



### NURSERY ENROLMENT \* compulsory information

#### CHILD DETAILS

Surname\* ..... Forenames.....  
 Address\* ..... Postcode.....  
 Home Tel no..... Date of Birth.....  
 \*Official proof of Childs ID and Age: Type of ID:..... Issue number:.....  
 Date seen by staff:..... Staff's Name and signature:.....

#### PARENT/GUARDIAN DETAILS 1

Forename\* .....  
 Surname\* .....  
 Work Tel No\* ..... Mobile No\* .....  
 Occupation ..... Company/Employers Address\* .....  
 Email.....

Does this parent have parental responsibility? Yes/No
Does this parent have legal access to the child? Yes/No
Does the child live with this parent? Yes/No

#### PARENT/GUARDIAN DETAILS 2

Forename\* .....  
 Surname\* .....  
 Work Tel No\* ..... Mobile No\* .....  
 Occupation ..... Company/Employer Address\* .....  
 Email.....

Does this parent have parental responsibility? Yes/No
Does this parent have legal access to the child? Yes/No
Does the child live with this parent? Yes/No

Who will usually deliver/collect the child? (Must be over 16)

Please list three people below who we may contact in an emergency. Please indicate if any of the emergency contacts are authorised to collect your child. Please state a password (PW) other than a date of birth as well.

#### EMERGENCY CONTACTS & RELATIONSHIP TO CHILD

Contact 1 .....	Relationship.....	Tel No.....	PW.....
Contact 2 .....	Relationship.....	Tel No.....	PW.....
Contact 3 .....	Relationship.....	Tel No.....	PW.....

#### BOOKING REQUIREMENTS

**Booking required from..... Start Date:.....**  
 Days required (Please circle as appropriate)  
 MONDAY AM/PM ..... Additional Information:.....  
 TUESDAY AM/PM .....  
 WEDNESDAY AM/PM .....  
 THURSDAY AM/PM .....  
 FRIDAY AM/PM .....

#### MEDICAL INFORMATION

**Doctor's name**..... Tel No.....  
**Health Visitor**..... Tel No.....  
**Dentist**..... Tel No.....

#### Vaccinations (Please underline as appropriate)

Whooping Cough      MMR      Polio      Diphtheria      Tetanus

Details of any medical problems or special needs.....  
 Dietary information (Please specify if medical/allergies or religious reasons).....  
 e.g Allergies to Calpol Yes/No

In the case of a raised temperature (over 38°C) do you give your permission for staff to administer Calpol?  
 Calpol will only be given on the understanding that arrangements are made for your child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.  
 Please note that CMDN will require your written consent to administer any prescribed medicines.

Would you be interested in a home visit? Yes/No

Signed..... Date .....

Signed..... Date .....



