**Family and Child Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Legal Name:  Child’s Preferred Name:  Gender:  **\*Please provide a copy of the child’s birth certificate or passport and proof of address. Please see checklist.**  Address:  Religion: Languages spoken:  Email Address: | | | | Date of Birth:  Postcode:  Ethnicity: |
| **Parent/Carer:**  Name:  DOB:  Relationship to child:  NI Number:  Address (if different to above):  Postcode:  Home phone number:  Mobile phone number:  Work phone number:  Work address (inc postcode):  Email address:  Parental responsibility: Yes No | | **Parent/Carer:**  Name:  DOB:  Relationship to child:  NI Number:  Address (if different to above):  Postcode:  Home phone number:  Mobile phone number:  Work phone number:  Work address (inc postcode):  Email address:  Parental responsibility: Yes No | | |
| **Primary Carer (If not mother or father)**  Name:  DOB:  NI Number:  Relationship to Child:  Address (if different to above):  Postcode:  Home phone number:  Mobile phone number:  Work address (inc postcode):  Email address:  Parental responsibility: Yes No | | **Primary Carer (If not mother or father)**  Name:  DOB:  NI Number:  Relationship to Child:  Address (if different to above):  Postcode:  Home phone number:  Mobile phone number:  Work address (inc postcode):  Email address:  Parental responsibility: Yes No | | |
| Is this child Looked After by the local authority e.g. living with Foster Carers?  Yes No  If YES please give details below including the name and contact details of the child’s Social Worker: | | Is this child being cared for by another family member under a Voluntary Arrangement, Child Arrangement or Special Guardianship Order?  Yes No  If YES please give details below: | | |
| **Other family members living at the child’s address**  **Brothers and sisters** | | | | |
| Name:  DOB:  EY Setting/School attended:  Relationship to child: Brother/Sister/Other | | Name:  DOB:  EY Setting/School attended:  Relationship to child: Brother/Sister/Other | | |
| Name:  DOB:  EY Setting/School attended:  Relationship to child: Brother/Sister/Other | | Name:  DOB:  EY Setting/School attended:  Relationship to child: Brother/Sister/Other | | |
| **Other family members/adults living at the child’s address** | | | | |
| Name:  DOB:  Relationship to Child: | | Name:  DOB:  Relationship to Child: | | |
| **Other significant adults/frequent visitors who visit the home or who are part of the family support network e.g Grandparents, childminders etc.** | | | | |
| Name:  DOB:  Relationship to Child:  Telephone Contact: | | Name:  DOB:  Relationship to Child:  Telephone Contact: | | |
| **Emergency contact (Parent/Carer to be contacted first)**  Name:  Relationship to child:  Address:  Phone number:  Mobile number: | | **Emergency contact (Parent/Carer to be contacted first)**  Name:  Relationship to child:  Address:  Phone number:  Mobile number: | | |
| People over the age of 14 with permission to collect your child:  (please note that identification will need to be presented from people we do not know) | | | | |
| Any special circumstances or information that nursery should know about in order to help your child in nursery e.g. family circumstances, restrictions on collection etc. | | | | |
| GP name and address:  Telephone number: | | Health visitor name and address:  Telephone number: | | |
| Immunisations (please circle which ones your child has had)  Polio Tetanus Diphtheria Whooping Cough MMR HIB | | | | |
| Please provide details of other illnesses, conditions, allergies or hospital stays:  **\*This information is important to ensure the nursery can provide the appropriate care.** | | | | |
| Other early years experiences: | | | | |
| Provision type: e.g. Childminder, Pre-School etc. | Name and address of provision: | | When last attended: | |
| **Please inform us of any nursery funding you currently receive at any of the above. We will need to know as it will affect your funding eligibility.** | | | | |
| Additional information: | | | | |
| Do you have a funding code for the Extended 15 hours? If so please state this below:  9 month + 15 hours funding code:  2 Year 15 hours funding code (£10.00 funded daily charge):  3 year old 30 hours Universal code (£22.00 funded daily charge):  **\*Please provide a copy of your funding confirmation including the code. There is a Funded Daily charge whilst funding is being used, please see current pricing structure.** | | | | |

If and when necessary we may share this information with others to support your child and their development e.g. with the health visitor, with their next nursery/school etc. Please discuss with a member of the management team if you have any concerns.

