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| A picture containing food, drawing  Description automatically generated | **GOLDENSPARKS NURSERY** |

**ENROLMENT & AGREEMENT FORM**

## CHILD DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child Name:** | |  |  | |  |  |
|  | | **First** | **Surname** | | **M.I.** |  |
| **Date of Birth:** | |  |  | |  |  |
| **Start Date:** | |  |  | |  |  |
| **Gender (Girl/Boy):** | |  |  | |  |  |
| **Attach Child’s Photo:**  **Address:** |  | | |  | | |
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|  |  |  |  |
|  | **City** |  | **Postcode** |

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| **Emergency Phone:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Sibling To:** |  | **Nationality:** |  | **Religion:** |  |

|  |  |
| --- | --- |
| **Languages Spoken At Home** |  |

|  |  |
| --- | --- |
| **Lives with (Mother, Father, Both, Other):** |  |

|  |  |
| --- | --- |
| **Ethnic Origin  (White, Black, Asian, Mixed, Other):** |  |

## PARENT 1/GUARDIAN 1 DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  |  | |  |  |
|  | | **Title (Mr./Mrs./Ms./ Dr./Other)** | **Full Name** | |  |  |
| **Relationship  to Child:** | |  |  | |  |  |
| **Occupation:** | |  |  | |  |  |
| **Attach  Parent Photo:**    **Home Address:** |  | | |  | | |
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|  | **City** |  | **Postcode** |

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| **Work Address:** |  |  |
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|  | **City** |  | **Postcode** |

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| --- | --- | --- | --- | --- | --- |
| **Home Telephone:** |  | **Work  Telephone:** |  | **Mobile:** |  |

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| --- | --- |
| **Email:** |  |

## PARENT 2/GUARDIAN 2 DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  |  | |  |  |
|  | | **Title (Mr./Mrs./Ms./ Dr./Other)** | **Full Name** | |  |  |
| **Relationship  to Child:** | |  |  | |  |  |
| **Occupation:** | |  |  | |  |  |
| **Attach  Parent Photo:**    **Home Address:** |  | | |  | | |
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|  | **City** |  | **Postcode** |

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| **Work Address:** |  |  |
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|  | **City** |  | **Postcode** |

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| --- | --- | --- | --- | --- | --- |
| **Home Telephone:** |  | **Work  Telephone:** |  | **Mobile:** |  |

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| --- | --- |
| **Email:** |  |

## EMERGENCY CONTACT 1 DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  |  | |  |  |
|  | | **Title (Mr./Mrs./Ms./ Dr./Other)** | **Full Name** | |  |  |
| **Relationship  to Child:** | |  |  | |  |  |
| **Occupation:** | |  |  | |  |  |
| **Attach  Parent Photo:**    **Home Address:** |  | | |  | | |
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|  | **City** |  | **Postcode** |

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| **Work Address:** |  |  |
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|  | **City** |  | **Postcode** |

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| --- | --- | --- | --- | --- | --- |
| **Home Telephone:** |  | **Work  Telephone:** |  | **Mobile:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

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| --- | --- |
| **Password:** |  |

**Please provide a password that may be used to authorise an emergency collection**

## CHILD MEDICAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctor/ Surgery Name/ Address:** | |  | | |  | | | |  | | |  |
|  | | | |  | | | |  | | |  | |
| **Doctor/ Surgery Telephone:** | | |  | | |  | | | |  | | |  | |
| **History of any illnesses:** |  | | | | | |  | | | | | | |
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| **Any Allergies:** |  |  |
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| **Any Dietary Needs:** |  |  |
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| **Dentist Name/ Address:** | |  | |  | | | |  | | | |  |
|  | | |  | | | | | |  | |  | | | |
| **Health Visitor’s Name  & Contact Details:** | |  | | |  | | | | |  | | |  | |
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## DETAILS OF IMMUNISATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BCG** | **YES** | **NO** | **DATE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MMR** | **YES** | **NO** | **DATE:** |  |
|  |  |  |  |  |
| **DIPHTHERIA** | **YES** | **NO** | **DATE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POLIO** | **YES** | **NO** | **DATE:** |  |
|  |  |  |  |  |
| **HIB** | **YES** | **NO** | **DATE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TETANUS** | **YES** | **NO** | **DATE:** |  |
|  |  |  |  |  |
| **WHOOPING COUGH** | **YES** | **NO** | **DATE:** |  |
|  |  |  |  |  |
| **HIB** | **YES** | **NO** | **DATE:** |  |

