



Registration Form

All children who attend Little Faces must be registered with us.
Children will remain on the Premises, until collected by a named person.

Child's Name:		Expected Due Date:	Actual Date of Birth:	Start Date:	Please choose a PASSWORD
Birth Certificate Number		Date of Issue:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Address:				Home ☎:	
Post Code:					
Parent/Carer Contact Details (for those with Parental Responsibility)					
Name:		Mobile ☎:		Work ☎:	
Relationship to Child:	Occupation:		Email ✉:		
Name:		Mobile ☎:		Work ☎:	
Relationship to Child:	Occupation:		Email ✉:		
Address (if different to Child's) :					
Additional Contacts / Authorised Adults to collect my child: -					
CONTACT Name:		Work/Home:		Relationship to Child	
		Mobile:			
CONTACT Name:		Work/Home:		Relationship to Child	
		Mobile:			
Please name anyone who does NOT have legal access to or is NOT allowed to collect your child and their relationship to the child. Name: Relationship to Child:					
Additional Information					
Child's Ethnicity		Religion		Languages Spoken at Home	
G.P Name/Surgery:				Surgery ☎:	
Medical Conditions		Allergies		Dietary Requirements	
				<input type="checkbox"/> Vegetarian (<input type="checkbox"/> CAN eat FISH) <input type="checkbox"/> No Fish <input type="checkbox"/> No Pork <input type="checkbox"/> No Dairy <input type="checkbox"/> No Egg <input type="checkbox"/> No Soya <input type="checkbox"/> Other: Please note: We are a NUT FREE setting.	
I consent to the following being applied/administered to my child in the event of an emergency. Please TICK <input checked="" type="checkbox"/> ALL that apply					
<input type="checkbox"/> Pain/Fever reducer (eg: paracetamol suspension/ibuprofen) <input type="checkbox"/> Plasters (for cuts/grazes) <input type="checkbox"/> Sun Cream (factor 30) <input type="checkbox"/> Antihistamine Syrup for stings/bites (eg Piriton)				Parent to Supply (clearly named) if appropriate <input type="checkbox"/> Nappy Cream <input type="checkbox"/> Teething Gel / powders <input type="checkbox"/> Amber ANKLET (not necklaces)	
Child's Name:				Date of Birth:	

Additional Information

Please indicate if your child has any needs that may require additional or specialist support: -

- ADHD/ ADD ASD (e.g. Aspergers)
 Speech & Language Social/Emotional Needs
 Hearing Impaired Behavioural Needs
 Vision Impaired English as an additional Language
 Other:

Other professionals supporting your child or Family:

- Speech & Language Therapist Paediatrician
 Educational Psychologist Physio Therapist
 Occupational Therapist Specialist Teacher
 Social Worker Other:
 Dietician

OPTIONAL CONSENTS (please tick all that apply)

I CONSENT to my child being included/displayed in videos/photos for Little Faces Marketing/Publicity purposes as follows: Website Leaflet Advertising Newspaper articles Little Faces Social Media Pages

MANDATORY CONSENTS

The following Mandatory Consents are a condition of joining Little Faces and by signing this Registration Form, you are consenting to the following: -

