

DATE UPDATED:

DATE PLACEMENT ENDED:

LOCHVIEW NURSERY REGISTRATION FORM

Child's name		D.O.B:	
Preferred Start date:		Actual Start date(office use only):	
Address			
Password:		Do I have any special needs or disabilities?	
Main carer's Name:		Main carer's Name:	
Home address and telephone number:		Home address and telephone number:	
Mobile number:		Mobile number:	
Work number:		Work number:	
Title/Role/Department:		Title/Role/Department:	
Email address:		Email Address:	
Parental responsibility	<input type="checkbox"/>	Parental responsibility	<input type="checkbox"/>
Collect child from nursery	<input type="checkbox"/>	Collect child from nursery	<input type="checkbox"/>
Payment of fees	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
Contact in emergency	<input type="checkbox"/>	Contact in emergency	<input type="checkbox"/>

DATE UPDATED:

Other contacts

Contact one	
Title	
First name	
Surname	
Relationship to the child	
Address	
Postcode	
Telephone number	
Mobile	

Contact two	
Title	
First name	
Surname	
Relationship to the child	
Address	
Postcode	
Telephone number	
Mobile	

DATE UPDATED:

Medical details

Allergies			
Does your child have any allergies?	Yes/No (please circle) If yes, please give details of the cause and reaction		
Dietary requirements			
Does your child have any special dietary requirements?	Yes/No (please circle) If yes, please give details		
Immunisations			
Has your child had any of the following immunisations? Please tick and date	Immunisation	Tick if child has had the immunisation	Date of immunisation
	BCG		
	Diphtheria		
	HIB		
	MMR		
	Meningitis C		
	Poliomyelitis		
	Tetanus		
	Whooping cough		

Additional Information

If you feel you would like to share any additional information about your pregnancy or your child's birth please do so below.

Medical contacts**Doctor's details**

Name of GP

Name of surgery

Address

Postcode

Telephone number

Health visitor's details

Name

Address

Postcode

Telephone number

Other agency details

Name

Address	
Postcode	
Telephone number	

DATE UPDATED:

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day (8.30am – 4.30pm)					
Morning only (8.30am – 12pm)					
Afternoon (1pm – 4.30pm)					
Extended morning exact times					
Extended afternoon Exact times					

Signed Date

Nursery Fees - Price list - 2017/18

1st August 2017 - 27th July 2018

Standard Session Times

Toddler room & Baby room	3yr - 5yr room
MORNING SESSION; 8:30am – 12pm	Morning; 8.15am - 12.00pm
AFTERNOON SESSION; 1pm – 4.30pm	Afternoon; 1.00 pm - 4.45pm
FULL DAY; 8.30AM – 4.30PM	Full Day; 8.15am - 4.45pm
FULL TIME PLACEMENT; MONDAY – FRIDAY	

***additional hours between 7.30am - 6 pm can be arranged upon request**

Rates

BABY ROOM:	AM/PM SESSION -	£ 24.00
(0 -2yrs)	FULL DAY -	£ 48.00 (Lunch hour is FREE)
	FULL TIME -	£215.00 per week (concession rate)
	EXTRA HOURS -	£6.00 p/hour pro rata (£1.50 per 15 mins)

TODDLER ROOM:	AM/PM SESSION -	£ 24.00
(2 – 3yrs)	FULL DAY -	£ 48.00 (Lunch hour is FREE)
	FULL TIME -	£215.00 per week (concession rate)
	EXTRA HOURS -	£6.00 p/hour pro rata (£1.50 per 15 mins)

PRE - SCHOOL ROOM:	AM/PM SESSION -	£ 24.00
(3 -5yrs)	FULL DAY -	£ 48.00 (Lunch hour is FREE)
	FULL TIME -	£215.00 per week (concession rate)
	EXTRA HOURS -	£6.00 p/hour pro rata (£1.50 per 15 mins)

***Gov` t Funding may be available to part fund childcare for 3 - 5 year old children**

Hungry Tums Lunches, Snacks

Freshly prepared hot lunches and Sandwiches are available each day.

