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[www.cygnetsnursery.co.uk](http://www.cygnetsnursery.co.uk/)

Phone 07789 037297 / 07787 269154

*Registration Form*

*Please ensure that you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with us, then please ask a member of staff.*

*Sections marked \* are part of our setting’s contract, we require you to complete these parts.*

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| --- |
| \*Child’s DetailsChild’s first name: Child’s middle name:Child’s surname: Gender: Male / FemaleDate of birth: Nationality:  Language spoken: |
| \*Parent / Carers Details\*Name of Parents / Carers Details (1)First Name: Surname: Relationship to Child: Contact Number:Nationality: Occupation: Language spoken: Key worker? Yes / No Family Address: Postcode:Email address:Does this person have parental responsibility for the child? YES / NO  |
| \*Name of Parents / Carers Details (2)First Name: Surname: Relationship to Child: Contact Number:Nationality: Occupation: Language spoken: Key worker? Yes / NoHome Address (if different from above) Postcode:Email address:\*Does this person have parental responsibility for the child? YES / NO |
| \*Any other adults with parental responsibility / rights with whom the child does not live? YES / NO Name: Relationship to child? Is this person an emergency contact? YES / NOContact number: |
| These people will be taking me to nursery and collecting me (for example, my childminder, nanny)Name: Contact number:Relationship to child: Name: Contact number:Relationship to child:  |
| \*Will your child be attending any other childcare setting whilst attending Cygnets Nursery e.g. another Nursery, a child minder or a Nanny? YES / NO Name of setting: Name of Key person:Contact details: |
|  \*Medical informationName of family doctor: Phone number:Address:\*Has your child any medical condition we should be aware of? (Asthma, eczema etc.) YES / NODetails: Do nursery staff need any special training to be able to accommodate your child’s medical needs? YES / NODetails: \*Has your child any allergies or food intolerances? YES / NODetails:\*If yes, how does your child react to these? (So that we know the symptoms to look for in cases of emergency)\*Is there any other dietary information that we need to know? YES / NODetails: |
| \*Does your child have any other diagnosed special needs and / or need any additional support? YES / NO Details:\*Are there any other professionals involved with your child? E.g. speech therapy or paediatrician? YES / NO Name of professional: Address:Telephone number: |
| \*Emergency Contacts:Please provide details of two people who can collect and have your authority to act in an emergency for your child:Contact one: Name: Contact number: Relationship to child: Password: *To be completed by emergency contact “I am happy for Cygnets Nursery to contact me in the event of an emergency concerning the name child”*  *Signed: …………………………………………….. Date ……………………………..*Contact two: Name: Contact number: Relationship to child: Password:*To be completed by emergency contact “I am happy for Cygnets Nursery to contact me in the event of an emergency concerning the name child”*  *Signed: …………………………………………….. Date ……………………………..*In the event that no one can be contacted, in an emergency the Nursery Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff) |
|  About me\*I live with (mum, dad, bothers, sisters etc. Please included siblings age)Name: Relationship: Age: Name: Relationship: Age:Name: Relationship: Age:Name: Relationship: Age:Name: Relationship: Age:I celebrate these religious festivals with my family (for example, Diwali, Easter:) |
| My favourite toys are (for example, peppa pig, cars, paw patrol):My favourite story is:When I feel sad, I like to (for example, have a comforter, be close to an adult):Does your child like completing puzzle? Yes / NoIf so, what puzzles do they like – Wooden inset General puzzles 6pc / 8pc / 12 pc / 18pc / 18 plus What is their favorite puzzle?  |
| At Cygnets we encourage your child to be independent.Which of these can your child already do on their own?

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick the appropriate box | On my own | With a little help | comments |
| Goes to the toilet on their own |   |   | Boys - Sits or stands  |
| Can wipe their own bottom |   |   |  |
| Washes their hands |   |   |   |
| Puts their coat on  |   |   |   |
| Put their shoes / boots on |  |  |  |
| Unpack their lunch box |   |   |   |
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|  We encourage the children to be polite and well behaved. Which of these can your child already do?