I declare the information I have given to nursery is true and correct to the best of my knowledge and it may be used to assist with Nursery Education Funding when necessary.

Signed (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GDPR**   
We will hold this information with the GDPR for the safeguarding of children in the nursery. It may be passed on to other local bodies such as Local Authority, Ofsted and other appropriate agencies as required to fulfil our obligations under our Ofsted registration.

**Agreement between Parent and Nursery**

One copy of this agreement is to be kept by the parent and one copy to be kept by the Nursery.

Name of child:……………………………………………………………………… Start date:……………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days to be cared for | Monday | Tuesday | Wednesday | Thursday | Friday |
| Hours to be cared for |  |  |  |  |  |

|  |  |
| --- | --- |
| All Year Round |  |
| Term Time only |  |

**\*Term Time only contracts will be charged 1 x 8-hour set day per week during School Holidays**

**\*Shift Pattern Contracts will be charged at least 1 x 8-hour day per week All Year Round**

**Additional hours may be requested at the standard rate.**

This contract may be varied from time to time by agreement to meet the needs of family or nursery.

**Absence:** Charge for absence are necessary to maintain the nursery place:

|  |  |
| --- | --- |
| Sickness | * Full Fee |
| Bank Holidays | * Full Fee |
| Occasional days off | * Full Fee |

\*As a gesture of goodwill any days not attended can be offered as a swap if there is space available on the days, these swaps must be taken within the same term as the absence. These terms are:

September to December

January to March

April to August

**Parents are to provide**: disposable nappies, change of clothing, baby wipes, creams, slippers for indoor use, sunhats and creams, medication i.e. Calpol. No responsibility can be accepted by nursery for any toy brought into nursery. Please remember to name your child’s belongings.

**Meals:** The daytime snacks and freshly prepared lunch are all provided for £4.25 per day. Parents are to provide all food for unweaned babies and no charge is made until nursery food is taken. If your child needs a snack at teatime, parents are required to provide this. Your also advised to avoid teatime snacks high in salt or sugar.

Please note any special arrangements/allergies:…………………………………………................  
……………………………………………………………………………………………………………………………………………

**Sickness:** Brierley Field Children’s Nursery cannot normally undertake the care of a sick child. Please notify us if your child is ill and will not be attending by 07.15 on the day of attendance. The nursery reserves the right to not administer treatment. It is a policy of the nursery to not accept children on any medication until they have been taking the medicine for at least 24 hours.

Please do not bring your child if s/he is obviously unwell. It is important to try and prevent the spread of infection and your cooperation is requested in this. If German measles are suspected, please inform the nursery.