### Terms and Conditions

1. You will be required to pay the nursery fees at the rate agreed. You will be charged for sessions booked rather than for sessions used.
2. A full-day session is from 8.00am - 6.00pm. A half-day session is from 8.00am - 1.00pm, or from 1.00pm 6.00pm.
3. Early drop off is available between 7.30am and 8.00am and late finish is available to 6.30pm at an extra cost. These can be booked in advance and regular bookings (with the normal written calendar months' notice, for any changes or an emergency/ad hoc basis (minimum 24 hours notice) see current price list.
4. Late collection of children not agreed in advance will be deemed to be *unauthorised* and will be charged at (see current price list) rate per 15 minutes or part or part 15 minutes.
5. The fees are annualised so that you pay a fixed monthly amount. All fees become due, in advance. Fees are payable in full for bank holiday days and the Christmas closure (see current closure dates) period from and including Christmas Eve, Christmas Day, New Years Eve, New Years Day and any holiday time that your child may take away from the nursery. All payments should be made by either standing order, online, BACS, cheque or cash.
6. Fees are required to be paid before the month commencing. **Due to administration costs please note any fees outstanding more than one week will incur a charge of £10.00 per week and there will be £20.00 charge for any cheques bouncing.**
7. In order to reserve a nursery place a deposit of £500 for a full time or a part time space is payable in advance of confirmation of place. This deposit will be returned on termination of your contract with the nursery provided that one calendar months' notice has been given in writing. **Please note if the child fails to start at the nursery for any reason there will be a £500 administration charge.**
8. If a member of staff, either whilst employed or within six months of leaving Crossharbour Montessori Day Nursery is recruited by a parent/guardian of a child who has attended the nursery, the said parent / guardian will be liable to pay Crossharbour Montessori Day the equivalent of the last 2 two months gross salary of the said member of staff.
9. If the number of sessions is reduced a one calendar months' notice needs to be given in writing or a payment in lieu.
10. Extra one-off sessions may be booked subject to availability. These sessions need to be paid in advance and before the extra session is attended.
11. Please let the Manager, Deputy Manager or the Room Leader know as soon as possible if your child is unable to attend the nursery. Please note that you will still be charged if your child is unable to attend for any reason.
12. You must notify the nursery in writing, email or by telephone if your child suffers from any infectious or contagious disease.
13. You will need to provide the names of four people (including yourself) who will be authorised to collect your child (see enrolment form)
14. Young babies who are only breastfed can only start full time care once the nursery staffs are able to feed by bottle.
15. Please note that we have CCTV coverage throughout the Nursery this is to safeguard our children, staff and visitors, it is also used as a training tool for our staff.
16. All buggies/prams left in the buggy/pram shelter must be labelled and fully folded/collapsed at all times. CMDN Nursery will not be liable to any loss or damage to the buggies/prams or loss or damage of belongings left in the buggy/pram. Due to limited space, only umbrella/ foldable buggies are allowed.
17. Please note that CMDN will not be liable for damage to any clothing or toys that children may bring to the Nursery.
18. Please note that non-payment or late payment will constitute a breach of this agreement, CMDN reserve the right to take any necessary action to recover all fees due and costs incurred in taking such action.
19. CMDN has the right at any time by giving notice (in writing) to terminate or change the agreement with immediate effect, if you fail to pay fees within 7 days of the due date.
20. Nursery closure due to unforeseen circumstances which affect the day to day running of the nursery and do not allow us to meet strict health and safety guidelines (e.g. adverse weather conditions, power failure, flooding etc – this list is not exclusive or exhaustive), fees will remain payable.
21. I/we have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without my consent.
22. I accept only a forum setup and co-ordinated by representative of the nursery is permissible, this is to ensure a positive way to share information about the nursery. I agree to abide by the terms of reference of any parent's forum provided by the nursery.
23. I accept that information sharing that is not factual and reflects the nursery in a negative light could lead to the removal of my child from the nursery
24. I/we agree accept the Nursery reserves the right to terminate any Child's enrolment, or restrict access to parent/guardian or child, at any time without notice, in consideration of the protection of the children and staff, and the well- being and smooth operation of the Nursery. Any disruption caused by a parent or child that is deemed inappropriate or not conducive to a nursery environment, or undermines the reputation of the Nursery, or its staff, will be cause for termination at the discretion of the Nursery Manager.
25. I accept the Nursery reserve the right to amend the Terms and Condition, as may be deemed necessary.

I agree to abide by the terms and conditions of this agreement and policies and procedures of CMDN.

Signed..... Date .....

Signed... Date .....



### Crossharbour Montessori Day Nursery

#### Parents Forum Terms of Reference

##### **Purpose**

The parent’s forum was established as a positive way to allow parents to hear about the work of the nursery and to discuss future plans.

##### **Principles and procedures**

###### **Meetings will:**

- Take place bi-monthly at Crossharbour Montessori.(Once every two months)
- Offer a friendly, informal occasion for parents/carers/users to discuss the nursery's current practice and planning for the future.
- Enable everybody to be able to say how they feel about the issues discussed

##### **Who can come?**

- Anyone using services provided by the nursery

##### **Membership terms and conditions**

All members should be willing to:

- Understand that all meetings will be led by the manager/co-ordinator or another member of staff
- Ensure that their own behaviour complies with the same vision, legislation, good practice and relevant policies and procedures, and that they act impartially rather than with self interest and do nothing to prejudice the interests of the group or the nursery;
- Respect the confidential nature of any information shared by any participants of the group.
- Promote genuine, constructive debate between parents and the nursery to seek out how the needs of all the children can best be met.
- Everybody will listen and respect the views of other people
- Any issues parents wish to raise should be discussed with the manager in advance of the meeting; this will allow time for a more informed discussion.
- Parents should not wait for the parent’s forum to discuss any concerns they have about the childcare, we have an open door policy where you can call the manager or director any time and we will be happy to arrange a meeting.

