Community Family Services Ltd

*Supporting families and the local community*

BNENC Breckfield Road North, Liverpool L5 4QT

info@communityfamilyservices.co.uk

0151 345 5155

**Nursery Registration Form**

**Welcome**

Thank you for choosing Community Family Services Ltd for your childcare. We would like to welcome you to our Nursery at the Breckfield Centre. The company is owned and managed by Janine Deans and Joanne Pritchard. We have over 25 years’ experience in the childcare field. We provide a very high standard of care and are regulated and inspected by Ofsted.

The Nursery is available for children from 0 to 5 years.

We believe that every child is unique and should be treated equally regardless of their gender, race, religion or disability. We promise to offer your child a safe, stimulating, enabling environment where they can thrive and reach their full potential.

If you require any further information please contact Nursery 0151 345 5155 or Janine or Joanne on 07796834146 / 07793436282.

We hope that your child will be happy at our Nursery. Anything you wish to discuss concerning your child’s stay can be discussed in confidence with the Managers.

Thank you

Janine & Joanne and all of the Nursery Team

**Nursery Information**

**Opening times**

The Nursery will be open Monday – Friday 8am-5.30pm 50 weeks of the year. Any child who is collected late will incur **a late payment fee of £30.00** and an additional £30.00 for every 15 minutes after that they are late. Children must be delivered and collected by a responsible adult.

**What you need to provide for your child**

* Waterproof jacket/footwear and cold weather clothing
* Nappies, wipes and creams
* Baby milk / breast milk / weaning food
* Any foods/milk needed for allergy/intolerance
* Sun cream/hat in the hot weather

##### Local Authority funded 15 or 30 hours

##### If your child is attending a local authority funded morning session you must provide a packed lunch for your child. Alternatively, if you prefer, you can pay an additional charge of £2.50 for a hot lunch. Healthy snacks/drinks are also provided. Local authority funded places are available subject to status and availability.

**Personal belongings**

All items should be labelled with your child’s full name. Please discourage children from bringing their own toys in unless requested by staff as we do not accept liability for any goods damaged or lost when brought on to our premises.

**Fees**

**All fees** must be paid in advance of your child’s stay at the beginning of each week. If payment is not made your child will not be able to be left at the Nursery. Once your place has been reserved, in the event that your **child is absent either sickness or holidays, fees MUST still be paid.**

Fees are £35.00 per child per 3 hour session, £45 for a 5 hour session or £53.00 for full day at Nursery.

**Should you wish to cancel your child’s days or leave our Nursery, four weeks written notice MUST be given and payment will still be required until your four weeks notice period is up.**

Payment can be made via cash, cheque or BACS. Account details upon request.

**I have read and understood these notes and rules and agree to abide by their requirements.**

**Signed………………………………………………………………………………….**

**Parent/Guardian of………………………………………………………………………………………....**

**Date……………………………………………………………………………………..**

Complete which days and times you would like your child to attend:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SESSION TIMES** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| 8am-5.30pm8am – 12.30pm1pm – 5.30pm |  |  |  |  |  |

Are you entitled to any funding?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Universal credit** | **15 hours** | **30 hours** | **SEN/ DLA** |
| **Code** |  |  |  |  |

Office use only:

|  |  |  |
| --- | --- | --- |
| **Red book seen:** | **Birth certificate/ID verified:** | **Preferred start date:** |

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Child likes to be known as |  |
| Gender |  |
| Date of Birth |  |
| Home Address (inc postcode) |  |
| Who does your child live with? |  |
| Hair colour |  |
| Eye colour |  |
| Religion |  |
| Ethnic Origin |  |
| Home language |  |
| Nationality |  |
| Details of disability /special needs |  |
| Immunisations up to date? Inc Preschool booster? |  |
| Allergies –Cause and reaction |  |
| Medical conditions |  |
| Dietary requirements |  |
| Name/address/telephone of child’s Doctor |  |
| Registered Dentist |  |
| Name and telephone number of child’s Health Visitor |  |
| Permission to contact Child’s Health VisitorSigned: |  |
| Does your child have a Social Worker? |  |
| Name/address/telephone of child’s Social Worker |  |
| Name and address of child’s school(if applicable) |  |
| Are you registered with a Children’s Centre?Please state which one. |  |
| Permission for us to contact/register the local Children’s Centre on your behalf | I give permission for Community Family Services Childcare Centre to contact and register my child with……………………………………………………………..Children’s CentreSigned: |
| Parent / Carers names | Mother:Father:Carer: |
| Parents D/O/B and National Insurance number | Mother: Father: |
| Who has parental responsibility? |  |
| Home Address (inc postcode) |  |
| Home telephone number |  |
| Mobile |  |
| Parent email address: |  |
| Work address and Contact number |  |
| Who has parental responsibility for the child? |  |
| Adults names who may collect the child |  |
| Who will normally collect the child |  |
| Emergency ContactName |  |
| Relationship to child  |  |
| Telephone Number |  |
| **Password** (additional security feature for collecting your child) |  |
| Consent for viewing PG films/media | Signed: |
| Consent for photographs | Signed: |
| Consent for Calpol to be administered once for temperature | Signed: |
| Consent for emergency medical treatment | Signed: |
| Consent for sun cream to be applied | Signed: |
| Consent for travel on minibus / outings | Signed: |
| **Additional information to make your child more comfortable.****How/when does your child get put to sleep during the day? Eg: held/rocked, cot, pram.****Do they have bottles during the day? What milk do you use? Eg: Breast milk or brand.****Is your child currently being weaned?** **Are there any foods you do not want your child to have?****Does your child have a dummy/ particular comforter?****Any additional information you think we should know in order to make the transition to nursery more comfortable for you child?** |  |