



# Application Form

## Child Details

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Home Contact no. \_\_\_\_\_

Mother tongue Language \_\_\_\_\_

## Parental/Legal Guardians Details

Full Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Authorised to collect child \_\_\_\_\_

Contact Address in Day \_\_\_\_\_  
\_\_\_\_\_

Contact phone numbers mobile \_\_\_\_\_

Day number 1 \_\_\_\_\_

Email \_\_\_\_\_

National Insurance Number \_\_\_\_\_

(this maybe used to collect any unpaid fees)

Full Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Authorised to collect child \_\_\_\_\_

Contact Address in Day \_\_\_\_\_

Contact phone numbers

mobile \_\_\_\_\_ work \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact other than parents (other than parents)**

Name of 1<sup>st</sup> contact in case of Emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_ Contact Number \_\_\_\_\_

Name of 2<sup>nd</sup> contact in case of Emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_ Contact Number \_\_\_\_\_

**Arrangements in the case of sickness and/or any emergency:** *Little Darling* does not accept children who are unwell and we expect parents/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity. Staff at *Little Darling* have undertaken appropriate training to deal with an emergency. **(Please also refer to our health and hygiene, admissions and medication policies.)**

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to *Little Darling* taking such action in your absence:

I (*print name*) \_\_\_\_\_ give my consent to *Little Darling* administering basic first aid (of which a written record will be kept).

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

I (*print name*) \_\_\_\_\_ give my consent to *Little Darling* signing any written form or consent required by hospital authorities if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs and videos:** from time to time staff may take photographs and or videos of the children during activities/outings, these may be used for display/training purposes within the provision. If photographs are to be used for external publicity purposes, separate consents are asked for.

I give permission for my child to be photographed

Videoed

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

**CCTV:** To monitor the care of your child there is CCTV in place in the nursery. It has been installed within the parameter of the Data Protection Act.

I give permission for my child to be recorded on CCTV in the locality.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

**Outings:** From time to time children will be taken on outings in the locality. (Please refer to our outings policy.)

I give permission for my child to be taken on outings in the locality.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees:**

Fees are to be agreed as set out in our fee structure which is supplied on a separate sheet.

You will agree to pay us the following fees and Charges

£75 deposit fee. This is redeemable against your final fees and secures your place at the nursery on the selected date. It is not refundable if you fail to take your place.

Fees must be payable on the first of every month or given to the nursery manager by 9.30 on the due date, where a receipt will be given. You will receive the invoice exactly 1 working week before the amount is due.

Late payment fees will incur a £20 administration charge per week it is late. After 1 week of non-payment your child will be asked to leave the nursery. If you envision any problems with payment at any time please contact Caroline Smith, 07515742158.

Four weeks' notice is required in writing to withdraw the child from the nursery otherwise the four weeks fees must be paid. The manager cannot waiver any terms of this condition.

Four weeks' notice must be given to change the child's scheduled days. Only if places are available will the nursery be able to accommodate change otherwise four weeks' notice must be paid.

If your child is away for any reason or if the nursery closes due to "acts of God", environmental factors, adverse weather conditions, any other factors foreseen or otherwise, or any factors beyond are control, Little Darlings cannot offer a refund.

Parents/carers are advised to speak to *Caroline Smith* about payment of fees in cases of prolonged absence.

A child's continued place at *Little Darling* is dependent on continued payment of fees.

**School to where wraparound care is required**

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**Days and hours required (please indicate times)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club					
Time of pick up.					

Date to Start \_\_\_\_\_

Please book holiday cover dates through the nursery. Thank you!

Name of person collecting child if not parent \_\_\_\_\_

Password \_\_\_\_\_

Evening main meal required \_\_\_\_\_

**Child's medical information/individual needs:**

<b>Name of doctor:</b>	
<b>Name of health visitor:</b>	
<b>Doctor's surgery and address:</b>	
<b>Postcode:</b>	
<b>Doctor's telephone number:</b>	
<b>Known medical conditions, allergies, special dietary and health needs:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please give details:
<b>Details of any medication being used:</b>	
<b>Any other relevant information we should be aware of?</b>	
<b>Are there any other professionals involved in the care of your child?</b>	
<b>Any extra information to enhance your child's care?</b>	

**Please note that:**

- **Parents/carers are expected to read all policies and procedures.** The pack is available from *Caroline Smith/ Rhian Lester and on our website.*
- **Specific exemption clauses** may apply to the insurance cover provided by *Little Darling*. A copy of insurance policies is available from Caroline Smith for parents/carers to ensure that their needs and those of their child are met.
- **It is our policy that everyone who attends, works in or visits *Little Darling* has the right to**

**enjoy the service we provide** and all who attend our provision are expected to conduct themselves in a manner that is mindful of the presence of children.

- **In the event of a compliment, concern or complaint** *Little Darling* welcomes discussion with parents/carers about the service they and their child can expect from us. Please speak to *Caroline Smith/Roxy Beech* and/or read the complaints policy and procedure. If you remain unhappy about the service you receive please contact the relevant C SSIW office at: *CSSIW, Welsh Government Office, Rhydycar Business Park, Merthyr Tydfil, CF48 1UZ* and at [www.cssiw.org.uk](http://www.cssiw.org.uk).

**Agreement between parent(s)/carer(s) and *Little Darling*:**

- I understand that by completing and signing this contract and registration form I agree to meet the terms and conditions of *Little Darling*.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I have read and understood and agree to the policies and procedures of the provision.

**Name of parent/carer 1:**

**Signature of parent/carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of parent/carer 2:**

**Signature of parent/carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of person in charge/registered person on behalf of *Little Darling*:**

***Caroline Smith*** \_\_\_\_\_ ***Roxy Beech*** \_\_\_\_\_

**Signature on behalf of *Little Darling*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for *Little Darling*.