*(Note: Double click on YES/NO button to select)*

**Please use the space below for any other important information you would like us to be aware of:**

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## ADDITIONAL NEEDS INFORMTION

**Does your child have additional** **needs?   
Please tick the following and add any notes you think may be helpful to us.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **🞎** | **My child has no additional needs** | | |  | |
| **🞎** | **Speech** | | |  | |
| **🞎** | **Language (for example using or understanding language)** | | |  | |
| **🞎** | **Emotional and/or behavioural (for example separation/playing with other children)** | | |  | |
| **🞎** | **Hearing** | | |  | |
| **🞎** | **Vision** | | |  | |
| **🞎** | **Physical/movement (for example running, using hands)** | | |  | |
| **🞎** | **Other (please specify)** | | |  | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | | | |  | | |  |  | | | |  | | |  | |  |  |  | | | | | | | |
| **When were these needs first identified and by who?**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | | | |  | | |  |  | | | |  | | |  | |  |  |  | | | | | | | |
| **Does your child have or use any specialist equipment or resources?  For example, glasses, hearing aids, Makaton…**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | | | | | | |
| **Does your child have any of the following (please tick)?** | | | | | |
| **Individual Plan/Individual Education Plan/ Individual Outcome Plan** | | **🞎** | **Statement of Education Need, or an application has been made for one** | **🞎** | |
| **Education Healthcare Plan, or an application has been made for one** | | **🞎** | **CAF form (Common Assessment Framework)** | **🞎** | |
| **If you have any other information about your child that you would like us to be aware of please make a note here or come along and talk to us about it**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  |  | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | | | | | | |

## PARENT AGREEMENT

We believe that there needs to be a formal agreement between the Nursery and Parents. The contract will outline the obligations and commitment, of both the Nursery and the Parent(s).

The Nursery: - ‘GoldenSparks Nursery’ will operate from a property at Unit 9, Caxton Street North, Caxton Works, London E161XE. Is registered with Ofsted as a Day Care Nursery and Preschool; and operates within their regulations, guidelines and rules. Their Inspectors regularly visit the Nursery to ensure the appropriate standards of care & education are being provided.

The Contract: -

a) The minimum contract period is for 6 months. Exceptional cases will be considered.

b) Notice Period: Due to the long-term commitment we make when reserving a child’s place, we must ask you to make a similar commitment to us. We, therefore, require a minimum of 6 weeks written notice, commencing from the first day of the month, to reduce or cancel your child’s normal booking.

c) Increasing your booking is subject to availability.

d) Early Years Nursery Education Scheme places or special short-term contracts may be available, subject to agreement and availability of places.

HOURS OF OPERATION   
Monday to Friday 08:00 to 18:00.   
All parents/carers will be given a five-minute grace period on late collection of their child. If your child has still not been collected 5 minutes after the session has ended (1.05 p.m. or 6.35 p.m.), then a £10.00 charge will be levied and for every ten minutes thereafter. We will be closed on all Statutory Holidays also we close between Christmas and New Year; these days are charged.

MONTHLY FEES

Monthly fees are at the prevailing fee schedule. The setting reserves the right to increase said fees at any time giving one calendar months’ notice of the proposed increase to parents/ guardians. Monthly fees include all sick days and holidays taken as these are paid days. Fees are based on booked days not attendance. Refunds and credits will not be given for days where your child does not attend due to sickness or holiday. We do not allow swapping of days unless it is permanent and there is availability, we will try to accommodate swapping of days in cases of emergency or under special circumstances. Childcare vouchers must be cleared into our bank account by 1st day of the month.

