**Office Use Only**

|  |  |
| --- | --- |
|  | Date received and initial: |
| Admin fee |  |
| Registration Fee |  |
| Letter of confirmation of registration fee |  |
| Deposit £100/£50 |  |

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: |  | | Date of Birth: |  |
| Child’s home address:  Post code: |  | | | |
| Religion: |  | | Ethnic Origin: |  |
| Nationality: |  | | Home Language/s: |  |
| Child’s National Health Number: | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does your child attend another nursery or setting? | | Yes/No | Do you give permission for us to share information with this setting? | | | Yes/No |
| Setting Name: |  | | | | | |
| Address:  Postcode: |  | | | | | |
| Start date: |  | | | Sessions attended: |  | |
| Person to contact: |  | | | Telephone number: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full day  (7:30am- 6.30pm) | Morning  (7:30am- 1pm) | Afternoon (1pm- 6:30pm) |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Required Start Date:………………………………………………… Government / Pilot Sessions\*\***

|  |  |  |
| --- | --- | --- |
| Day | 7:30 am – 12:30pm | 1pm – 6pm |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Term Time Only (please circle) YES NO

**Meals to be included** (please circle) YES NO

**Admissions**

* **1 months’ notice must be given if your days or sessions change or decrease before your start date.**
* **Our deposit is £100/£50 refundable, which is required with your child’s first month’s fees 28 days before their start date.**

**This will be refunded providing all fees are paid on time and the correct leaving notice has been given.**

**\*\*Whilst the government cover 15hrs per week of free childcare they do not cover the cost of food, this is up to the parent to contribute to.**

**Breakfast - £1.10 per day, Lunch - £2.70 per day and Tea - £1.30 per day or you can provide a packed lunch or suitable tea.**

**Family Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother/Carer’s Name: |  | Father/Carer’s Name: |  |
| Mothers/Carers Date of Birth: |  | Fathers/Carers Date of Birth: |  |
| Address:  Postcode: |  | Address:  Postcode: |  |
| Home number: |  | Home number: |  |
| Mobile Number: |  | Mobile Number: |  |
| Work Number: |  | Work Number: |  |
| Email: |  | Email: |  |
| National Insurance Number: |  | National Insurance Number: |  |
| Occupation: |  | Occupation: |  |
| Time taken to get to Nursery in an emergency: |  | Time taken to get to Nursery in an emergency: |  |
| Parental Responsibility: Joint/Mother/Father/Other (please circle as appropriate)  If Other please specify: | | | |

**Emergency Contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Relationship to Child: |  | Relationship to Child: |  |
| Address:  Postcode: |  | Address:  Postcode: |  |
| Home Number: |  | Home Number: |  |
| Mobile Number: |  | Mobile Number: |  |
| Work Number: |  | Work Number: |  |
| Password: |  | Password: |  |
| ID: |  | ID: |  |
| Time taken to get to Nursery in an emergency: |  | Time taken to get to Nursery in an emergency: |  |

**Medical Details:**

|  |  |
| --- | --- |
| **Immunisation:** | **Date of Immunisation:** |
| BCG |  |
| Diptheria |  |
| HIB |  |
| MMR |  |
| Meningitis C |  |
| Poliomyelitis |  |
| Tetanus |  |
| Whooping Cough |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does our child have any allergies? | | Yes/No (please circle) | |
| If Yes please give details: | | | |
| Does your child have any special dietary requirements? | | Yes/No (please circle)  If Yes please give details: | |
| Does your Child have any special health conditions we need to be aware of? Yes/No (please circle)  If yes please give details. | | | |
| Name of GP: |  | Name of Health Visitor: |  |
| Name of Surgery: |  | Name of practice: |  |
| Address:  Postcode: |  | Address:  Postcode: |  |
| Telephone Number: |  | Telephone Number: |  |

|  |  |
| --- | --- |
| I give permission for records and information to be obtained and shared with other professionals working with my child (Children’s centres, GP, health visitor, Social services, Police etc) | Yes/No (circle as appropriate) |
| Signed: | Date: |

|  |
| --- |
| **DECLARATION** |
| I have read and agree to the Terms and Conditions for the Comfort Angelz Daycare placement for my child.  Parent/Carer 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_  Parent/Carer 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ |

**Permission Form**

|  |  |  |
| --- | --- | --- |
| From the list below please tick the relevant box that you do or do not give permission for your child. | YES | NO |
| **Planned Outings / Small Trips**  (You will be made aware of any beforehand) |  |  |
| **Prescribed Medicine**  (A medicine form will need to be completed and signed by parent or carer) |  |  |
| **Photos for Planning** |  |  |
| **Photos for Company Website** |  |  |
| **Photos for Display Boards** |  |  |
| **Photos for Facebook / Twitter** |  |  |
| **Photos for Student Observations** |  |  |
| **Photos for Local Advertising** |  |  |
| **Video Recordings** |  |  |
| **Applying Sun-Cream** |  |  |
| **Applying Plasters** |  |  |
| **Applying Teething Gel** |  |  |
| **Applying Bottom Cream** |  |  |
| **Applying Face Paint** |  |  |
| **In case of an emergency that we are unable to deal with, we may need to call for an ambulance. Do you give permission that other medical professionals can intervene before your arrival? This may be for any treatment or medication.** |  |  |

Childs Name ………………………………………………………………..

