

Gingerbread Cottage



SureStart

QC QUALITY COUNTS

HIGH TECHNOLOGY PRE-SCHOOL & DAY NURSERY

Admission and Registration



'We are committed to Safeguarding our children'

Gingerbread Cottage Pre School Ltd.

Field Lane, Fazakerley, Liverpool. L10 OAG - United Kingdom

Tel: + (44) (0) 151 293 0384 - **Fax:** + (44) (0) 151 284 8164 **Office Mobile:** 07528 081536

Skype: GB.Cottage.Office **Twitter:**

Email (General): info@gingerbread-cottage.co.uk **Website:** www.gingerbreadpreschools.com

Head Office: Accounts / Finance & Admin: 0844 756 0126

Email (Accounts): Accounts@gingerbreadpreschools.com

Registered in England, Company Registration No. 5595718

Admissions Agreement



Childs First Name _____ Surname _____

Date of Birth _____ Age _____

Home Address _____

Home Telephone Number _____ Start date _____

Session Required

Please tick the sessions you require

	MON	TUES	WED	THURS	FRI
A.M					
P.M					

Your weekly fees will be £ _____

If you wish to pay monthly this weekly amount will be x by 52 weeks and divided by 12 to arrive at a monthly payment

Your Monthly fees will be £ _____

Please indicate how you wish to pay Monthly Weekly

Children are accepted in the order in which they apply and according to the availability of places in particular age group or class to which he/she will join.

Every effort is made to accommodate parental wishes.

Signed: Parent _____ Date _____

Name: (please print) _____

Signed Manager _____ Date _____

Registration Paid	Deposit Paid	S/O Completed	Contract Signed	Photography	Updated on First Steps

Child & Parent Information



Name of Child _____

D.O.B _____

Age _____

Home Address _____

Home Tel No _____

Security Password _____

Mothers Name _____

Company Name _____

Work Address _____

Mobile No _____ Work Tel No _____

Email Address _____

Fathers Name _____

Home Tel No (if different from mothers) _____

Company Name _____

Work Address _____

Mobile No _____ Work Tel No _____

Email Address _____

Legal Contact

Who has legal contact with the child?

Name Relationship _____

Name Relationship _____

Name Relationship _____

Who has parental responsibility for the child?

Name Relationship _____

Name Relationship _____

Name Relationship _____

Emergency Contacts (please list in preference order)

Name _____ Relationship _____

Address _____

Home Tel No _____ Mobile No _____

Name _____ Relationship _____

Address _____

Home Tel No _____ Mobile No _____

Name _____ Relationship _____

Address _____

Home Tel No _____ Mobile No _____



HIGH TECHNOLOGY PRE-SCHOOL & DAY NURSERY

Terms and Conditions

Parents Names: _____ & _____

1. I/We have read and understood the Terms and Conditions listed in the Fee Schedule, and agree that failure on my/our part to comply with any payment conditions of that schedule may result in our child being prevented from attending the nursery.
2. I/We confirm that any changes to my/our contact numbers and/or addresses will be notified to the nursery immediately.
3. I/We confirm that any relevant medical information about my/our child has been disclosed, and the nursery will be kept informed of any medical changes.
4. I/We confirm that medication will be provided , labelled and duly signed, and all requirements recorded in the diary.
5. I/We will notify the nursery in the case of sickness.
6. I/We understand that if my/our child is off for more than two weeks, without, notification, then our child could lose their nursery place.
7. I/We confirm that my/our child can participate in nursery activities. If any of these activities involves excursions outside the nursery premises, prior notification from the nursery staff will be sufficient.
8. I/We confirm that if none of the authorised persons are able to collect /my/our child, then I/we will contact the nursery and provide them with an alternate person.
9. I/We confirm that the nursery will use its best endeavours to ensure that only authorised persons are able to collect my/our child.

Signed _____

Date _____

Signed _____

Date _____

Child's Name;.....

At Gingerbread Pre-Schools, we like to reward our clients for referring other families to us and have a special referral scheme in place. Please use the spaces below to give us the names and address of friends and family who you feel we may be of service to.

Name.....Relationship to you:.....
Home Telephone No:.....Mobile:.....

Name.....Relationship to you:.....
Home Telephone No:.....Mobile:.....