##### **Working methods:**

- The parent’s forum will meet as one group.
- Topics for the meeting will be made known at least a week in advance via email.
- Minutes of meetings will be sent to all members via email
- A summary of the matters discussed and the views of the group as a whole will be drawn up for circulation to all parents.

Signed..... Date .....

Signed... Date .....



### PHOTOGRAPHY FOR CMDN WEBSITE.

Dear Parent,

I am writing to ask you for your consent to use your child's pictures for the nursery website. The pictures will be for the website and will be seen by the general public. Please ask the manager to show you the website and the pictures we would like to use of your child. To be able to use pictures of your child we need your consent.

Please could you sign below and return to us at your earliest convenience.

CMDN Nursery

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\*delete as appropriate

I \_\_\_\_\_ (parent's name) **do / do not give** permission to

take photographs of my child \_\_\_\_\_ (Child's name)

for the purpose of putting them on the website.

Signature of parent: \_\_\_\_\_

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### **Birthdays**

Throughout the year we have lots of fun celebrating our friends birthday, some of the parents like having pictures as a keepsake on their specials ones day. For your child to be in these pictures we will need your consent, please sign below if you are happy with your child being in these pictures.

\*delete as appropriate

I \_\_\_\_\_ (parent's name) **do / do not give** permission to

take photographs of my child \_\_\_\_\_ (Child's name)

for the purpose of varies birthday celebrations

Signature of parent: \_\_\_\_\_

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### **Photography agreement**

If you are one of those parents who would like photos of their little ones celebrations please sign the consent below to confirm you will only use the pictures for your own use and will not upload them on any social networking site.

I \_\_\_\_\_ will not use the photographs taken for anything but my own use and will not upload them on social networking sites.

Signature of parents \_\_\_\_\_



### **EMERGENCY CONTACT INFORMATION AND CONSENT FORM**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### SPECIAL CONDITIONS, ALLERGIES, OR OTHER MEDICAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY CONTACTS**

Parent/Guardian 1 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency contacts to whom child may be released if guardian is unavailable. (Please fill at least 1)

Must be over 16 years old.

Name 1: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

### **DOCTOR'S CONTACT DETAILS**

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES**

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPH/VIDEO CONSENT FORM**

In our setting we take photographs of the children for display and to provide evidence for child's assessment (these may be shared if more than one child is in the photo).

There may also be circumstances when we wish to video the children and share it with the children themselves and their families (nursery plays etc)

We also use photographs/video as evidence and illustration for our quality assurance scheme (Quality Improvement in Learning and Teaching) and that is shared with the Local Authority

We would not be sharing photographs/video beyond the setting, other than for quality assurance, without prior specific consent.

We need prior consent for your child to be included in this.

I **do** give my permission for my child to be photographed.

I **do** give my permission for my child to be CCTV/ videoed

*Please tick above as appropriate. By not ticking I am withholding permission*

- Child's name:
- Parent/carer's name:
- Signature:
- Date:

**OUTINGS FORM**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

*Local shops, library, parks, flower shop, post office*

**For any major outings, we will inform you and ask for your specific consent**

As parent/guardian, I consent my child to be taken out whilst I the care of CMDN Nursery. NB Details of all trips will be included in the nursery plans and notices.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Ethnicity Form

Child's name: \_\_\_\_\_

Ethnicity, where collected, should be recorded according to the following categories:

### White

- British	<input type="checkbox"/>	WBRI
- Irish	<input type="checkbox"/>	WIRI
- Traveller of Irish Heritage	<input type="checkbox"/>	WIRT
- Gypsy/Roma	<input type="checkbox"/>	WROM
- Any other white background	<input type="checkbox"/>	WOTW