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| --- | --- | --- | --- |
| Please tick appropriate box | All the time | Most of the time | My child is still learning |
| Remembers to say please and thank you |   |   |   |
| Takes turns and shares equipment when playing with other children |   |   |   |
| Happy to ask adults for help when needed |   |   |   |
| Understands that their actions can sometimes hurt others and says sorry |  |  |  |
| Can sit at the table for snack and lunch |  |  |  |
| Can sit on the carpet for carpet time (story etc) |   |   |   |

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| PermissionsI give consent for photographs to be taken of my child for displays and / or record keeping purposes? (Photographs will be given to you when your child leaves) YES / NOI give consent for staff and other agencies such as Area SENCo and Health Visitors to carry out and record observations of my child, for the purpose of developmental assessment: YES / NO I give permission for my child to be taken off site for short walks around the local area. YES / NO I give permission for the Nursery to apply sun cream to my child YES / NOI give permission for the Nursery to act in the best interests of my child in the event of a medical emergency: (Emergency consent form to be completed once a place has been offered) YES / NOAre you happy for us to use your email address to add you as a user on Tapestry? YES / NOCygnets Nursery will contact you via email to invite participation in Learning and Development records through Tapestry.Email address: …………………………………………………………………………………………………………Are there any other adults who would like to be added as users to your child’s Tapestry account?  YES / NOName:Email address: ………………………………………………………………………………. setting will contact via email to invite participation in Learning and Development recordsI understand that there are photographs of my child in support of their learning and development that will be stored on Tapestry and on the odd occasion my child may appear in another child’s observation. |
| Documentation* A copy of your child’s birth certificate or passport, this will be used to enable us to claim any funding on your behalf

If you are applying for the +15 Nursery Education Grant funding, please provide the following details*:* * Your 30-hour funding confirmation code …………………………………… (if applicable)
* Your National Insurance Number …………………………………………….. (if applicable)
* Name of parent claiming ………………………………………………………. (if applicable)
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Session Requirements 2 year olds – Sessions Required(Please tick)

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| --- | --- | --- | --- | --- | --- |
| **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM8:30am - 12:30pm |   |   |   |   |   |
| PM12:30pm - 4pm |   |   |   |   |   |
| All Day8:30am - 4pm |   |   |   |   | 3:30PM  |

15 Hours – Sessions Required(Please tick)

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| --- | --- | --- | --- | --- | --- |
| **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM8:30am - 12:30pm |   |   |   |   |   |
| All Day8:30am - 4pm |   |   |   |   | 3:30PM  |

+15 Hours – Sessions Required(Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM8:30am - 12:30pm |   |   |   |   |   |
| All Day8:30am - 4pm |   |   |   |   | 3:30PM  |

Session Funding I would like to register my child for:-(Please tick)  2 year old place - Fee paying Feet Funding  3/4 year old place - Fee paying Nursery Education Grant +15 hours  Nursery Education Grant 15 hours I would like these sessions from September 20………… / January 20…………. / April 20………….Leaving date: July 20 … |
| AdmissionA completed registration form and a non-refundable registration fee is required to secure your child's place. Registration Fee and Deposit - The registration fee of £40 covers administration, uniform and access to your child’s online learning journal.Fees and invoices - Invoices are sent electronically at the end of the 1st week of each half term and we ask that you pay them within two weeks of receiving it. Any late payments will result in additional late fees being added. Funding - If you are claiming funding, then a declaration form must be completed each term so funding can be released to the setting. This will be emailed to you at the beginning of each term for you to sign online. September, January, and April, non completion of the funding agreement form will result in full nursery fee’s having to be paid. Declaration*Cygnets Nursery* will manage the information you have provide in a professional, ethical and secure way to maintain the integrity of our records whilst comply with the General Data Protection Regulations. *Cygnets Nursery* has a legal and legitimate interest to collect and process your personal data in order to meet statutory requirements. *Cygnets Nursery* may share data with Surrey County Council, and subsequently the Local Authority. *Cygnets Nursery* will not share your data to any other third parties without your consent, unless the law requires the nursery to do so.Parental DeclarationI understand a fee of £40 will be payable once a place is offered. This will guarantee the place, and it is not refundable, if I decide not to take up the place in the future. The fee will be requested once I have received an offer letter and payment will made by cash or bank transfer.I understand that if I have not paid my child’s invoice that my child’s place will be suspended, and my child’s fees will still apply. If the fees are not paid within four weeks, the nursery will terminate the contract and all costs incurred in the collection of unpaid fees including administration costs and costs from using solicitors or debt collection agencies where needed will be recoverable in full. I understand that if I wish to wish to withdraw my child a full terms notice is required as funding cannot be transferred to another provider within a school term. I understand that staff will share Early Years Foundation Stage profile data with the local authority. I understand that staff will raise safeguarding concerns with the Local Safeguarding Children Board. I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child.Signed: ……..………………………..……………… Date: …………..……………… Name of parent ……………………………………. Birth / PassportRetention period 3 years |