Name.....Relationship to you:.....
Home Telephone No:.....Mobile:.....

Health Details

Doctor

Address

Tel No.

Health Visitor Tel No.

Dentist Tel No.

Vaccinations Please tick vaccinations your child has had;

	Yes	No	Date
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meningitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Health Details Cont.

Does your child suffer from/have/need;

	Yes	No
Regular Medical attention	<input type="checkbox"/>	<input type="checkbox"/>
Eyesight Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Require regular medication	<input type="checkbox"/>	<input type="checkbox"/>

If answered 'yes' please give details below:

Does your child;

	Yes	No
Have any special needs or disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Have any special dietary requirements?	<input type="checkbox"/>	<input type="checkbox"/>

Are there any special words that your child uses for going to the potty/toilet?

If 'yes' please give details below:

Nursery Permissions

Accidents

In the event of an accident, I understand that the Nursery will seek medical advice were necessary;

I understand that I will be contact immediately, in the case of an accident, by either telephone or SMS;

Signed _____

Date _____

Signed _____

Date _____

Outings

As part of the Nursery curriculum, we will arrange local visits and walks in the local neighbourhood to support children's learning and experiences. For example, collect objects of interest for a collage or display during a walk in the park.

For you child to take part in such activities we require written permissions from their parent/carer.

I do / do not give permission for my child to take part in trips off the nursery premises;

Signed _____

Date _____

Signed _____

Date _____

Nursery Permissions Cont.

Photographs

There are some activities that we do, where the taking of pictures, may enhance the learning outcome. The nursery often holds family events, where photographs will also be taken, for display throughout the nursery and on the nursery website (www.gingerbreadpreschools.com). Photographs may also be published in the local newspaper when reporting on charity and special events that the nursery holds.

I **do** / **do not** give permission for photographs of my child to be used for display in the nursery;

Signed _____

Date _____

Signed _____

Date _____

I **do** / **do not** give permission for photographs of my child to be used for display on the nursery website;

Signed _____

Date _____

Signed _____

Date _____

I do / do not give permission for photographs of my child to be published in the local newspaper when covering nursery events;

Signed _____

Date _____

Signed _____

Date _____

Nursery Permissions Cont.

Paracetamol

In keeping with EYFS statutory framework, we are not allowed to administer paracetamol to your child, unless it has been provided by yourselves.

We are very aware, that babies in particular will go through the stage of teething, therefore parents/carers are welcome to bring paracetamol in a named bottle that has been prescribed by a health care professional (if opened for less than 3 months) or a named box of sachets and these will be stored in a locked cupboard.

Paracetamol will not be administered if it does not belong to your child.

I **do** / **do not** give permission for nursery staff to administer paracetamol to my child, if needed, as long as a telephone agreement is given first;

Signed _____

Date _____

Signed _____

Date _____

I **do** / **do not** give permission for nursery staff to administer paracetamol to my child, if needed, and they cannot reach any of the contacts by telephone;

Signed _____

Date _____

Signed _____

Date _____

Please return to the Office when completed.

Entered on First step

Sign

Date



HIGH TECHNOLOGY PRE-SCHOOL & DAY NURSERY

Parents Names: _____ **&** _____

1. I/We have read and understood the Terms and Conditions listed in the Fee Schedule, and agree that failure on my/our part to comply with any payment conditions of that schedule may result in our child being prevented from attending the nursery.
2. I/We confirm that any changes to my/our contact numbers and/or addresses will be notified to the nursery immediately.
3. I/We confirm that any relevant medical information about my/our child has been disclosed, and the nursery will be kept informed of any medical changes.
4. I/We confirm that medication will be provided , labelled and duly signed, and all requirements recorded in the diary.
5. I/We will notify the nursery in the case of sickness.
6. I/We understand that if my/our child is off for more than two weeks, without, notification, then our child could lose their nursery place.
7. I/We confirm that my/our child can participate in nursery activities. If any of these activities involves excursions outside the nursery premises, prior notification from the nursery staff will be sufficient.
8. I/We confirm that if none of the authorised persons are able to collect /my/our child, then I/we will contact the nursery and provide them with an alternate person.
9. I/We confirm that the nursery will use its best endeavours to ensure that only authorised persons are able to collect my/our child.

Signed _____

Date _____

Signed _____

Date _____