### Mixed Background

-White and Black Caribbean	<input type="checkbox"/>	MWBC
- White and Black African	<input type="checkbox"/>	WMBA
- White and Asian	<input type="checkbox"/>	MWAS
- Any other mixed background	<input type="checkbox"/>	MOTM

### Asian or Asian British

- Indian	<input type="checkbox"/>	AIND
- Pakistani	<input type="checkbox"/>	AOPK
- Bangladeshi	<input type="checkbox"/>	ABAN
- Any other Asian background	<input type="checkbox"/>	AOTA

### Black or Black British

- Caribbean	<input type="checkbox"/>	BCRB
- African	<input type="checkbox"/>	BAOF
- Any other Black background	<input type="checkbox"/>	BOTH

### Chinese

Any other ethnic background	<input type="checkbox"/>	CHNE
	<input type="checkbox"/>	OOTH
<u>Refused</u>	<input type="checkbox"/>	REFU

**This data item can be collected on a voluntary basis.**

**A child's ethnicity should only be recorded where parents have identified the ethnicity themselves.**

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? .....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?.....What language is/are spoken at home? .....

**Does your child have any additional needs? Yes/No (delete)**

Has your child accessed any other services such as speech and language therapist, occupational therapist, educational psychologist, children's centre etc.

Are any of the following in place for the child?

SEN Support Yes/No (delete)

Education, Health and Care Plan (EHC Plan) Yes/No (delete)

Refer to the SEND Code of Practice for an explanation of the terms above.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/342440/SEND\\_Code\\_of\\_Practice\\_approved\\_by\\_Parliament\\_29.07.14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/342440/SEND_Code_of_Practice_approved_by_Parliament_29.07.14.pdf)

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

**Names of professionals involved with child**

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have a health visitor? Yes/No (delete)

Name \_\_\_\_\_ Based at \_\_\_\_\_

Telephone \_\_\_\_\_ \_\_\_\_\_

Does your family have a social care worker for any reason? Yes/No (delete)

Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Tel: \_\_\_\_\_

What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.





Name of Child: \_\_\_\_\_

On a daily basis we take photographs of the children within the nursery for a variety of reasons. We use these photographs in the Learning Journals, on nursery displays, to accompany observations and for celebrations.

We are currently trialing a software package which will allow the nursery to share information and photographs directly to the parents so that you have access to a digital copy of all daily documents.

Each evening you will be able to log into your app and access the information from the day including sleep, nappy, food and milk tracking. You will also receive a copy of each photograph which is printed and put into your child's Learning Journal. Each parent will only be able to access their child's account and information.

The app will also show the invoices and your child's bookings. This means that you will have instant access to all account information and account history.

Whilst photographs of only your child are ideal understandably on occasions other children are going to be in the picture and for this reason we need to operate a strict policy on sharing these images on social media websites.

In order for us to set the app up we will need signed permission for all of the below criteria:

	Statement	Signed by Parent/Carer 1	Signed by Parent/Carer 2
1	I give permission for my child's photograph to be taken on a nursery owned tablet.		
2	I give permission for my child's photograph to be uploaded onto a secure app called Firststeps Parent Link.		
3	I give permission for my child to be videoed/ recorded on a nursery owned tablet.		
4	I give permission for my child's recordings to be uploaded onto a secure app called Firststeps Parent Link.		
5	I confirm that I will ensure any images uploaded onto my Parent Link App are not shared on any social media websites. Any violation of this could result in withdrawal of access to the app.		
6	I give permission for my email address to be shared with the Parent Link app to gain access to the app.		

Email Address Parent/Carer 1: \_\_\_\_\_

Email Address Parent/Carer 2: \_\_\_\_\_

As soon as we receive the above form completed we will be able to set up your child's account and send you the log in details to start accessing the app.

**Unfortunately we cannot operate an option to exclude children from having their pictures taken because this forms part of our EYFS planning process and our partnership with parents. Please be advised that the above permissions will automatically become part of our terms and conditions for all children at the nursery in 1 months time.**

Signed by Parent/Carer 1 .....

Signed by Parent/Carer 1 .....