PAYMENT POLICY

Parents agree that all monthly fees (full time and part time attendance) will be paid monthly in advance. Additional sessions will be invoiced at the end of each month and will be due for payment immediately. Unpaid fees are subject to a £10 late payment fee per day if fees not received by the 5th day from the date of the invoice. Unpaid fees may result in immediate suspension or termination of care unless reasonable arrangements are made and accepted by both parties. Extra hours are billed at the session rate or hourly rate. Full time and part time fees are based on booked days, not attendance, therefore parents are responsible for fees whether child attends or not. (This includes sick days and holidays booked). Payment of fees are by bank transfer / standing orders only. No cheques.

Bank details are as follows:

Trading name: GOLDENSPARKS LEARNING LIMITED   
Account number: 83981560  
Sort Code: 30-98-97   
**Please use your child’s name or invoice number as a reference**.

ILLNESS POLICY

Please advise the nursery prior to 8:30 am if a child will not be attending due to illness.   
Parents agree that a child who is ill (e.g. fever, infection, diarrhoea, communicable disease, or any other type of illness that may be passed on to others, with the exception of the common cold) will be kept at home to protect the well-being of the staff and other children in our care. The parents further agree should a child become ill while in our care that immediate arrangement will be made to remove the child from the nursery. Children will not be allowed to return to nursery until they have been symptom free for at least 24 hours for a fever and 48 hours for sickness or diarrhoea. In some cases, a note from a doctor may be necessary. By signing this contract, you are agreeing to staff seeking any necessary emergency medical advice or treatment during their time at GoldenSparks Nursery. Please refer to our sickness policy for more information about this topic.

LATE ARRIVAL/PICKUP POLICY   
Please advise the nursery immediately if you will be arriving later than the pre-arranged time to pick up your child. It is the parents’ responsibility to ensure that children are picked up no later than 18:00. If you are not able to pick up your child by 18:00 alternate arrangements must be made. Please notify the nursery if an unauthorised person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorised on the registration form. They must bring photographic I.D. plus a photograph to be kept on file and a password will be used.

TERMINATION

GoldenSparks Nursery reserves the right to suspend or terminate care of any child without notice, should it be deemed necessary for the overall safety and well-being of staff and/or other children in my care.

WITHDRAWAL

Parents agree that a minimum notice of six weeks (notice to given in writing) will be given for permanent withdrawal of or reducing hours of any child from care or agree to pay one month’s fee in lieu. The responsibility is of the parents to ensure that the notice has been received by the office. No exceptions will be made.

HEALTH & SAFETY

The name of the designated Health & Safety Officer is on the main notice board. Any health & safety queries please arrange to meet with the Nursery Manager. We would ask all parents to make sure doors are closed when entering or leaving the building and that they are mindful of little fingers. If the nursery has to close due to any natural disasters, pandemics, health and health & safety and illness reasons including bad weather, fees will still be due to be paid during the period closed.

REGISTRATION

A non-refundable registration fee of £150 (per child) is required upon completion of registration to secure your child's placement in care. The registration fee is non-refundable. Spaces will not be held unless the registration fee is paid in full.

POTTY TRAINING

We will work in conjunction with parents during potty training. If you have a method that has been working for you, please let us know and we will adopt it for your child. Should you discontinue potty training at home, please let us know. If a child shows no interest in potty training, we will discuss this with you and probably choose to discontinue and try again at a later date.

BEHAVIOUR MANAGEMENT

If a child’s behaviour is seen to endanger others and all routes according to our Behaviour policy have been adhered, GoldenSparks Nursery will arrange a meeting with the parents to discuss the options available. If a parent does not support the nursery in gaining help and advice, then GoldenSparks Nursery will have the right to terminate the parent’s contract and will no longer provide care for that child.

