



2-4 Brook Street
Luton, Bedfordshire
Tel: 01582 730510
www.trainingdepot.co.uk



Registration Form 2017 - 2018

Registration fee - £100.00 Grant only place - NO registration fee to pay
 Charge for optional extra activities for academic year £35.00 (15 hours)
 Charge for optional extra activities for academic year £50.00 (30 hours)

Amount:

Date:

PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS

Staff - please tick when documentary proof has been obtained

(Birth Certificate or Passport)

Child's First name: Female/Male D.O.B ____/____/____	Family name: Child's name used at home:
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Date of entry: ____/____/____	Address:

Enrolment details (Days and hours requested)	Mon Am	Tue Am	Wed Am	Thurs Am	Fri Am
	Mon Pm	Tue Pm	Wed Pm	Thurs Pm	Fri Pm

Mother/guardian details First name: Address	Family name:
National Insurance Number:	DOB:
Father /guardian details First name: Address (if different from above)	Family name:
National Insurance Number:	DOB:
Name of adult child lives with:	
Name of adult that has parental responsibility:	

<u>Contact telephone numbers</u> Home:	
Mum Mobile:	Dad Mobile:
Mum Home/Work:	Dad Work:
Email address:	Email address:



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Other persons designated to collect:

Name: Relationship to child Tel:

Name: Relationship to child Tel:

Name: Relationship to child Tel:

Child's home language Other languages understood
Child's Religion (if applicable)

Medical conditions of which staff should be aware

Allergies

What treatment does your child need if there is an allergic reaction:

Doctor's Name:
Doctors Address:

Doctor's Telephone:

Dentist Name:
Dentist Address:

Dentist's Telephone:

Other information (other agencies e.g. speech therapist, physiotherapist etc.)

Previous pre-school or nursery experience

Name of setting

Children's Dietary Requirements

Please tick the boxes of food that your child eats.

Chicken	Pork	Lamb	Fish	Beef
Halal Chicken	Halal Lamb	Halal Beef		
Any additional dietary requirements (if applicable)				



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Disability Access Fund Declaration

This section is only applicable to three and four year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child.

Is your child eligible and in receipt of DLA?

Yes / No

If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:

Terms and Conditions of Training Depot Day Nursery

The following statements are shared to give you, the Parents/Carers, an understanding of our policies and expectations as well as giving the Nursery your consent to allow your child to participate in all the learning opportunities available. Parents are reminded that you are able to view our policies either by asking for a copy of them at the Office, or by viewing our website www.trainingdepot.co.uk.

Safeguarding

I understand that the Nursery uses a password system and I will telephone/inform the Nursery of the details of someone different collecting my child having shared a password with both them and the Nursery. I also understand Training Depot Day Nursery is under a legal obligation to report to Luton Borough Council/Child Protection, any incident where they consider a child may have been subjected to abuse or neglect. Furthermore I understand that it is possible that this could be done without me being first informed.

Visits outside the Nursery

I hereby give permission for my child to participate in visits outside of the Nursery. I understand that I will be notified in advance when these are scheduled to take place. I further realise when my child is transported by motor vehicle, it will be operated by a properly licenced adult and every effort will be made to secure the safety of all the children. As a result of these safeguards and precautions, I will not attempt to hold Training Depot Day Nursery, the owners, the staff, or any licenced adult, responsible in the event of accident or injury to my child.

Administration of Medicines/Creams

I hereby give you permission to administer liquid paracetamol and/or apply sun cream/nappy rash cream/teething gel/prescribed cream for eczema. I understand if my child has an allergic reaction to any of the medications/creams listed that have been provided by myself or prescribed by the Doctor then I will be contacted immediately. I will complete a medicine form should I wish the Nursery to administer a medication or cream that is not listed.

Emergency Procedures

I hereby grant permission for the senior member of Management in charge to take whatever action they may decide to be appropriate and necessary to obtain emergency medical care as detailed in our First Aid Policy. I understand that any expense incurred as the result of the Nursery taking action in the event of an emergency is my responsibility.



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Behaviour

I hereby give permission for Nursery to follow their behaviour policy. I understand that I will be informed of any behavioural incidences relating to my child.

Use of Nursery Equipment

I hereby give permission for my child to have the freedom to use all equipment on the premises of the Nursery and to participate in all the activities of the Nursery.

Notification of Absences

I will inform the Nursery if my child is going to be absent for any reason. I understand that sustained periods of absence will be investigated and may result in my child being removed from the Nursery's register and information may be shared with Luton Borough Council.