We will always inform a parent if a child has a temperature, but in the event that we cannot contact a parent, we would always administer Calpol with prior permission. Nursery follows Public Health England’s Management and Control of Infectious Diseases advice for decisions regarding exclusions. Children on funding are required to inform us of any absences by 8.30 on the day of attendance. Failure to do this may result in funding being withdrawn by the Sheffield City Council.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Permission to administer Calpol if necessary? | | | | | | Yes | No |
| Permission to apply sudocrem/metanium nappy rash cream: | | | | | | Yes | No |
| **Information Sharing**  Do you give permission for nursery to share information with your child’s health visitor and school to support their ongoing development and care? | | | | | | Yes | No |
| **Other Provision** | | | | | |  |  |
| Is your child currently attending any other daycare/playgroup provision? | | | | | | Yes | No |
| If yes name of provision……………………………………………………………………  Has your child ever attended any other daycare/playgroup provision? | | | | | | Yes | No |
|  | | | | | |  |  |
| **Outings** | | | | | |  |  |
| Do you give permission for Brierley Field to take your child on outings/trips? (specific consent will be sought for major excursions) | | | | | | Yes | No |
|  | | | | | |  |  |
| **Photography** | | | | | |  |  |
| The nursery likes to record interesting events from time to time by taking photographs, which are made available for parent’s inspections from time to time; including the photo screen. | | | | | | | |
| Do you give permission for nursery photography? | | | | | | Yes | No |
| *For use in:* | Development records | Yes No | Displays | Yes No |  | |  |
|  | | | | | |  |  |
| **Suncream:** | | | | | |  |  |
| I authorise nursery to apply sunscreen?  I authorise nursery to apply nursery suncream? Yes | | | | | | Yes  Yes | No  No |
| If I do not bring sunscreen, my child can still play outdoors? | | | | | | Yes | No |
|  | | | | | |  |  |
| **Plasters:**  I authorise nursery to apply plasters? Yes No  **Changes in circumstances:** | | | | | |  |  |
| Please notify nursery if there are any changes in family details or circumstances, especially any contact details or changes in your child’s life that may affect his/hers behaviour. Ensure names and numbers are ALWAYS up to date. Changes in attendance will affect Nursery Education Funding.  **Email:**  We like to correspond by email with all our families. To confirm nursery email and to be added to our mailing list, please email your child’s name to [chantreylandnursery@yahoo.co.uk](mailto:chantreylandnursery@yahoo.co.uk). | | | | | | | |
|  | | | | | |  |  |
| **Policies and reports:** | | | | | |  |  |
| The nursery has a number of written policies and procedures, which you should read including one relating to information for parents. Ofsted reports are also available for inspection as well as online. | | | | | | | |
|  | | | | | |  |  |
| **Four week’s notice is required on either side to terminate this agreement.**  The contract is subject to review by agreement and we agree to pay all nursery fees promptly and where appropriate recovery costs.  If Sheffield Council fail to pay or recover any funding anticipated or awarded for support my child’s attendance for early learning, I understand that the responsibility is ours to make good nursery fees.  If College or University fail to pay or recover any fees anticipated, I understand that the responsibility is ours to make good nursery fees. | | | | | | | |
|  | | | | | |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st parent/carer Date\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd parent/carer Date\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On behalf of nursery

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Slip**

I (parent/carer) …………………………………………………………………………………………………..

of (address) ………………………………………………………………………………………………….

Child’s name: ……………………………………………………….. Date of Birth: ………………………...

Give permission to Brierley Field Children’s Nursery, after agreement with the Proprietor or Manager;

1. To administer …………………………………………………… (child) medicine prescribed by their doctor, only after treatment has been commenced for at least 24 hours, or any medication I provide for my child.
2. I also give Brierley Field Children’s Nursery permission to obtain medical treatment in case of an emergency.
3. My child is affected by:

…………………………………………………………………………………

…………………………………………………………………………………

Parent/carer Signed:………………………………………………………. Date:………………………….

Parent/carer Signed:………………………………………………………. Date:………………………….

**Methods of Payment – Nursery Fees**

Name:…………………………………………………………………. Date of Birth:………………..….

Address:…………………………………………………………………… Postcode:………………………….

Invoices are calculated over 12 equal monthly payments using the formular below.

E.G ………Hours per day x £7.75 + £4.25 = £…….. per day x 52 weeks divided by 12 months

Invoices are to be paid on the 1st of each month in advance.

\*Fees are subject to increase periodically

Term time only contracts: Nursery require a retainer fee of one day per week in the school holidays (in the interest of the child’s continuity) you may use the day to attend the nursery as you will be invoiced for this.

