

The Arboretum Nottingham NG1 4JA

Telephone: 0115 910 1162 accounts@steppingstonesItd.com www.steppingstonesItd.com

STEPPING STONES APPLICATION FORM

Childs Name			
Name Known By			
Date of Birth		Male/Female	
Full Address Including Postcode.	ng	Start Date	
	ooth parents/carers with (Full Parer llect the child at any time.	tal Responsibility) are listed below, th	ney
	Parent/Carer 1	Parent/Carer	. 2
National Ins Number			
Full Name			
Relationship to child			
Full Address & Postcode:			
Email Address (This is extremely important)			
Occupation			
Work Address			
Work Number			
Mobile Number			
Home Number			

Emergency Contact Details

This needs to be someone who is available other than Parents/Carers who also have parental responsibility to pick your child up if you are not available.

Name				
Tolophono Number				
Telephone Number				
Relationship to Child				
	Do	octors Contact Det	tails	
Doctor's Name			Telephone Number	
Doctor's Address			<u> </u>	
Health Visitor			Telephone Number	
Red Book Checked (Nursery to complete)	Management Signature Below:		Date Below	
V	accinati	ons/Immunisatior	ns & Health	
Vaccinations/Immunisatio (Please Name)	ns			
Tetanus (date received)				
Any Allergies				
Any Dietary Needs/Religious requirements				
Any Health Problems (e.g registered disabled)				
Is your child on any regular medication?				
Is there anything the nursery should know about your child to assist in caring for them? Are there any other professionals involved e.g. Social Care, Speech				

Therapist, Paediatrician etc.

Religion/Ethnic Origin/Disability

Religion/Entitle Origin/Disability				
Religion				
Ethnic Origin				
Languages				
Please print, sign and date be to your child when he/she ha		r a member of staff to administer Calpol		
Printed Name:	Signature:	Date:		
Please print, sign and date be Cream/Cream to your child w		r a member of staff to administer Nappy		
Printed Name:	Signature:	Date:		
Please print, sign and date below if you give consent for a member of staff to Teething Gel to your child when he/she requires it.				
Printed Name:	Signature:	Date:		

Permissions (Please circle)

Do you give permission for your child to be taken on outings?	YES	NO
Do you give the nursery permission to seek medical attention for your child in the unlikely event of an accident? (Please note we would not take your child to hospital but we would phone for an ambulance)	YES	NO
In accordance with protecting and safeguarding your child, do you give permission for the nursery to remove some of your child's clothing if necessary when participating in some types of water play/messy activities and in extreme weather conditions?	YES	NO
Do you give permission for your child to have his/her face painted?	YES	NO
Do you give the nursery permission for your child to participate in touching animals/reptiles as part of a topic or during nursery visits?	YES	NO
Do you give the nursery permission for your child to meet community role models on the nursery premises (Police, Fire, Ambulance)	YES	NO
Does your child have any known fear? (If yes please specify below)	YES	NO

Please Specify Sessions Required Below

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full Day					
Morning Session (7.45-13.00)					
Afternoon Session (13.00-18.00)					
If you are funded please circle your funding options		rly Learning gram	3 & 4 Year Edu	cation Grant	Colleges/University

Where did you hear about us? (Please tick one of the options)

Recommendation	Any other? (Please list Below)	
Internet Search		
Bus Advertising		
Yellow Pages/Yell.com		
Thompson Local		
Daynurseries.co.uk		

Permission to use Photographs of Children

Do you give permission for photographs to be used for displays, booklets, for student observations, training purposes, and newsletters within the Nursery	YES	NO
Do you give permission for the Nursery to use photographs, or video footage on their website and in any advertising.	YES	NO
Do you give permission for my child to appear in photographs with other children.	YES	NO
Do you give permission for your child to appear in photographs (with child's first name) on Facebook or your child's first name to be mentioned in statements on Twitter	YES	NO

Parental Agreement

Payment of Fees

All fees should be paid by the 1st of the month via Standing Order, our bank details are sort code: 20-63-28 and Account number: 80558222. Please use your child's initial and surname as reference when making any payment. Our fees are averaged out over the year so you have the same monthly payment each month. *Please note that all invoices not settled within our payment terms will be referred to our Debt Recovery Agents, Final Demand Ltd and will be subject to a surcharge of 15% plus VAT in lieu of our recovery charges.*

Payments to Hold Places

A payment of 50% of the month's fees is required to hold a place on our waiting list. This is not refunded as it is part payment to the first month's fees.

Notice

Four weeks notice is required in writing should you wish to remove your child from the nursery or change sessions and fees will be due for all the notice period. Nursery places will only be held open for a period of two weeks (without contact)

Bank Holidays, Annual Holidays and Sickness

In line with other nurseries, full fees are charged for all holidays and are not refunded for sickness or absence from Stepping Stones.

Infectious Diseases

The Nursery reserves the right to refuse admission of a sick child and to request that if a child becomes ill during the day they be collected as soon as possible.

Absence from Nursery

Should your child be arriving late or not attending please contact us as soon as possible so we can make any adjustments at the Nursery. E.g. Meals, Staffing etc.

Belongings

The Nursery cannot be held responsible for your child's personal possessions i.e. any toys etc. brought into the nursery and please dress you children in suitable clothing to take part in messy play.

Opening & Closing Times

The Nursery opens at 7.45am and closes at 6pm every day of the week on no account will children be allowed into the nursery before 7.45am and we request that parents collect their children and have left the premises by 6pm. A late collection charge of £20.00 will be added to your bill automatically in the event of collection after 6pm. This late fee also applies to late collection after 1.00pm if your child does a morning session.

Parental Responsibility

Any changes with regard to parents/carers with full parental responsibility must be given in writing and supported with an official letter from a solicitor/court etc.

Declaration & Signatures

By signing below I/we declare that all the information provided on this form is complete and true. I understand that the information in this form may be shared with all members of staff at Stepping Stones Day Nursery Ltd and other childcare professional bodies (OFSTED, Social Care etc.)

I/we have read the parental contract and agree to adhere to them fully

Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:



