

Tel: 020 8 599 5884

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Web: [www.montessorians.com](http://www.montessorians.com)

# HeadStart Montessori Day Nursery (HSM)



## Enrolment Form

### NURSERY ENROLMENT

#### 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\*.....

Does this parent have parental responsibility? Yes/No

Surname\*.....

Does this parent have legal access to the child? Yes/No

Work Tel No\*.....Mobile No\*.....

Does the child live with this parent? Yes/No

Occupation.....Company/Employers Address\*.....

Email.....

#### PARENT/GUARDIAN DETAILS 2

Forename\*.....

Does this parent have parental responsibility? Yes/No

Surname\*.....

Does this parent have legal access to the child? Yes/No

Work Tel No\*.....Mobile No\*.....

Does the child live with this parent? Yes/No

Occupation.....Company/Employer Address\*.....

Email.....

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

.....

Please list three people below who are authorised to pick up your child

#### CONTACTS & RELATIONSHIP TO CHILD

Contact 1 Name: ..... Relationship: ..... Tel No: ..... PW: .....

Contact 2 Name: ..... Relationship: ..... Tel No: ..... PW: .....

Contact 3 Name: ..... Relationship: ..... Tel No: ..... PW: .....

#### BOOKING REQUIREMENTS

**Settlings 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 emergency situation are we able to administer emergency Calpol Yes/No

.....

Please note that Headstart Montessorians will require your written consent to administer any prescribed medicines.

Are there any special routines that you feel are important for us to know, which you would like us to continue as part of your child's daily routine at the nursery?

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

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

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

**Enrolment Form****Terms and Conditions - HeadStart Montessorians Day Nursery (HSM)**

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 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 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 can pay a fixed monthly amount. All fees become due, in advance. Fees are payable in full for bank holiday days, 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 (see current price list) 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 an administration charge (see current price list).**
8. If a member of staff, either whilst employed or within six months of leaving HeadStart Montessorians 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 HeadStart Montessorians 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 folded/collapsed at all times. HSM 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.
17. Please note that HSM 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, HSM reserve the right to take any necessary action to recover all fees due and costs incurred in taking such action.
19. HSM 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/we 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 .
23. I/we 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.
24. I/we accept HeadStart Montessorians Day Nursery reserve the right to amend the Terms and Condition, as may be deemed necessary.

I accept and agree to abide by the terms and conditions of this agreement and policies and procedures of HeadStart Montessorians Day Nursery (HSM).

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

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

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## Enrolment Form

### PHOTOGRAPHY FOR HEADSTART MONTESSORIANS DAY NURSERY 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.

Headstart Montessorians Nursery

\*delete as appropriate

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

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

for the purpose of putting them on the website.

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

### **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 photograph's of my child \_\_\_\_\_ (Child's name)

for the purpose of varies birthday celebrations

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

### **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 \_\_\_\_\_

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## Enrolment Form

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

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

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

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

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**Emergency contact details if parents are not available** *Emergency contacts must be local.*

*Contact 1 - Name*

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

*Contact 2 - Name*

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age.*

### **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 in the care of Headstart Montessorians 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 \_\_\_\_\_

**Enrolment Form****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

Refused

<input type="checkbox"/>	REFU
<input type="checkbox"/>	

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..