**Methods of payment:**

[**https://www.childcarechoices.gov.uk/**](https://www.childcarechoices.gov.uk/)

1. By one of the childcare voucher organisations through your employer We are registered with most childcare voucher providers, some will require a reference number, please find below voucher references. However, vouchers are now closed for new accounts and only Existing accounts will continue.
2. Tax Free childcare

Voucher Reference numbers:

Computershare: 0024452922

CO-OP: 85115684

Edenred: P21126368

Care-4: 39744394

Fideliti: BRI419C

For any other voucher company please use the reference of EY547605 (OFSTED number)

1. By bank transfer using the information below:

Brierley Field Children’s Nursery LTD

HSBC, The Market Place, Chesterfield, S40 1TN

Sort Code: 40 17 15 Account Number: 42042487

Vi: The government Tax Free childcare payment scheme that adds 20% to your contribution.

**The account should be paid a month in advance by the 1st of each month**.

**9-Month-Old-Funding**

How to apply for 2-Year-Old funding; <https://www.gov.uk/apply-free-childcare-if-youre-working>

I understand that if I access the 15 hours Universal 9-Month-old funding there is an hourly charge of £2.00 to be paid by the families per day whilst the 15 hours are being used. This hourly fee is subject to change periodically, due to fee increases.

Children who attend on a term time contract are invoiced 1 x 8-hour day per week during the school holidays, this acts as a retainer fee, however this can be attended.

This must be paid on the 1st of each month to enable the child to attend that month, e.g September’s invoice must be paid by 01/09.

I acknowledge the above information and will adhere to this:

Child’s Name: ……………………….

Funding Code:……………………….

Parent/carer 1 Signed:……………………………………………………………………………….dated:………………………..

Parent/carer 1 Signed:……………………………………………………………………………….dated:………………………..

**2-Year-Old Funding**

How to apply for 2-Year-Old funding; <https://www.gov.uk/apply-free-childcare-if-youre-working>

I understand that if I access the 15 hours Universal 2-Year-old funding there is an hourly charge of £2.50 to be paid by the families per day whilst the 15 hours are being used. This hourly fee is subject to change periodically, due to fee increases.

Children who attend on a term time contract are invoiced 1 x 8-hour day per week during the school holidays, this acts as a retainer fee, however this can be attended.

This must be paid on the 1st of each month to enable the child to attend that month, e.g September’s invoice must be paid by 01/09.

I acknowledge the above information and will adhere to this:

Child’s Name: ……………………….

Funding Code:……………………….

Parent/carer 1 Signed:……………………………………………………………………………….dated:………………………..

Parent/carer 1 Signed:……………………………………………………………………………….dated:………………………..

**3-Year-Old Funding**

How to apply for the Extended 3-Year-Old funding; <https://www.gov.uk/30-hours-free-childcare>

I understand that if I access the 15 hours Universal 3-Year-old funding or the 15 hours Extended 3 year old funding there is an hourly charge of £3.00 to be paid by the families per day whilst the 15 hours are being used. This hourly fee is subject to change periodically, due to fee increases.

Children who attend on a term time contract are invoiced 1 x 8-hour day per week during the school holidays, this acts as a retainer fee, however this can be attended.

This must be paid on the 1st of each month to enable the child to attend that month, e.g September’s invoice must be paid by 01/09.

I acknowledge the above information and will adhere to this:

Child’s Name: ……………………….

Funding Code:……………………….

Parent/carer 1 Signed:……………………………………………………………………………….dated:………………………..

Parent/carer 1 Signed:……………………………………………………………………………….dated:………………………..

**Ethnic Background Record Form**

Childs Name:………………………………………….

Information is based on the new national population census ethnic categories.   
Our ethnic background describes how we think of ourselves. This may be based on many things including, for example our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the child named above.

