Child Registration Form — NEWTOWN, Wimpole Road

Please complete all sections of this form, sign and date it where indicated and return it to the address below together with a registration fee of £25 (required for any additional service that is not covered by the Free Early Education Entitlement - FEEE). Cheques made payable to Oaklea Montessori CIC.

The Manager, Oaklea Montessori, Mayes Lane, Ramsey, Harwich CO12 5EL

This form is rather long and a bit complex. Please bear with us. Some of the data we ask for is required by the Department for Children, Schools & Families and we do need this information to ensure we care for your child as you would wish us to.

Please take care to provide all the details we ask for.

If you don't, sadly we won't be able to process your application as quickly as we would like to.

Your Child

Full Legal Name			
Preferred Name (if different)			
Gender	**Boy / Girl**	**Date of Birth (DD/MM/YYYY)**	
Birth Certificate No.		**Checked By**	
Child's Home Address (proof of address required)			
Post Code			
☎Home Landline No.		**☎Home Other No.**	
Religion (optional)		**Ethnic Origin** (optional)	
Language Spoken at Home			
Name of Adult(s) Child Resides With			

Collecting Your Child / Emergency Contacts (in addition to parents & guardians)

*To keep your child safe, w***e cannot release your child unless the person you have authorised can provide us with the password***.*

Your Child's Password			
Authorised People	**Relationship to Child**	**☎Landline No.**	**☎Mobile No.**
Emergency Contacts	**Relationship to Child**	**☎Landline No.**	**☎Mobile No.**

Requested Sessions

Term-Time Only		**Preferred Start Date**	
50 Weeks / Year			

For families eligible for 30 hours FEEE, we will need to see evidence of your eligibility and an additional £25 refundable deposit. If you are eligible for government funding, our core hour sessions may be free of charge. Any wrap-around care outside the core hours will always be chargeable. Please refer to our website for all current charges. The core hour options are:

9 a.m. to 12 p.m. ***OR*** 1 p.m. to 4 p.m. ***OR*** 9 a.m. to 3 p.m.

Please state your preferred times in the table below (e.g. 8 a.m. to 12 p.m. or 1 p.m. to 5 p.m. etc.).

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
AM					
PM					

Checklist For use by nursery staff: v.10

CN		**Ack Ltr**		**WP**		**KP + iCN**		**Po Addr**		**Con Rec'd**		**BC**					

Your Obligations

This section is important because you are entering into a contract with us.

We want to set out here as clearly as possible what you are agreeing to by sending us this form.

Please ensure that you understand your obligations before you sign and return this form.

1. I enclose / attach a registration fee of £25 in order to secure a place on the waiting list for my child. I understand that such a place on the waiting list does not guarantee that a place will be available for my child.
2. I understand that Oaklea Montessori CIC will confirm to me in writing that my child's name has been added to the waiting list.
3. As and when my child is offered a place at Oaklea Montessori, I agree to provide 4 week's written notice of any changes to or cancellation of my child's sessions. I understand that I will be liable to pay any fees or charges for sessions or services during this notice period whether my child attends those sessions or not.
4. I agree to pay all applicable fees and charges monthly in advance.
5. I understand and agree that there will be no reductions in fees or charges payable by me for any sessions not attended through sickness, holidays, occasional days off or other absences, including when the nursery is not operating for reasons of Bank Holidays, annual or forced closures. Meal charges may be deducted where a minimum of five working days' notice is provided.

Signed		**Date**	
Print Name			

Your Child's Parents / Guardians – please indicate who is to be the bill payer

Full Name			
Relationship to Child			
Address (if not child's home)			
Post Code			
☎Landline No.		**☎Mobile No.**	
☎Other Daytime No.		***email:**	

Full Name			
Relationship to Child			
Address (if not child's home)			
Post Code			
☎Landline No.		**☎Mobile No.**	
☎Other Daytime No.		***email:**	

**Please note these are important, and you must indicate which address to use for invoicing.*

Other Nurseries & School Details

Please provide details of any other nurseries, pre-schools or child minders your child attends or has attended previously

Name(s) of Provider(s)	**☎Contact No.**

Please let us know when you expect your child to start school

When is you child expected to start school (approximate date)	

Consent Form

Please sign each section of this form.
It is important and necessary that we have your explicit consent in each case. Thank you

