



Supporting children,  
young people and families

### REGISTRATION FORM

**NURSERY SETTING:** \_\_\_\_\_

<b>Child's Surname:</b>		<b>First Name:</b>		<i>Attach photo here</i>
<b>Known as:</b>				
<b>Date of Birth:</b>		<b>Gender:</b>		
<b>Ethnicity:</b>		<b>First Language:</b>		
<b>Name of Parent(s)/Carer(s):</b>				
		<b>Proof of child's identity to be shown to Nursery Manager or Admin staff e.g. Passport or Birth Certificate</b>		(For office use only) <b>Verified</b> <input type="checkbox"/> <b>Initials:</b>
<b>Name of Person(s) holding parental responsibility:</b>				
<b>Home Address:</b>			<b>Telephone Number:</b>	
			<b>Mobile Number:</b>	
			<b>Email address:</b>	
<b>Work Address:</b>			<b>Telephone Number:</b>	
<b>Name and address of other setting your child attends:</b>				

**In an emergency please contact:**

Name	Relationship to Child	Telephone Number	Emergency Contact ✓	Authorised to pick up ✓
1.				
2.				
3.				
4.				
5.				
6.				



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**Medical Information**

**Important medical conditions:** (e.g: allergies)

**Additional needs:**

Physical Disability: \_\_\_\_\_ Learning Disability: \_\_\_\_\_  
Hearing Disability: \_\_\_\_\_ Visual Disability: \_\_\_\_\_  
Communication issues: \_\_\_\_\_ Significant behaviour issues: \_\_\_\_\_

**For office use only:** Educational Health & Care Plan YES  NO   
Special Education Needs Support (SEN) YES  NO

**Special Dietary requirements:**

**Child's Doctor:**

Name:  
Address: \_\_\_\_\_ Tel Number: \_\_\_\_\_

**Child's Health Visitor:**

Name:  
Address: \_\_\_\_\_ Tel Number: \_\_\_\_\_

**Names and addresses of any other professionals involved with you or your child i.e. Speech and Language, Social Services etc., other settings attended etc.**

Would you be willing to help out at the nursery on an occasional basis or assist FSN in another way (e.g. assisting other projects, repairing equipment or being part of a Steering Group)?  
YES / NO

I certify that to the best of my knowledge the above information is correct.

Signed:-----Date-----

Print Name: \_\_\_\_\_



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### NURSERY BOOKING FORM

<b>Child's Name:</b>	<b>Area: Baby / Toddler / Pre-school</b>
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<b>Date Booking to Commence:</b>	<b>NI Number:</b> (if applicable)
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DAY	FROM (start time)	TO (end time)	TOTAL HOURS	TOTAL COST
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

<b>FEES:</b>	Hourly
<b>Under 3's</b>	<b>£4.25</b>
<b>Aged 3—5</b>	<b>£4.02</b>

**Please complete if appropriate**

I will be claiming:

3 / 4 Year Old Universal Early Years Education Entitlement	15 hours <input type="checkbox"/>
3 / 4 Year Old Extended Early Entitlement	30 hours <input type="checkbox"/>
2 Year Old Early Years Education Entitlement	15 hours <input type="checkbox"/>
Bursary e.g. College, University, Children's Services _____	<input type="checkbox"/>
Other (please state) _____	

Please note invoices are raised at the beginning of the month and should be settled by the 15<sup>th</sup> monthly.

Please give at least two weeks' notice if making changes to your child's bookings

For Early Years Entitlement (EYEE) or Bursary places only:

Term Times Only Required: **EYEE- YES / NO**    **BURSARY – YES/NO**

Parent/Carer Name:	Date:
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Signature: \_\_\_\_\_

### **NAPPY CHANGING AGREEMENT**

I ..... Parent/Carer of .....

Give permission for staff of the Nursery to change my child's nappy and apply appropriate creams as and when required. I also agree that I will provide nappies and appropriate creams clearly labelled with my child's name.

**YES NO** (circle as necessary)

### **RE-HEATING FOOD DISCLAIMER**

Food brought into the nursery by parents/carers to be consumed on the premises will be stored and re-heated in accordance with current Food Hygiene Legislation.

