



Little Pumpkins™ nursery



Nursery Services Registration Form With Terms & Conditions

Please indicate days required (minimum sessions apply to all age groups)

Full Time	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the above sessions are not available, are you open to alternative days?

<input type="checkbox"/> Y	<input type="checkbox"/> N
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Please specify the child's first language/other languages spoken

Please specify the child's ethnicity

Please specify your preferred start date at Little Pumpkins

D	D	M	M	Y	Y
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Please specify a security password for your child

Child Details

First Name

D.O.B/Due Date

D	D	M	M	Y	Y
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Surname

Gender

<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Unknown
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Does your child suffer from any severe medical conditions / allergies

<input type="checkbox"/> Y	<input type="checkbox"/> N
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If yes, what is the condition / allergy?

Has your child been referred to any professional service (i.e. portage, social worker, contact restriction etc.)

<input type="checkbox"/> Y	<input type="checkbox"/> N
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If yes, please give details

Who has legal responsibility for the child, please give details

Mothers Details

Title

First Name

Last Name

Address

Postcode

Home Tel

Mobile

Email Address *

*Your email address is an essential piece of information, used to send you your monthly invoices and to communicate with you in regards to consent for your child(ren)'s care.

Fathers Details

Title First Name Last Name

Address

Postcode

Home Tel

Mobile

Email Address *

*Your email address is an essential piece of information, used to send you your monthly invoices and to communicate with you in regards to consent for your child(ren)'s care.

1st Emergency Contact name & Relationship to child.

Tel no.

Mobile no.

2nd Emergency Contact name & Relationship to child.

Tel no.

Mobile no.

Doctor's name and address

Tel no.

Registration Fee and Refundable Deposits

To apply for place, a non-refundable registration fee of £65 is required.

Deposits are required, two weeks and one week fees on the first day your child starts nursery.

Deposits are refundable if one month written notice is given in writing to us.

On receipt of completed registration form Little Pumpkins Nursery will either offer you the requested sessions or after dialogue with you, offer suitable alternative sessions. A confirmation email will be sent.

- I give permission for my child to be removed from Little Pumpkins Nursery, taken to hospital and treated as necessary (parents will be contacted immediately)
- I give permission for staff with first aid certificates to administer first aid to my child
- I give permission to the nursery to apply plasters to my child
- I give consent for my child to be taken on walks, field trips and outings by the staff of Little Pumpkins
- I give consent for my child to be included in group or individual photographs taken occasionally by members of staff for use for children's folders for evidence of the ways the curriculum is delivered, for training purposes and for publication
- I give permission for the staff at Little Pumpkins nurseries to share information about my child with other agencies such as: Schools, other childcare professionals, speech and language therapists, health visitors etc.

Signature (Parent /Guardian)

Date

Print name (on behalf of Little Pumpkins Nursery Limited)

Acceptance

Signature of this form confirms that you have read and understood Little Pumpkins Nursery terms and conditions.

Please retain a copy of this contract for your own records. The terms and conditions are considered to be fair and reasonable. Should any provision of these terms and conditions be found to be unlawful then that provision shall be removed but the agreement itself shall remain in full force and effect.

Your statutory rights are not affected by these terms and conditions.

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www.littlepumpkinsnursery.com

FOR OFFICE USE ONLY	Registration Fee Paid:	
Deposit Paid:	Date:	
Birth Certificate Presented:	Y	N
Management Signature:	Date:	