Signed by Parent/Carer ………………………………………………. Date………………………………

**Parent Checklist**

**I am aware of the following: - (Please tick all boxes below)**

|  |  |
| --- | --- |
| Late Fee (for collection of child/ren) |  |
| Notice Period for Leaving (4 Weeks) |  |
| Late fee for Invoice Payment |  |
| Pay date 20th of month (unless an alternative has been arranged with accounts) |  |
| Food costs (if applicable), E.G. Breakfast, Lunch, Dinner |  |
| Read and understood the Payment Policy |  |

**Please sign below to confirm that you understand all the above notes that are noted in you terms and conditions.**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**These terms and conditions** describe the relationship between Comfort Angelz and the Parent(s) or Guardian(s) of the child named on the Registration Form.

**“Comfort Angelz” is Comfort Angelz Ltd T/A Comfort Angelz Daycare, “the child” is the child named on the Registration Form and “you” is the parent(s) or guardian(s) of the child named on the Registration Form.**

**REGISTRATION**

Upon receipt of a fully completed registration form together with a £50 non-refundable admin fee, Comfort Angelz will endeavour to offer aplace for the days and sessions requested on the registration form. In the event that the days or sessions requested cannot be guaranteed at the preferred start date, Comfort Angelz will place the child on the waiting list and alternative sessions will be offered where possible. Comfort Angelz reserves the right not to register a child who, at the absolute discretion of the management team, is considered unsuitable for admission. A non-refundable registration fee of £100 is required 28 days before your child’s start date, this is a one off fee which covers all trips, in house learning and development opportunities, language lessons, staff training, maintaining the nursery building, and maintaining nursery resources.

**DEPOSIT**

Our deposit is £100\* which is required with your child’s first month’s fees 28 days before their start date

This deposit is fully refundable when your child leaves Comfort Angelz Daycare as long as you have given the appropriate notice and all invoices are up to date.

**FEES**

We require fees to be paid a month/week in advance.

Due to Comfort Angelz Daycare completing staff rota’s well in advance, you will be charged the full 4 weeks’ notice period if you decide that your child will not be starting with us once your monthly invoice has been sent out to you.

Fees are payable monthly in advance on the 20th of each month. These funds must be cleared in our bank account by this date. No cheques, credit card or debit card payments will be accepted after this date.

If payment of fees becomes overdue *Comfort Angelz* shall be entitled to recover the consequent administrative and legal costs.

Payments made after the 20th of the month, without prior agreement, will be subject to a fixed late payment fine of £20 and £5 per day thereafter until the outstanding balance is settled in full.

Comfort Angelz reserves the right to terminate your child’s place if there are two or more late fee payments. We also have the right to refuse admission to the child if fees are overdue by more than 10 days.

Fees are reviewed annually and any changes to the fees will be published at least one month in advance.

Sessional fees are a minimum of 3.

When your child moves into a different charge band on the event of their birthday, your new fee will be calculated from the following month.

No reduction of fees will be given if any child is absent due to illness or holidays taken while Comfort Angelz is open. All bank holidays and staff training days during the year are fully chargeable by the nursery. We also do not permit parents to swop days or sessions.

If applicable, a sibling discount of 10% will be applied to the eldest child’s fees (this does not apply to extra sessions)

**EARLY YEARS FREE ENTITLEMENT [EYFE]**

For children who are eligible for the EYFE discount, their fees will be calculated on a weekly basis with an additional charge for breakfast, lunch and tea. The EYFE is only applicable during school term time which equates to 38 weeks. Fees during the school holidays will have no discount applied.

**COLLECTION OF CHILDREN**

*The child* will only be handed over to authorised persons, whose details must be received prior to *the child’s* first day of attendance. Any changes to authorised persons must immediately be given in writing to *Comfort Angelz*. Children should be collected promptly. *Comfort Angelz* must be telephoned if you are going to be late and a charge of £1.00 for every 1 minute will be added to your account.

**NOTICE OF TERMINATION**

We require a full months’ notice in writing to terminate the child’s place or decrease the number of set sessions. Once sessions are decreased, any request to increase the sessions again will be subject to availability at the time. Comfort Angelz reserves the right, that if any of the terms and conditions are breached, or in the opinion of the management team, it is considered that the attendance of the child is harmful to the health, safety or wellbeing of other children within the nursery, or any member of staff employed by Comfort Angelz, notice maybe given to you, or in some cases a request for the child to be removed immediately, in which case, the normal notice requirements will not apply.

**SICKNESS PROCEDURE**

Where a child is away from the nursery due to sickness or diarrhoea and taking prescribed medication, they are required to stay at home for a minimum of 48 hours before coming back to the nursery. This complies with best practice set by the health protection agency to stop the spread of infection. Any child who returns to the nursery after any such illness must be fully recovered and able to maintain a normal healthy diet.