Please note that FSN do not accept responsibility for children's health after re-heating food brought in from home.

### **TEETH CLEANING AUTHORISATION**

FSN Nurseries support all children to learn the importance of looking after their teeth to maintain overall well-being.

I would like / would not like (circle as necessary) to encourage my child to clean his/her teeth after meals at the nursery.

### **SUN CREAM AUTHORISATION**

It is our policy to protect all the Children from the sun during their time at the nursery with the application of sun cream and the wearing of sun hats. It is essential that you provide your child(ren) with a sun hat.

Options:

\*1. I would like the Nursery to purchase factor 50 sensitive sun cream and apply to my child prior to going outdoors. I enclose £2.00 contribution towards the cost of the sun cream.

\*2. I will purchase my own child(ren's) sun cream, label it and leave it at the Nursery (\* Delete as appropriate)

I confirm that Nursery staff can apply sun cream to my child(ren) as necessary.

Signature: ..... Date: .....

**If your child attends another setting please can you fill  
in the section below**

In order for us to ensure that your child's individual needs are met whilst at our nursery please could you ensure that you complete the this section on your child's registration form for other settings attended.

To inform our planning and knowledge of your child we would like to contact the setting/share information, and would appreciate it if you could complete the following.

I \_\_\_\_\_ parent/carer of \_\_\_\_\_

give permission for Nursery staff to contact \_\_\_\_\_

to share information regarding my child's learning and development.

Signature: ..... Date: .....

**ETHNIC ORIGIN**

**Child Ethnic Origins**

Please tick the child's ethnic origins, rather than the nationality. For example, they could be British and their ethnic (family) origins could be any of the list below. If you wish to give your own description please use the space provided.

White		Mixed		Chinese	
British	<input type="checkbox"/>	White and Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	I do not wish to complete the Ethnic Origin section	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>		<input type="checkbox"/>
Any Other White background	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>		<input type="checkbox"/>
Asian or Asian British		Black or Black British		Own Description:	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>		<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	.....	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>			.....	<input type="checkbox"/>

**Child Religion:** \_\_\_\_\_



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### PERSONAL PREFERENCES

**Please use this form to tell us about your child**

Name:
Preferred Drinks:
Favourite Food:
Sleep Patterns (please state approximate times and duration):
Comforter when going to sleep:
Favourite Toys:
Favourite Games:
Favourite Songs and Rhymes
Favourite Pastime:
Fears:
Dislikes:
Names of close family members/friends (please state relationship to the child):

### PHOTO CONSENT FORM

We must ask you for your agreement before we can make observations and take any photos or videos of you or your children.

- We will not name children or identify where they live in any photos used for publicity purposes.
- We may use your picture for up to 3 years from the date of this form.
- If we want to keep using your picture after this time, we will ask you to sign a new photo agreement form.
- We will only use the photos in the ways you have agreed.
- Observations are to support your child's development and to help plan activities.

Please indicate by marking the Yes or No box if you agree to the following:

		YES 	NO 
	For <b>nursery activities, crèche stories</b> and <b>planning folders</b> - we capture your child/ren's experiences and progress through <b>observations</b> and <b>photos</b> . <b>Ipads</b> may also be used that are not internet enabled		
	At times photos taken for <b>Crèche Stories, nursery activities</b> and <b>planning folders</b> may include groups of children (including your child). Are you agreeable to your child's photo being included with <b>another child</b> ?		
	In <b>photo displays</b> within the nursery		
	In <b>nursery newsletters</b> which are given to families of children who attend the nursery, also local and national press releases for the purposes of FSN publicity.		
	For funding purposes e.g. grant reporting/evidence and use in funder's Annual Reviews and/or their websites		
	Photos of your child may be used by staff for training purposes and learning journeys.		
	<b>On our website</b> pages and in our <b>Programmes of Events</b> . These can be looked at by people in the UK and other countries via our website.		
	<b>On our Facebook</b> pages and in our <b>Programmes of Events</b> . These can be looked at by people in the UK and other countries via our website.		
	On <b>DVD</b> which may be used on TV screens at our Centres for general display.		

To be completed by a parent/legal guardian. I understand everything I have been asked and told on this form.

