 Brownlow Rooms,

Station Approach,

Berkhamsted

HP4 1FQ

ADMISSION FORM

**ATTENDENCE REQUIREMENTS**

|  |  |
| --- | --- |
| Preferred Start Date |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | For Office use only | | | |
| £55.00 Admin Fee | | |  | | £200 Deposit |  |
| CHILD’S FIRST NAMES | | | |  | | | | |
| PREFERRED NAME | | | |  | | | | |
| SURNAME | | | |  | | | | |
| Mother’s /Guardian’s  Surname |  | | Father’s /Guardian’s  Surname | | |  | | |
| Mother’s /Guardian’s Forename |  | | Father’s /Guardian’s  Forename | | |  | | |
| Mother’s E mail | | | | Father’s E mail | | | | |
| Home Address | | | | | | | | |
| City | | | | Post Code | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth (dd/mm/yyyy) |  |  |  | Gender, Please pick | | | | Male | |  | | Female | | | |  | |
| I want my child to proceed in to School Room (3-4) | | | | | | | Yes | | | | |  | | | No | | | |  |
| I want my child to proceed in to Play Room (2-3) | | | | | | | Yes | | | | |  | | | No. | | | |  |
| Child’s Religious Denomination | | | | | | | | | | | |  | | | | | | | |
| First Language | | |  | | Second Language | | | | | | | |  | | | | | | |
| Dietary Restrictions | | |  | | | | | | | | | | | | | | | | |
| How do you like your letters to be addressed? Please circle | | | | Mr & Mrs | | Mrs | | | Mr | | Ms | | | Miss | | | Other | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Telephone Number | |  | | |
| Mother’s Mobile number | |  | | |
| Mother’ Work Number | |  | | |
| Father’s Mobile Number | |  | | |
| Father’ work Telephone number | |  | | |
| Relative or friend for emergency |  | | Relationship |  |
| Telephone number of relative or friend | |  | | |
| Please state who should be contacted first | |  | | |

|  |  |
| --- | --- |
| Previous School, Nursery or playgroup |  |
| Address or telephone number |  |
| How did you first hear about the Nursery |  |

**Kindly pay a non-refundable registration Fee of £55.00 to Barad Childcare Services Ltd. Sort code: 20-91-79 Account no.: 60163252, with this application form and use your child’s name as reference. You also need to enclose the medical Questionnaire, Ethnicity classification, Attendance requirements with your deposit of £200 (deposit refunded when your child leaves the nursery) if you are securing a place and / or have been informed that the place is available.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give permission for my child to be transported by a car or coach on outing etc. | Yes |  | No |  |
| I give permission for my child to be taken to Hospital in case of emergency | Yes |  | No |  |
| I give permission for my child’ image to be used for the prospectus, my First day at the school, the web site and/or promotional material for the nursery. | Yes |  | No |  |
| I give permission for sun cream to be put on to my child | Yes |  | No |  |

**We are shut for two weeks at Christmas. These weeks have a retaining fee of half price.**

Fees should be paid by the 5th of each month. Payments must be made by Direct Debit/ Bank transfer/ childcare voucher payments. Written (emails accepted) notice of two months is required, in advance for children leaving the nursery. Failing this, one month’s fee will be charged in lieu of notice. Notice shall be acknowledged by the office in writing. £25 per month or part of the month is charged on all late fees.

**PLAY ROOM**

Day Care (Age 2-3 years) – Available for 50 weeks of the year. Minimum Two separate sessions over two days. Please tick

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| 08.00 a.m. to 06.00 p.m. |  |  |  |  |  |
| 08.00 a.m. to 01.00 noon |  |  |  |  |  |
| 09.00 a.m. to 03.00 p.m. |  |  |  |  |  |
| 01.00 p.m. to 06.00 p.m. |  |  |  |  |  |

**SCHOOL ROOM**

**Age 3-4 years (Foundation stage) and**

**Age 4-5 years (Foundation stage)** Suggested attendance, a minimum of 3 days. Extra care available from 08.00 a.m. to 06.00 p.m. Please indicate times.

