

# SUPERSTARS DAY NURSERY

12 Golds Hill Road  
Handsworth  
Birmingham  
B21 9DJ  
Tel: 0121 507 0570  
Mob: 0745 555 6565

## REGISTRATION AND CONTRACT FORM

First Name.....Surname.....Known as.....

SEX (M/F)..... DATE OF BIRTH..... START DATE.....

ETHNICITY..... NATIONALITY ..... LANGUAGE.....

CHILD'S HOME ADDRESS.....

.....POSTCODE.....

HOME TELEPHONE..... EMAIL ADDRESS.....

Does your child attend any other setting other than super stars – i.e. another day care setting, child minder?

**Yes/No**

If yes, what setting.....

	PARENT 1/ GUARDIAN 1/FATHER	PARENT 2/GUARDIAN 2/MOTHER
NAME		
HOME ADDRESS		
MOBILE NUMBER		
WORKPLACE ADDRESS		
WORK TELEPHONE NO		

NAME OF PARENT/S WITH WHOM THE CHILD LIVES.....

DOES THIS PARENT HAVE PARENTAL RESPONSIBILITY                      YES / NO

NAME OF PARENT WITH WHO THE CHILD DOES NOT LIVE.....

DOES THIS PARENT HAVE PARENTAL RESPONSIBILITY                      YES / NO

DOES THIS PARENT HAVE LEGAL ACCESS                                      YES / NO

CONFIDENTIAL PASSWORD.....

To be used where another person not known to the nursery is to collect your child

I understand that my child cannot be collected by anyone under the age of 16yrs. Or by an unauthorised person who does not know the password.

SIGNED .....Mother/Father                      Date.....

SIGNED.....Manager                      Date.....

Office use only	
NEF <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>
College <input type="checkbox"/>	Proof of address/Benefit <input type="checkbox"/>
Private <input type="checkbox"/>	Red Book <input type="checkbox"/>



**SUPERSTARS DAY NURSERY**  
**MEDICAL DETAILS**

**DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?** **YES/ NO**  
**IF YES, PLEASE GIVE DETAILS** .....

.....

.....

**DOES YOUR CHILD HAVE ANY SPECIAL DIETRY REQUIREMENTS?** **YES/ NO**  
**IF YES, PLEASE GIVE DETAILS** .....

.....

.....

**DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS WE SHOULD KNOW ABOUT?** **YES/ NO**  
**IF YES, PLEASE GIVE DETAILS** .....

.....

.....

**DOES YOUR CHILD HAVE ANY ADDITIONAL SUPPORT** **YES/ NO**  
**I.E SPEECH AND LANGUAGE, ETC**

**IF YES, PLEASE GIVE DETAILS** .....

.....

**Are there any other agencies involved with the family or child i.e. social worker, family support worker? **Yes/no****

**If yes: NAME**..... **TELEPHONE** .....

**ADDRESS**.....

**MEDICAL CONTACT DETAILS**

**DOCTORS DETAILS**

**NAME** ..... **TELEPHONE** .....

**ADDRESS** .....

**HEALTH VISITOR DETAILS**

**NAME** ..... **TELEPHONE** .....

**ADDRESS** .....

**DATE OF LAST CHECK** .....

## IMMUNISATIONS

Please tick if your child has received each vaccination.

Name of child: .....

**2 Months:**            **Diphtheria**            [   ]  
                          **Tetanus**                [   ]  
                          **Whooping Cough**    [   ]  
                          **Polio**                    [   ]  
                          **Hib**                      [   ]  
                          **Pneumococcal**        [   ]

**3 Months:**            **Diphtheria**            [   ]  
                          **Tetanus**                [   ]  
                          **Whooping Cough**    [   ]  
                          **Polio**                    [   ]  
                          **Hib**                      [   ]  
                          **Meningitis C**        [   ]

**4 Months:**            **Diphtheria**            [   ]  
                          **Tetanus**                [   ]  
                          **Whooping Cough**    [   ]  
                          **Polio**                    [   ]  
                          **Hib**                      [   ]  
                          **Meningitis C**        [   ]  
                          **Pneumococcal**        [   ]

**12 Months:**            **Hib**                      [   ]  
                          **Meningitis C**        [   ]

**12-18 Months:**        **Measles**                [   ]  
                          **Mumps**                 [   ]  
                          **Rubella**                [   ]  
                          **Pneumococcal**        [   ]

**3-5 Years:**            **Diphtheria**            [   ]  
                          **Tetanus**                [   ]  
                          **Polio**                    [   ]  
                          **MMR 2**                 [   ]