All food is prepared by a local hotel and is nutritionally balanced and varied with 4 weekly Menu cycles.

Price; 2 course - £2.40

Morning and afternoon snacks are provided **free of charge**.

Holidays

Two week festive period - which covers the same period as North Lanarkshire schools

Easter Monday

Last Monday in May

July Fair Monday

September weekend Holiday - Monday

Dates of all holidays will be confirmed nearer to the time

Nursery fees are not charged for on these holidays but are payable at all other times.

Absences through sickness or family holidays are payable, as your childs placement is reserved throughout the agreed term.

DATE UPDATED:

Agreement

I agree to abide by the terms and conditions and policies and procedures of Lochview Nursery which I have read and fully understand.

Signed Date

Print name

Relationship to child

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

Print name

Relationship to child

I _____-give permission for my child to do/receive/be given the following

Please tick where permission is granted

- | | | | |
|--------------------|--------------------------|---------------------------------|--------------------------|
| Nursery trips * | <input type="checkbox"/> | Nursery Lunches | <input type="checkbox"/> |
| Photographs/Videos | <input type="checkbox"/> | Teeth to be brushed | <input type="checkbox"/> |
| Sun cream | <input type="checkbox"/> | (parent must provide sun cream) | |

*Nursery trips consist of local outings to the shops or park via walking/prams/a very short bus/nursery short one stop journey on the train and back. Lochview Nursery go on day trips once a year, these extended outings will need further permission and you will be given plenty of notice.

Please complete form for monitoring purposes only

Take up/usage

1 – 15 hours per week

16 – 30 hours per week

31 – 50 hours per week

Work/training

Children in lone parent family

A parent working full time (35 hours +)

A parent now working more than 16 hours

A parent now working less than 16 hours

A parent now in higher/further education

A parent taking skills for life or step into learning

Parent(s) are not working/training

Financial support

Parents access CTC

Parents access WTC

Parents access HE childcare access fund support

Parents access Care 2 Learn support

Place sponsored by sure start local programme

Place sponsored by regeneration scheme e.g. SRB

Financial support from employer

Receipt of 3 and 4 year old funding

Receipt of 3 and 4 year old funding

Additional needs

Ethnic origin

white

British

Irish

Traveller

Other

Mixed

White and black Caribbean

White and black African

White and Asian

Other

Asian or Asian British

Indian

Pakistani

Bangladeshi

Kashmir

Other

Black or black British

Caribbean

African

Chinese

Other

Other

DATE UPDATED:

Parent/ Carer Contract

I have been advised of nursery policies and procedures on my child's' induction to nursery, and agree to the following Terms and Conditions of Lochview Nursery, as Parent/ Carer of _____ (Childs' Name) Date of Birth: _____

NURSERY START DATE _____

. Fees **must** be paid weekly/monthly in advance, and are due on the first day of each calendar month unless otherwise agreed.

. This placement is for 50 weeks out of each year .

. The Nursery will be closed for two weeks over the festive period, these dates will vary annually but will be the same as North Lanarkshire school Christmas Holidays.

Nursery will close on Easter holiday Monday, Last May Holiday Monday, July Fair Monday and September weekend Monday. All dates will be confirmed in advance. No fees are payable on these dates.

Fees are charged when your child is absent/ on holiday from nursery as placement is held open.

Parents/Carers should complete holiday form for dates when child/ren will be on holiday.

. Where possible Parents/ Carers should inform staff of Dental/ Doctor/ Hospital appointments in advance.

. If your child is unable to attend nursery please inform the nursery as soon as possible.

. One months written notice is required when withdrawing your child from nursery or fees in lieu.

. Fees are subject to annual review with at least one months notice given to parents/ carers.

. Parents should inform the child's' key person of any medication prescribed for their child by completing Administration of Medication form. **No medication will be given to the child without parent/ carers written consent and Doctor/ Pharmacy label with Childs' name, D.O.B and dates.**

. Should your collection arrangements change, you are required to inform the nursery in advance and adhere to Security Policy.

Parents' Signature _____ **Date** _____

Staff Signature _____ **Date** _____