WHAT TO WEAR

In order to feel free to explore and experiment with all kinds of materials, including messy ones, it is advisable to send children dressed in clothes that are easily washable and preferably not new. It is good for children to practice the skills, which will make them independent. Simple clothing which they can handle themselves will enable them to go to the toilet unaided and to put on and take off their outdoor clothes without being too dependent on other people for help. The Nursery also requests that each child is provided with a pair of Wellington boots, waterproof coat and trousers, which is clearly labelled, to be kept at the Nursery.

MOVING ROOMS

We move children in consultation with parents and guardians when they reach the age or development stage of the next room. We offer the children settling in visits with their new key person before they start their new room.

SIBLING DISCOUNT

10% discount is given to the eldest sibling attending the same nursery. Discount ceases when government funding is received (term after eldest sibling turns 3 years).

DATA PROTECTION

I understand that my child’s records will be held on a computerised database and that this is protected by the Data Protection Act 1984 & 1998 and that they will be used for no other purpose than company business. I understand that if I require a copy of this personal information, I must make a request in writing. I agree to be contacted via email for the purposes of nursery or out of school club business.

SAFEGUARDING

I understand that the Safeguarding Vulnerable Groups Act 2006 places a duty on the staff to follow specific child protection procedures should any concerns be made and that there is a Safeguarding Children Policy available for me to view at any time.

PARENT PARTNERSHIP

GoldenSparks Nursery requests parent partnership and cooperation with us by providing to us such information as we may reasonably require about your Child e.g.:

* + - Any known medical condition, health problem, allergy, or diagnosed dietary requirement;
    - Any prescribed medication;
    - Any injuries your Child has suffered at home e.g. cuts, bruises, scratches. We will ask you to sign a pre-existing injuries form that confirms your Child came to nursery with that injury;
    - Any lack of any vaccination which your Child would ordinarily have by their age;
    - Any family circumstances or court orders affecting your Child;
    - Any absences due to illness, holidays or other reasons;
    - Any concerns about your Child’s safety;
    - Your contact details, and those of your authorised persons who may collect your Child.
    - Parents to (a) ensure these details are accurate and (b) keep these details up to date, by promptly informing us in writing whenever they change.
    - Parents to follow our procedures in respect of the arrival and departure of your child as detailed in our nursery’s Collection of Children/Uncollected Child Policy. A copy of the policy will be provided to you for signature at the time of registration and in the parent policy folder with the manager.
    - If you part pay, or pay in full with childcare vouchers, you must inform the finance department by the 21st of each month if the amount is going to change.

NON -SOLICITATION OF STAFF

a. The parent/guardian of the child who is subject to this Registration Form, hereby agrees that during the term of this agreement and for the period of twelve months after its termination (howsoever terminated) that (s)he will not seek to employ, entice away or attempt to entice away from the employment of GoldenSparks Nursery ('the Company') any person or persons employed by the Company at the date of termination of this agreement or any person or persons who were employed by the Company in the six months preceding the date of termination of the agreement. b. If the parent/guardian shall breach clause 10(a) then (s)he shall indemnify the Company fully in respect of all and any costs, claims, damages and expenses incurred by the Company as a result of the aforementioned breach to include the cost of replacing the relevant member of staff to include, but not limited to agency fees, advertising costs, management time in interviewing and all such other costs reasonably and necessarily incurred by the Company in replacing the member of staff together with all legal fees and disbursements.

EXCLUSION   
If in the reasonable opinion of the nursery manager or person of similar standing or authority it is considered that the continued presence of the child referred to herein is detrimental to the health, safety or well-being of the child or other children in the setting or the setting practitioners or other staff so employed then the setting may serve notice to the parent/guardians or a request for the child to be immediately removed from the setting and the provision of one month's notice shall not apply.

SECURITY

Parents are welcome to visit the nursery, but we will not admit anyone without prior notification. It is parent’s responsibility to ensure that we are aware of who will be collecting your Child. No Child will be allowed to leave the building with any person who has not been notified as an authorised person to collect your Child on your behalf.