Updating Information

I will inform the Nursery of any change in circumstances or personal information, e.g. a change in telephone number or address.

Sharing Information

I hereby give permission for Training Depot Day Nursery to share relevant information about my child including, progress data, health, welfare and development and information regarding my child's home or family circumstances. This information will be shared with the following organisations: Luton Borough Council (including Social Care and the Police where necessary, Early Years' Team, Special Educational Needs Team, 2 Year Old Funding) (PSLA), Early Help Assessment Team, Local Authority Designated Officer, Luton Children's Centre, School and Ofsted, other Early Years' Settings that my child attends, Health Service (including Health Visitors, General Practitioners, Speech and Language Support Services).

Collection

I understand that I must collect my child at the agreed finishing time and will telephone the Nursery if I am going to be late. I further understand I will be charged a late fee if I arrive later than 10 minutes to collect my child.

Fees

I understand that to secure a Nursery place I will pay a Registration Fee of £100 (fee payers only) and that the fees for the first month or week must be paid at the time the place is agreed and confirmed. All fees are payable **in advance** and if I do not keep to these terms it may result in my child being unable to attend Nursery. Fees are also payable on bank holidays and even if my child is absent from Nursery due to illness, family holidays etc. I further understand that extra session or hours will be charged according to our fee schedule and they must be agreed, booked and paid for a minimum of 24 hours in advance. If my child no longer requires a place at the Nursery, I will give written notice, 4 weeks in advance of their leaving date. I understand that fees remain payable throughout all of this time.

Change of Sessions

I understand that I must give at least 1 weeks' notice if I would like to change my child's sessions at Nursery.

Photographs

I hereby give permission for my child to be photographed in the nursery for use in their assessment folder as well as promotional materials such as the website and Facebook page. I understand that no children's names are associated with their photograph and that photographs are regularly deleted off the nursery cameras.



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Office Use Only

Luton Safeguarding Children Board has endorsed the asking of a routine enquiry around Domestic Violence, this enquiry is made by all professionals and you may have been previously asked by your midwife or health visitor.

Routine Question - Have you / are you experiencing domestic violence? YES / NO

If this is an issue which is or has affected you, please speak to a member of staff in the office and we can support you, signpost you or refer you to a number of agencies who are trained to assist and support you.

Signed _____ Date _____

Name _____ Relationship to Child _____

Senior Member of Staff _____ Date _____



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Consent to Share Information



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To be signed by the person with Parental Responsibility

This form contains your consent to the sharing of information between the organisations identified below. The consent applies to the children named below and where necessary may include information about the child's health, welfare and development and the child's home or family circumstances.

If you give permission, information will be shared with relevant organisations amongst those listed, to assist the effective provision of family support, education or health services to the child/children named below. This consent can be withdrawn at any time and will be reviewed annually to ensure continued validity. It applies to information already held on the file or record and to information subsequently added.

Organisations include:

- Luton Borough Council (including Social Care, Early Years Team, Integrated Services for Children with Additional Needs Team, Common Assessment Framework Team, Local Authority Designated Officer)
- Schools and Ofsted registered Early Years providers
- Your Local Children's centre: Building Blocks
- Health Service (including Health Visitor, GP, Consultant, Speech and Language support services)
- Police
- Youth Offending Service
- National Probation Service
- Multi Agency Risk Assessment Conference
- Other

Are there any of these organisations you do **NOT** want us to share information with? (List these here)

Child's Full Name: Date of Birth

I agree to the personal information of the individuals named below being shared for the purpose of providing services to promote their welfare and meet their identified needs.



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Name: (Print) _____ **Signed:** _____

Date of signature: _____
(parent/guardian)

I do not agree to the personal information of the individuals named below being shared for the purpose of providing services to promote their welfare and meet their identified needs.

Name: (Print) _____ **Signed:** _____

Date of signature: _____
(parent/guardian)

I am satisfied that the person is capable of understanding the information that I have given to them

Name: (Print) _____ **Signed:** _____

Date of signature: _____

Organisation/Service: _____

Adapted from Luton LSCB: Consent to Share ProForma online
<http://bedfordscb.proceduresonline.com/pdfs/LSCB%20Consent%20To%20Share%20ProForma%20V1%201.pdf>

Office Use only:

Annual review completed (date): _____

Changes required: Yes No if yes complete a new Information Sharing Consent form

Reviewed by (print name) _____