- ✓ I consent to my child going on **short trips** in the local surrounding areas
- ✓ I consent to written **observations** of my child being undertaken to monitor their development, achievements and progress and stored on Tapestry Online Learning Journal. I understand that photographs (or videos) that include my child may also be taken for the following purposes: -
 - To evidence their development, achievements and progress.
 - Included in other children's Tapestry records, if they are in a group photograph with other children.
 - Displayed within/around the setting.
- ✓ I consent to my child using the **internet** (under supervision)
- ✓ I confirm that I will **keep my child at home**: -
 - For 48 hours from the last episode of vomiting and/or diarrhoea.
 - For 24 hours after being prescribed antibiotics. •For 24 hours with treatment for eye infections.
 - Any infectious skin condition (eg: Hand, Foot & Mouth, Impetigo, cold sores), until skin has healed
- ✓ I confirm that it is my responsibility to apply **Sun Cream** to my child prior to their attendance during sunny/hot weather. I will apply an appropriate sun cream for **All Day** protection when my child is in attendance both morning and afternoon.
- ✓ When necessary (eg: slight fever due to colds, pain relief for teething, ear ache, etc) I will supply my child with an appropriate fever/pain reducer clearly labelled.
- ✓ I consent to information (eg: **development reports, 2 year progress checks, outside agency reports**) regarding my child, to be passed onto other relevant bodies (school, health visitor, etc.) - all information will be shared with the strictest confidence.
- ✓ I consent to the Owner, Manager and/or SENCo (Special Educational Needs Co-ordinator) to contact, discuss and **share information** about my child's development with outside agencies/professionals. This may be necessary to support his/her development during their time at the setting, and all information will be shared with the strictest confidence.
- ✓ I confirm that I will take my Full **Free Early Education Entitlement** with Little Faces Childcare and adhere to their '**Sole Provision**' only Policy (see Section 10.2 Admissions Policy for full details). I understand that when accessing the Extended Entitlement, I am responsible for renewing my eligibility via the Government portal and will be liable for any fees payable if I fail to renew on time.
- ✓ I confirm that my child is up to date with their **Vaccinations**.
- ✓ I consent to emergency **First Aid, advice or medical treatment** being given to my child as necessary whilst my child is in your care.
- ✓ I confirm the contents of this Registration form are **true** and accurate I will update you of any changes as they occur.
- ✓ I confirm that I will give **at least 1 MONTH's written notice** (Half Terms Notice for Funded only places) to expire at the end of a calendar month (full fees remain payable) to cancel or amend my child's place.
- ✓ I confirm that I am the **legal guardian** of this child.
- ✓ I confirm that I have read and understood Little Faces **GDPR Privacy Notice** and consent to data being stored accordingly.
- ✓ **I confirm that by signing this Registration Form, I give my consent to the aforementioned and will also adhere to Little Faces Childcare's Terms and Conditions.**

Signed by Parent/Carer:

Print Name:

Date:



Nursery Booking Form

Child's Name: _____

START Date: - _____

Please ✓ the start and end times you require for each day and whether you require Term Time Only or All Year Round place.

Minimum weekly booking requirements are:-

Term Time Only (39 weeks per year)

- Minimum session length – 7 hrs per day
- 2 days per week
- **14** hours per week (15 hours when funded)

All Year Round (51 weeks per year)

- Minimum session length – 7 hrs per day
- 2 days per week
- **14** hours per week

	Early Starts		Full Day 8am to 6pm	AM Drop Off Time			PM Collection Time					
	From 7.30am	From 7.45am		8am	8.30am	9am	3pm	3.30	4pm	4.30	5pm	5.30
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registration Fee: £75 (non refundable)

DEPOSITS: A **£50 Deposit** applies for each day booked to **secure and guarantee** your booking requirements (eg: **2 days** = £100, **3 days** = £150, **4 days** = £200 & **5 days** = £250).

Deposit Terms and Conditions

The **Deposit** will be automatically refunded off your final invoice, **unless** you:-

- Fail to take up your place on the agreed start date
- Reduce the days/hours booked – you will lose £50 for each day cancelled.
- Leave within 6 months of starting at the setting
- Full Fees based on the original booking (as stated above) will remain payable **UNLESS 2 months written notice** is provided to reduce or cancel the booking.
- Failure to pay monthly fees on time.
- Final invoice is lower than fees due, no refund of difference will be payable.

I understand and agree to the 'Deposit Terms and Conditions'.

Signed: _____

Print Name: _____

Date: _____

Free Early Education Entitlement (FEEE) – 38 weeks per year

When your child becomes eligible for FEEE, we will automatically allocate their funded hours over 39/51 weeks and provide an invoice for 'additional services' outside of the funding entitlement.

Deposits and Monthly fees are to be paid electronically please.

Our Barclays Bank Account Details are:

Little Faces Childcare Ltd / Sort Code: 20-19-95 / Account No. 6 3 6 8 9 4 7 6