



REGISTRATION FORM

ALL INFORMATION IS CONFIDENTIAL

£100 REGISTRATION FEE PAID (non-refundable)

Child's Full Name:	
DOB:	
Home Address:	
Postcode:	Home Tel:

Mother's Details	
Name:	
Home Address:	
Postcode:	Home Tel:
Mobile No:	
Email:	

Father's Details	
Name:	
Home Address:	
Postcode:	Home Tel:
Mobile No:	
Email:	

Workplace Name:	
Address:	
Postcode:	Tel:
Work email:	

Workplace Name:	
Address:	
Postcode:	Tel:
Work email:	

Other Emergency Contact (this should be someone who may pick up your child if you cannot be contacted)	
Name:	Relationship to child:
Address:	
Postcode:	Telephone no's:

PLEASE INDICATE DAYS REQUIRED BY TICKING APPROPRIATE BOXES:

	MON	TUES	WED	THURS	FRI
AM					
PM					

TOTAL NUMBER OF SESSIONS:

PROPOSED START DATE:

GP/HEALTH VISITOR DETAILS

GP Name:
Address:

Tel:

Health Visitor Name:
Address:

Tel:

PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS AND/OR ALLERGIES:

ARE ALL IMMUNISATIONS UP TO DATE?

YES

NO

ARE THERE ANY FOODS YOUR CHILD IS NOT ALLOWED FOR MEDICAL/CULTURAL REASONS?
Please give details below:

PLEASE GIVE THE NAMES OF UP TO THREE OTHER PEOPLE WHO MAY AT SOME TIME PICK YOUR CHILD UP FROM NURSERY (DO NOT INCLUDE PARENTS IN THIS):

1. Name:	Relationship to child:
2. Name:	Relationship to child:
3. Name:	Relationship to child:

I GIVE PERMISSION FOR MY CHILD TO BE TAKEN OUT OF THE NURSERY ON OUTINGS:

YES

NO

I ALLOW MY CHILD TO TRAVEL ON PUBLIC TRANSPORT:

YES

NO

Signed:

Date:

TERMS AND CONDITIONS - PLEASE READ AND SIGN

IMPORTANT: Please read carefully the following conditions of enrolment before signing. When this has been signed, this will form the basis of a contract between you and Heriot Hill Nursery

ACCIDENTS OR EMERGENCIES

Heriot Hill Nursery reserves the right to administer basic first aid and treatment when necessary. Parents will be informed of all accidents and will be required to sign their child's accident form. In the event of accidents of a more serious nature involving hospital treatment, all attempts will be made to contact parents, but failing this, Heriot Hill Nursery is hereby authorised to act on behalf of parents and authorise necessary treatment. Parents are requested to inform the nursery of any changes to information stored in our records.

PAYMENT OF FEES

I understand and accept that fees are paid **IN ADVANCE** by Standing Order, Cheque, or Childcare Vouchers and are non-refundable in the event of my child's absence due to sickness or holidays. I also accept that one month's notice or payment in lieu of notice must be given if I wish to withdraw my child from the nursery. Further, if my child requires extra sessions at nursery, I accept that these are paid on the day of the session directly to the Room Senior or to the office. I understand that if my child does not attend on a pre-paid session then this may not be swapped for a session at another time.

COMMUNICATION

I agree to share any concerns I may have with the Nursery Manager/Deputy Manager. I acknowledge the importance of my participation in a constructive and effective two-way communication practice to ensure my child's on-going positive development.

CONFIDENTIALITY

I understand that all information relating to my child will be treated as strictly confidential.

ACCEPTANCE OF TERMS AND CONDITIONS

I hereby confirm that I have read throughout the Terms and Conditions outlined above and accept these as being my contractual obligation to Heriot Hill Nursery once I have signed the Acceptance as below.

ILLNESS

Parents are requested not to send their child to Nursery if they are suffering from any infectious diseases or if they are not feeling well enough to attend. Please speak to the Manager/Deputy Manager regarding incubation and exclusion periods. Heriot Hill Nursery has a realistic attitude to the needs of working parents but reserve the right to contact parents if their child becomes ill during nursery hours. Parents are requested to inform the nursery if their child contracts any ailments or illness.

SECURITY

Under no circumstances will a child be allowed to leave the nursery with anyone not known to the nursery staff unless previously arranged by the parent or guardian. If parents make prior arrangement by telephone, the nursery requires the name, address and telephone number of the chosen guardian and they will require proof of identity on their arrival.

Signed: _____ Relationship to child: _____ Date: _____

Signed: _____ Relationship to child: _____ Date: _____

ENROLMENT CHECKLIST

ACTION REQUIRED

ACTIONED BY

DATE

**Check that enrolment form
has been fully completed**

**Check that Terms and
Conditions of enrolment
have been signed as
accepted**

**Details of enrolment input
to nursery database**