**POLICIES AND PROCEDURES**

These terms and conditions stand in conjunction with *Comfort Angelz*‘s Policies and Procedures, copies of which are available to view at any time on our website.

**OPENING HOURS**

*Comfort Angelz* is open from 07.30 – 18.30 Monday to Friday and cannot admit children out of these hours. *Comfort Angelz* will be closed from Christmas Eve until the second working day of the New Year and on all Public Bank Holidays, we also have two staff training days which will be the first working day of the new year and the first Monday of the second week in August enough notice will be prior to these days (these days are still chargeable in full).

**PARKING**

The use of the car park for drop offs is done so entirely at your own risk.

**STAFF**

If a member of staff employed by *Comfort Angelz* is employed within six months by *you* to care for *your child* between the hours of 07.30 and 18.30, Monday to Friday, a recruitment fee of 20% of the employee’s salary at the time their Employment with *Comfort Angelz* terminated will be charged.

**LOST PROPERTY**

*Comfort Angelz* does not accept responsibility for lost or damaged property and asks that *the child’s* clothing be clearly labelled to help avoid any loss. No money, jewellery or other valuables should be brought to nursery.

**CHILD PROTECTION**

As a registered day care provider, *Comfort Angelz* is under obligation to report to Social Services any incident where it is considered that a child may have been harmed or neglected. This may be done without informing the parent or guardian.

**PROVISION OF NURSERY FACILITY**

*Comfort Angelz* will not be held responsible for failure to provide a nursery facility resulting from events beyond its re its reasonable control.

Signed …………………………………………………………………………………………………………………………….. Date………………………………………………

**Written permission for medicine form.**

On occasions it may be necessary to give your child medication when we have been unable to contact you personally or have written permission.

Please tick which medicines we could give to your child in the parent/carer absence. We will always endeavour to contact you before giving any form of medication.

|  |  |  |
| --- | --- | --- |
| **Medicine:** | **Yes:** | **No:** |
| **Calpol** – to reduce high temperatures and teething. |  |  |
| **Nurofen** – Pain relief and to reduce high temperatures. |  |  |
| **Piriton** – allergy relief. |  |  |
| **Waspeze** – sting relief. |  |  |
| **Plasters** – cuts, grazes etc. |  |  |

Childs Name:…………………………………………… Parent’s Name:……………………………………………..

Parent/carer signature:………………………………………… Date:…………………………………

**Early Years Pupil Premium.**

Early Years Pupil Premium is additionally available for some 3 / 4 year olds. This additional funding is to assist nurseries/preschools in supplying resources to further help with children’s learning and development.

Please sign and complete the below details to say you give permission for us to apply for this funding on your behalf.

First Name…..……………………………………………………………..

Last Name…………………………………………………………………..

Date of birth……………………………………………………………….

National Insurance Number or NASS Number……………………………………………………………………………

I give permission for Comfort Angelz Daycare to apply for the EYPP funding

Print Name……………………………………………………….

Signed………………………………………………

Date………………………………………………..

**Payment Policy**

Monthly invoices are sent out on the **1st** of each month for the following month.

**Monthly payments**

-Invoices are to be paid by the **20th** of each month for the following month;

-If your invoice has not been paid by the **19th** we will complete a courtesy call or text message to remind you that your payment is due to reach us the following day. This call is to prevent any late charges being incurred.

-Some parents require an alternative date to pay, we will honor this when we can but this alternative pay date is to be followed as agreed.

-If payment is not received on the expected day, you will begin to accumulate late payment charges. If you are paying for meals only **(funded only)** it is £5 on the first day and £1 ongoing until payment is received. If paying for childcare and meals it is £20 for the first day and £5 ongoing until payment is received. Late payment fees will be added to your next invoice.

- On the last working day of each month if an account still has an outstanding payment we will send out a letter and email to inform you, your account has been frozen. This is to prevent any further debt accumulating. A frozen account means your child can not attend nursery until payment is received and your account is unfrozen at a charge of £50.

-If your child is away from the nursery due to your account being frozen you will not be charged for that period, however we do have the right to offer your child’s place to someone else.

**Weekly Payments**

-Invoices are due to be paid on every Friday for the week ahead.

-If payment is not received we will contact you every Friday afternoon to remind you of your weekly payment either by phone or email;

- Some parents require an alternative day to pay, we will honor this when we can but this alternative pay day is to be followed as agreed.

-When payment is not received on the expected day, you will start accumulating late payment charges.

This is £5 every day late.

-If a payment is not received by Thursday on the following week we will freeze your account and your child won’t be able to come to nursery. Your account will be unfrozen as soon as you are up to date with your payments and £50 unfreezing fine is payable.

-If your child is away from the nursery due to your account being frozen you will not be charged for that period, however we do have the right to offer your child’s place to someone else.

Please remember that if your payments are 2 or more times late we reserve the right to hold back your deposit and withdraw your child’s place at Comfort Angelz Daycare.