Child's Full Legal Name			
Emergency In the event of an emergency, I give my consent to the senior staff member to access emergency medical advice and attention by health practitioners. Such health practitioners may administer emergency medication as required whilst in the care of the nursery. This includes anaesthetic.			
Signed		**Date**	
Print Name		**Relationship to Child**	
Photographs I give my consent to my child being photographed whilst at nursery. All photographs will be given to parents as part of a record of their child's activities at nursery. I understand that they will not be used outside the nursery unless I give my further consent.			
Signed		**Date**	
Print Name		**Relationship to Child**	
Outings I give consent for my child to go on outings (e.g. for walks, to the local primary school etc.) with nursery staff. Nursery mobile phones and first aid staff and equipment will always be in attendance. I understand that trips further afield will not take place unless I give my further assent.			
Signed		**Date**	
Print Name		**Relationship to Child**	
Sun Protection I consent to members of nursery staff apply sun cream protection to my child when, in the opinion of such staff members such protection is in the child's best interest.			
Signed		**Date**	
Print Name		**Relationship to Child**	
Information I consent to Oaklea Montessori CIC sharing information regarding my child with other nurseries, pre-schools or child minders they attend and primary school when my child transfers to school.			
Signed		**Date**	
Print Name		**Relationship to Child**	
Photographs for other purposes I give my consent for photographs of my child to be used by Oaklea Montessori CIC. These photographs will be visible in the public domain via Facebook, our website or printed publications, but such photographs will only be used in accordance with any applicable guidance and conditions.			
Signed		**Date**	
Print Name		**Relationship to Child**	
Data Privacy Oaklea Montessori CIC takes your privacy seriously and will only use your information to manage your account and provide tailored care to your child. From time to time, we will need to contact you via phone, email and the ParentZone app to provide you with nursery updates, share relevant news and send your childcare bills. We will input your data into a system called Connect Childcare which helps us manage our nursery smoothly. Your data is held in secure data centres and can only be accessed by authorised personnel. Personal information will ONLY be shared with relevant authorities (for example, Essex County Council, Ofsted, etc.). Signing here confirms that you have read and understood the above statement and gives us consent to contact you regarding relevant matters.			
Signed		**Date**	
Print Name		**Relationship to Child**	

Your Child's Doctor / Health Visitor

Name of Child's Doctor		
Doctor's Address		
☎Landline No.		
Child's Health Visitor		
☎Contact No.		

Your Child's Health

Please ensure you complete each section. If there is nothing to enter, please write 'NONE' in the section.

Child's Past Illnesses	
On-Going Health Problems	
Major Illnesses / Operations	
Allergies	
Food Allergies	
Fears or Phobias	
Special Dietary Requirements	
Special Needs	

Is your child being seen by any of the following:

Speech Therapist	**Yes / No**	**Social Worker**	**Yes / No**
Children's Centre Staff	**Yes / No**	**Other (please specify)**	

Immunisation

Has your child been immunised against the following:

Vaccination	1	2	3	4
'5-in-1' (Diphtheria, Tetanus, Whooping Cough, Polio & HIB)	**Yes / No**	**Yes / No**	**Yes / No**	
HIB				**Yes / No**
PCV	**Yes / No**	**Yes / No**	**Yes / No**	
Rotavirus	**Yes / No**	**Yes / No**		
Meningitis C	**Yes / No**	**Yes / No**		
Measles, Mumps & Rubella (MMR)	**Yes / No**	**Yes / No**		

Provider / Parent Agreement

Provider / Parent Agreement

All relevant Key Policies have been sent to you via email (if you have expressed an interest to us already) and are available to view on our website (www.oakleamontessori.co.uk/news). These clearly set out the responsibilities and obligations of both nursery staff and parents / carers. In order to ensure that all parties are aware of these policies and procedures, we would ask you to sign as evidence of your acceptance to our terms.

- I have read and understood the conditions in the Welcome and Registration Documents
- I have read and understood the Payment Policy
- I am familiar with the policy documents available on the Oaklea website
- I understand that, as a parent/carer, I am required to apply directly to the Primary School of my choice and understand that there is no automatic referral from Oaklea Montessori CIC to any Primary School
- I agree to give four weeks written notice of intention to withdraw my child from the nursery and understand than failure to do so will mean that I am liable for four weeks fees in lieu of notice

Signed		**Date**	
Print Name		**Relationship to Child**	

Authorised Signature – for Oaklea Montessori CIC_____

Name of Authorised Person_____

Date:_____