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| --- | --- | --- | --- | --- | --- |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| 08.00 a.m. to 06.00 p.m. |  |  |  |  |  |
| 08.00 a.m. to 01.00 noon |  |  |  |  |  |
| 09.00 a.m. to 03.00 p.m. |  |  |  |  |  |
| 01.00 p.m. to 06.00 p.m. |  |  |  |  |  |
| 09:00 a.m. to 01:00 p.m. |  |  |  |  |  |

Please Tick Option 1 or 2 (School Room Children only)

|  |  |
| --- | --- |
| OPTION 1 – Term Time only |  |
| OPTION 2 – Term Time and Holiday care |  |

**EHTNICITY CLASSIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WHITE |  | ASIAN OR ASIAN BRITISH |  | CHINESE OR OTHER ETHNIC GR. |  |
| British |  | Indian |  | Chinese |  |
| Irish |  | Pakistan |  | Any other ethnic group |  |
| Travellers of Irish heritage |  | Bangladeshi |  |  |  |
| Gypsy/Roma |  | Any other Asian back ground |  |  |  |
| Any other White Background |  |  |  | NOT STATED |  |
| MIXED |  | BLACK OR BLACK BRITISH |  |  |  |
| White and Black Caribbean |  | Caribbean |  |  |  |
| White and Black African |  | African |  |  |  |
| White and Asian |  | Any other Black ground |  |  |  |
| Any other Mixed background |  |  |  |  |  |

**MEDICAL QUESTIONNAIRE**

|  |  |
| --- | --- |
| CHILD’S FULL NAME |  |
| Date of birth |  |
| NHS Number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IMMUNIZATION DETAILS (PLEASE TICK) | | | | | |
| Measles/Mumps/Rubella |  | Polio |  | Tetanus |  |
| Whooping cough |  | Diphtheria |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MEDICAL INFORMATION | | | | | | | |
| **Does your child suffer from (Please tick)** | | | | | | | |
| **Epilepsy** |  | **Diabetes** |  | **Asthma** |  | **Allergies** |  |
| **Please give relevant details:** | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| DOCTOR’S NAME |  | | |
| DOCTOR’S ADDRESS |  | | |
|  | | | |
| DOCTOR’S TELEPHONE NUMBER |  | | |
|  |  | | |
| PARENT / CARER’S NAME | |  | |
| PARENT / CARER’S TELEPHONE NUMBER | |  | |
| ADDRESS | |  | |
|  | |  | |
|  | |  | |
| EMERGENCY CONTACT NAME | | |  | |
| EMERGENCY CONTACT TELEPHONE NUMBER | | |  | |

|  |  |
| --- | --- |
| In the event that my child is involved in a serious incident whilst at the Nursery, I expect the Manager, or the delegated member of the staff to contact me immediately on the above emergency contact number  In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorize the manager or delegated staff member to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the manager to withdraw it. | |
| SIGNATURE OF PARENT / CARER |  |
| DATE |  |

**SPECIAL EDUCATIONAL NEEDS STATUS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have any Special Educational needs? (Please Tick) | Yes |  | No |  |
| If yes, please give details below: | | | | |

I / We jointly and agree to abide by the conditions and rules in the condition of the Admission of Choo Choo Train Day Nursery (which are updated regularly) and with ethos of the Nursery. I / We accept that under the agreement we are all liable for all Fees and extras, including any interest incurred.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Mother’s / Guardians Signature |  | Father’s Guardian’s signature |
| Date |  | Date |

|  |  |
| --- | --- |
| Name of the person or organisation responsible for paying Fees |  |
| **NB: THIS FORM MUST BE SIGNED BY BOTH PARENTS AND/OR LEGAL GUARDIANS. IN THE CASE OF A SINGLE PARENT, THE PERSON WHO HAS CARE AND CONTROL OF THE FEES MUST SIGN THIS FORM** | |