## CONSENT & DECLARATIONS

|  |  |  |
| --- | --- | --- |
| **I/We agree for my child in the event of an emergency to given emergency first aid, if required be taken to hospital when necessary and to be seen by medical professionals to seek advice** | **YES** | **NO** |
|  |  |  |
| **I/We agree for my child to be taken on nursery outings and trips in accordance with our health and safety procedures** | **YES** | **NO** |
|  |  |  |
| **I/We agree for my child’s photograph/videos to be taken for their child profile and for the nursery use** | **YES** | **NO** |
|  |  |  |
| **I/We give permission to apply the supplied nappy and sun creams if they are needed and accept that GoldenSparks Nursery holds no responsibility for any allergic reaction that may occur.** | **YES** | **NO** |
|  |  |  |
| **I/We give permission to administer teething gel if required (generally for children aged under 1 year).** | **YES NO** | **N/A** |
|  |  |  |
| **I/We give permission for photos of my child/children to be used on the nursery’s website or Facebook page.** | **YES** | **NO** |
| **I/We give permission to send me/us marketing information about open days, events and promotions.** | **YES** | **NO** |
| **I/We give permission for Child/children’s learning journey may be taken home by their key person to be worked on outside of nursery hours.** | **YES** | **NO** |
|  |  |  |

* **I/We have read, understood and agree to abide by GoldenSparks Nursery Parent Agreement and Policies & Procedures.**
* **I/We also understood that the standard terms & conditions, fees, policies & procedures of GoldenSparks will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with GoldenSparks.**
* **I/We declare that all the information given is true and any changes will be immediately notified to GoldenSparks.**
* **I/We also understand that GoldenSparks may obtain, process and hold personal information about our child, including sensitive information such as medical details, or legal documents.**
* **I/We consent to GoldenSparks corresponding with both parents/guardians, and understand that unless otherwise legally advised, GoldenSparks has an obligation to communicate and allow contact with both the parents in the interest of the child.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Parent 1/ Guardian 1***  ***Signature:*** |  | **Relationship  to Child:** |  |
| **Responsible for Paying Fees (Y/N):** |  | **Dated:** |  |
|  |  |  |  |
|  |  |  |  |
| **Parent 2/ Guardian 2**  **Signature:** |  | **Relationship  to Child:** |  |
| **Responsible for Paying Fees (Y/N):** |  | **Dated:** |  |

**HOW DID YOU HEAR ABOUT GOLDENSPARKS NURSERY?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recommendation /**  **Word of mouth** | | | **🞎** | **Advertisement** | **🞎** |
| **Open day** | | | **🞎** | **Day nurseries** | **🞎** |
| **Leaflet** | | | **🞎** | **Search Engine** | **🞎** |
| **Social media** | | | **🞎** | **GoldenSparks Staff** | **🞎** |
| **Other (please state):** | **🞎** |  | | | | |

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***PLEASE RETURN THIS FORM COMPLETED, REGISTRATION FEES OF £150, OUR TERMS & CONDITIONS & POLICIES AND PERMISSIONS FORMS SIGNED.  
  
Data Protection Disclaimer: By signing this document, you are agreeing to your information, and that of your child’s, to be used by GoldenSparks Nursery. Data collected in this document may be used by GoldenSparks Nursery to inform our online records (our Nursery Management Systems, registers etc.). This information may also be shared with the local authority. The data will not be shared with any third party for marketing purposes.***

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**FOR OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s birth certificate number** |  | | |
| **Proof of address provided  (Council Tax bill/Gas/Electricity/Water bills/Tax Credits/JCP letter).  Circle proof seen** | | **Yes 🞎** | **No 🞎** |
| **Proof seen of eligibility for funding** | | **Yes 🞎** | **No 🞎**  **N/A 🞎** |

**Confirmation above documents seen:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of staff** |  | | |
| **Signature** |  | **Date** |  |