**Please indicate any extra vaccinations your child has received.**

**Parent/Guardian signature..... Date.....**

**I have had sight of red book: Sign..... Position.....**

## Permissions Form

		<b>COMMENTS</b>
In the event of an emergency may we take your child to hospital?	<b>YES/ NO</b>	
Do you permit for your child to have an accident requiring urgent medical attention and if we cannot get hold of either parent we may contact the doctor/ hospital first?	<b>YES/ NO</b>	
Do you authorise staff to sign any written forms of consent required by the hospital if you are delayed getting to the hospital and it is considered by the doctors to endanger your child's health and safety if treatment is not given?	<b>YES/ NO</b>	
In the event of a slight injury may we apply a plaster to your child?	<b>YES/ NO</b>	
If we raise any concerns about your child's development (Behaviours, Development concerns) may we contact professional agencies? Spoken confirmation from parents/ carers will always be sought prior to any contact being made.	<b>YES/ NO</b>	
May we share information with other settings which your child attends? Where possible we will speak to parents about the information being shared first.	<b>YES/ NO</b>	
We may have press photographers in the nursery do you give permission for your child to be photographed and appear in the publications i.e. websites, banners etc.?	<b>YES/ NO</b>	
May we take children's pictures out to be used in learning journals and for observations?	<b>YES/ NO</b>	

**Other information you would like to tell us about you, child and family i.e. dietary, daily routine etc.**

**Concern about a child**

**Are you as parent/carer concerned about your child’s development like physical, Emotional, Social or any concern about their behaviour or is there anything that makes you worry which you think nursery should know?**

**(If yes please let us know so we can provide them best care according to their needs and can make appropriate arrangements in the setting)**

**YES/ NO**

**If yes please give details**

.....  
.....  
.....  
.....

**Parent/guardian signature .....**

**Date .....**

**Outing Form**

**I ..... give permission/do not give permission for my child  
..... to attend the weekly library /park/local community/shops visit.**

**Parent/guardian signature .....**

**Date .....**

**Safeguarding**

**I understand that if any members of staff observe any safeguarding concerns about my child/children they have the duty to refer it to the relevant agencies.**

*Please note parents will be informed prior to making referrals, we have the right to make referrals regardless of parents not being happy with referral. It is our duty to protect and safeguard every child.*

**Sign..... Date.....**

# Policies and Procedures

## Admission policy

A £30.00 registration non-refundable fee is to be paid at the time of registration to secure a place in the nursery. **We would need a 4 weeks' notice given to withdraw your child from nursery.**

## Paying fees policy

Fees are payable monthly in advance. Fees will continue to be payable if your child is ill/absent from the nursery. You will be required to pay half fees for holiday absences. You will be allowed 4 weeks per year pro rata, at half fees, once your allocation has been used then you must pay full fees for any holiday absences. Two weeks' notice must be given in writing for holidays. Our holiday year runs from 2<sup>nd</sup> September to 1<sup>st</sup> September. **A late charge of £20.00 is applicable for any collections after 6.05pm.**

## Bringing and Collecting Children

**If a person turns up to collect your child which has not been pre-arranged we will ask the person to give us the password** which parent will provide in their child's registration form, if that person doesn't know the password we will ask them to wait until it has been confirmed with a parent.

## Sickness and medication policy

**We only give prescribed medicines at Superstars day nursery.** Prescribed medicine (Calpol/Paracetamol/Pain Relief, antibiotics, nappy rash cream like sudo cream etc) will be given once to if your child develops a temperature of 38 degrees or above. A prescribed medicine authorisation form must be completed by parents

## Birthday Celebrations.

We like to celebrate birthdays at nursery. Please feel free to send in a cake for your child to share with their friends. **Environmental Health have stopped the bringing in of homemade cakes.** They must be shop bought and in the original packaging, so that we are aware of the ingredients. Only nut free allowed and suitable for vegetarian.

## Mobile phone

Parents are not permitted to use their mobile phones within the nursery building. If you need to make or receive a call please do so outside the premises, **if seen using phone parents will told to put it away.**



## Complaint Procedure

Should you have a complaint about a member of staff or nursery procedure, please do not hesitate in contacting:

**The Manager: Farah Chaudry**

**Deputy: Siddra Amar**

I have read and understood the above policies.

Parent Sign & Date:.....

## Fee and payments

**A £30.00 registration non-refundable fee will be required to be paid when you register your child to secure his/her place in the nursery.**

**Payments must be made a month in advance on the 1<sup>st</sup> or latest by 3<sup>rd</sup> of each month or late payment fee of £20 will be charged per week. Outstanding payments may result in the termination of your contract with the nursery.**

**Two weeks' notice must be given for holidays and four weeks' notice must be given if parents decide to take children out of setting.**

**If parents pick up children late from the nursery late pick up fee of £20 will be charged, please collect your child on time.**

**Funded parents are only allowed to do 15 hours per week, if children stay over 15 hours parents will be charged on hourly rate. Parents from the college are also allowed to leave children in the setting for their allocated hours and have to pay for any extra hours.**

**Parents are not allowed to change days around, however if they wish to do so they have to inform the setting in advance.**

**Parent/guardian signature .....**

**Date .....**