



Little Pumpkins™ nursery



Nursery Services Registration Form With Terms & Conditions

Please indicate days required (minimum sessions apply to all age groups)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Full Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the above sessions are not available, are you open to alternative days?

Y N

Please specify the child's first language/other languages spoken

Please specify the child's ethnicity

Please specify your preferred start date at Little Pumpkins

D D M M Y Y

Please specify a security password for your child

Child Details

First Name

D.O.B/Due Date

D D M M Y Y

Surname

Gender

M F Unknown

Does your child suffer from any severe medical conditions / allergies

Y N

If yes, what is the condition / allergy?

Has your child been referred to any professional service (i.e. portage, social worker, contact restriction etc.)

Y N

If yes, please give details

Who has legal responsibility for the child, please give details

Parent 1 Details

Title

First Name

Last Name

Address

Postcode

Home Tel

Mobile

Email Address *

*Your email address is an essential piece of information, used to send you your monthly invoices and to communicate with you in regards to consent for your child(ren)'s care.

Parent 2 Details

Title First Name Last Name

Address

Postcode

Home Tel

Mobile

Email Address *

*Your email address is an essential piece of information, used to send you your monthly invoices and to communicate with you in regards to consent for your child(ren)'s care.

1st Emergency Contact name & Relationship to child.

Tel no.

Mobile no.

2nd Emergency Contact name & Relationship to child.

Tel no.

Mobile no.

Doctor's name and address

Tel no.

Dental name and address

Tel no.

Registration Fee and Refundable Deposits

To apply for place, a non-refundable registration fee of £100 and two weeks deposit required.

Deposits are refundable if two months written notice is given in writing to us.

On receipt of completed registration form Little Pumpkins Nursery will either offer you the requested sessions or after dialogue with you, offer suitable alternative sessions. A confirmation email will be sent.

If you used our service before, please tick here

- I give permission for my child to be removed from Little Pumpkins Nursery, taken to hospital and treated as necessary (parents will be contacted immediately) Y N
- I give permission to administer Calpol to my child if the temperature is and above 37.5 Y N
- I give permission for staff with first aid certificates to administer first aid to my child Y N
- I give permission to the nursery to apply plasters to my child Y N
- I give consent for my child to be taken on walks, field trips and outings by the staff of Little Pumpkins Y N
- I give consent for my child to be included in group or individual photographs taken occasionally by members of staff for use for children's folders for evidence of the ways the curriculum is delivered, for training purposes and for publication Y N

Signature (Parent1)

Signature (Parent2)

Date

Signature (on behalf of Little Pumpkins Nursery Limited)

Acceptance

Please retain a copy of this contract for your own records. The terms and conditions are considered to be fair and reasonable. Should any provision of these terms and conditions be found to be unlawful then that provision shall be removed but the agreement itself shall remain in full force and effect.

Please tick your preferred site

- Tel: 020 8656 2517 email: southnorwood@littlepumpkinsnursery.com
- Tel: 020 3489 4880 email: eastcroydon@littlepumpkinsnursery.com
- Tel: 020 8851 2400 email: lee@littlepumpkinsnursery.com

www.littlepumpkinsnursery.com

| | |
|-------------------------------------|---|
| FOR OFFICE USE ONLY | Registration Fee Paid: |
| Deposit Paid: | Date: |
| Birth Certificate Presented: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Management Signature: | Date: |