Parent/legal guardian name:	
Post code:	
Child's name:	
Signature:	
Date:	

If you would like a copy of this form for your records please ask a member of staff to photocopy for you.

## Thank you

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If you change your mind and want us to stop using your photo please let us know. You can do this in the following ways:



Write to: FSN  
St. Nicholas Centre  
66 London Road  
St. Leonards on Sea  
TN37 6AS



Email: [enquiries@fsncharity.co.uk](mailto:enquiries@fsncharity.co.uk)

or directly to the Nursery Manager, thank you



## FSN EARLY YEARS PRIVACY NOTICE

In compliance with new GDPR regulations please see

FSN Early Years Privacy Notice FSN.011.a

**available from the Nursery Administrator**

**or view online on FSN nursery web pages**

**[www.fsncharity.co.uk](http://www.fsncharity.co.uk)**



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## TERMS & CONDITIONS (nursery copy)

Parents/carers agree to abide by these terms and conditions:

1. **Eligibility** Greenway and St Nick Nurseries are for children 0-5 years and Silverdale Nursery for children 2-5 years.
2. **Opening Hours** Greenway and St Nicks Nurseries will be open from **8.00 am – 6.00 pm Monday to Friday, All year Round**. Silverdale Nursery will be open **9.00am – 3.00pm Monday – Friday, Term Time Only**. Children will be in our care during those times..
3. **Ethos** The Fellowship of St Nicholas is a child centred organisation dedicated to providing quality resources and child care initiatives in full consultation with its users. It operates within an Equal Opportunities framework and works within the Children Act 2004 and 2006.
4. **Fees:** Under 3's £4.25 per hour. Aged 3-5 £3.94 per hour. Payment must be in advance. Receipts will be issued. (\* Weekly fee includes 10% discount). **Fees are payable for booked sessions even when a child is absent. Late collection will be subject to additional charges as per our "Collection of Children" policy. Fees are payable by 15<sup>th</sup> monthly.**
5. **Non-attendance**
  - (a) Please advise if your child is unable to attend for more than two weeks. If we have not received advice, we cannot guarantee a place for your child (this is dependent on the demand for places at the time).
  - (b) Sickness/Infectious Diseases: **if your child is absent due to an infectious disease, it is most important that the Manager is notified at your earliest opportunity.**
6. **Cancellation of Sessions** If parents/carers wish to permanently cancel their regular booking (**including EYEE funded spaces**), two week's written/paid notice is required. The normal weekly payment of fees will be payable until the notice has been reached.
7. **Positive Behaviour Reinforcement** Parents/carers will be informed verbally after each written incident. FSN has a behaviour management policy available for all to see.
8. **Security** For the sake of children's security and well being, no unauthorised visitors will be permitted on the premises during sessions.
9. **Insurance** FSN has the following insurance in place - Public Liability insurance and Certificate of Employer's Liability Insurance.
10. **Departures** Children must be collected by a person named on the registration form, as agreed with parent/carer, and be punctual at the end of a session. In the event of a parent/carer not collecting a child, every effort will be made to contact the parent/carer. If staff are unable to contact the child's parent/carer within half an hour, Social Services will be contacted for advice. FSN cannot accept responsibility for the late collection of children. An additional fee will be charged for late collection (see Late Collection Policy in Welcome Pack).
11. **Nappies, wipes and cream** to be provided by parents/carers. Staff will endeavour to inform parents/carers when stocks are running low.
12.
  - (a) **Nursery staff are not responsible** for bringing or taking home child/ren to or from the nurseries.
  - (b) **Staff** will supervise child/ren whilst on the premises
  - (c) **FSN's nurseries will have a trained paediatric first aider.** Any accident or incident requiring medical attention will be referred to the hospital in the event of an emergency and if they are unable to contact parent/carers.

13. I ----- (print name) Give staff at -----permission to administer first aid

and/or seek medical advice or treatment if required for my child -----.(name)

Signed:-----

**Declaration** I, the undersigned, agree to the Terms & Conditions above. I am aware that Policies are freely accessible at every session.

.....  
(Please PRINT) Name of parent/legal guardian      Signature of parent/legal guardian      Date

**Please return this Registration Form to either to the Nursery Manager or Nursery Administrator, thank you**





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