**White**

|  |  |
| --- | --- |
| * British |  |
| * Irish |  |
| * Traveller of Irish History |  |
| * Gypsy or Roma |  |
| * Any other white background |  |
|  |  |
| **Mixed** |  |
| * White and Black Caribbean |  |
| * White and Black African |  |
| * White and Pakistani |  |
| * White and any other Asian background |  |
| * Any other mixed background |  |
|  |  |
| **Asian or Asian British** |  |
| * Indian |  |
| * Pakistani |  |
| * Bangladeshi |  |
| * Any other Asian background |  |
|  |  |
| **Black or Black British** |  |
| * Caribbean |  |
| * Somali |  |
| * Other Black African |  |
| * Any other Black background |  |
|  |  |
| **Chinese** |  |
|  |  |
| **Any other ethnic background** |  |
| * Yemeni |  |
| * Any other ethnic background |  |
|  |  |
| **I do not wish an ethnic background category to be recorded** |  |

Any information you provide will be used solely to compile statistics of children from different ethnic backgrounds to help ensure that all children have the opportunity to fulfil their potential. These statistics will not allow different children to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DFES) to contribute to local and national statistics. The information may also be passed on to future schools to save it having to be asked for again

Photo Permissions slip

Brierley Field are currently updating all our permission slips in line with our GDPR policy.

Please fill in this photo permission slip detailing how your child’s photos could be used, read through this and confirm how nursery can display these photos.

Nursery will inform you beforehand if photos will be used on any social media sites, nursery website or advertising.

***We ask that parents/carers do not put photos/videos on any social media site which include other children unless permission has been gained by the child’s parent/carer.***

Please fill in the below information:

I give permission for nursery Facebook page. Yes/No

I give permission for nursery Instagram page Yes/No

I give permission for nursery website page. Yes/No

I give permission for nursery advertising e.g. local magazines. Yes/No

I give permission for nursery displays. Yes/No

I give permission for other parents/carers to take photos at nursery events e.g. graduation, nativity. Yes/No

Any additional notes: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Childs name: ……………………………………………………………………

Parents name: …………………………………………………………………

Parents signature: …………………………………………………………..

Date: ……………………………………………………………………………….

**Starter Checklist**

Please remember to bring in the following items for your child’s first visit:

\*The local authority requires us to collect much of this information to meet their regulations.

|  |  |
| --- | --- |
| Item | Brought in |
| Registration fee to secure nursery place  (£100.00 for place, 2 x fobs and adding child onto nursery system) |  |
| A Bond of 1 months fees (To be allocated to your final invoice) |  |
| Contract Pack fully filled out and signed by both parents (if applicable) |  |
| Birth Certificate or Passport |  |
| Proof of address |  |
| Copy of funding confirmation and code (if applicable) |  |
| Any relevant evidence of medical issues or allergies |  |
| Spare clothing and slippers (if required) |  |
| Nappies / cream (if required) |  |

Your child’s routine: please give details of your Childs typical daily routine, including mealtimes, sleep times, active times and quiet times.

|  |
| --- |
| 7.00 am  7.30 am |
| 8.00 am  8.30 am |
| 9.00 am  9.30 am |
| 10.00 am  10.30 am |
| 11.00 am  11.30 am |
| 12.00 noon  12.30 pm |
| 1.00 pm  1.30 pm |
| 2.00 pm  2.30 pm |
| 3.00 pm  3.30 pm |
| 4.00 pm  4.30 pm |
| 5.00 pm  5.30 pm |
| 6.00 pm  6.30 pm |

All About Me

|  |
| --- |
| Photo of me |

My name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My DOB is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| My family includes: | My sleep routine: | Milk/bottles times: |
| My home language is: | I can also speak: | Nappies/toileting: |
| My favourite songs: | My favourite toys: | My favourite stories |

|  |  |
| --- | --- |
| Foods I like: | Foods I dislike: |
| Allergies and dietary requirements: |  |
| Medical conditions: |  |

|  |
| --- |
| Anything else you need to know about me: |