for your child's nursery to fund valuable support like extra training or resources to help raise the quality of your child's early education. We have to prove to Ofsted that we have requested this information from our parents. We will only use the information you provide to assess entitlement to the Early Years Pupil Premium.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

SECTION 1: ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of Birth			Name of preschool, nursery, childminder

SECTION 2: PARENT/GUARDIAN DETAILS

	Parent/Guardian 1						Parent/Guardian 2					
Last name												
First Name												
Date of Birth	DD		MM		YYYY		DD		MM		YYYY	
National Insurance Number*												
National Asylum Support Service (NASS) Number*			/			/			/			/
Daytime Telephone Number												
Mobile Number												
Address												
	Postcode:						Postcode:					

* Complete as appropriate

FAMILY INCOME AND BENEFIT DETAILS

SECTION 3:

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box)

Yes No

If you have ticked yes, please go to section 4.

If you ticked no, please place an X in this box if you¹ are in receipt of any of the benefits listed below:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance

¹ This includes those who have parental rights for the child/children named on this form.

- Universal Credit
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
- Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit

SECTION 4:

Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the early years pupil premium.

SECTION 5: ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENTS ORDER

If your child has left care through adoption, special guardianship or a child arrangements order and you would like your child to attract the early years pupil premium, you should complete the following section and attach a copy of the relevant court order:

Has your child been adopted from care?

Yes No

If you have ticked yes in the previous question, have you yet been granted an adoption order by the courts?

Yes No

Did your child leave the local authority’s care under a special guardianship order or a child arrangements order (formally known as a residence order)?

Yes No

How the information in this form will be used

The information you provide in this form will be used by Tom Thumb Nursery and/or Waltham Forest council to confirm receipt of one of the listed welfare benefits. We will do this by using Waltham Forest’s online eligibility checker (My Early Learning) and/or by checking work benefit data provided by HMRC and DWP. A unique reference number with a prefix of AF will be generated, and will be used by the preschool to claim EYPP funding from our local authority. We would like your consent to make this check. Whether you use this scheme or not will not affect any of the benefits you may be entitled to.

DECLARATION

I confirm that the information I have provided on this form is complete and correct and I give permission for my eligibility status to be checked by Tom Thumb Day Nursery on behalf of the London Borough of Waltham Forest in accordance with the pre-school's Data Protection Policy.

I agree that you will use the information provided to process this application for Early Years Pupil Premium, and I understand that you will contact other sources as allowed by law to verify my initial and ongoing entitlement.

I agree that you will store this form securely and only for the time necessary to complete the application. I understand that once this process is complete you will retain my unique reference number for funding purposes and that this form will be shredded immediately.

Parent's signature _____ **Date** _____

Parent's signature _____ **Date** _____