

# The Arboretum Nottingham NG1 4JA

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

## **STEPPING STONES APPLICATION FORM**

	<u> </u>				
Childs Name					
Name Known By					
Date of Birth			Male / Female / Prefer not to say		
Full Address Includin Postcode.	g		Start Date		
Please Note: If both parents/carers with (Full Parental Responsibility) are listed below, they will be free to collect the child at any time.					
		Parent/Carer 1	Parent/Ca	arer 2	
	Billpa	yer & first ParentZone.me Login			
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					

Please ensure that you tell any them if we are unable to speak				
Name	to you. If the	oy have any queetiene of	quonos, piouso usix trioni	o comact ac.
Telephone Number				
Relationship to Child				
	Do	octors Contact De	etails	
			Telephone	
Doctor's Name			Number	
Doctor's Address				
Health Visitor			Telephone	
			Number	
Red Book Checked	Managen	nent Signature Below:	Date Below	
(Nursery to complete)		-		
V	accinati	ions/Immunisatio	ns & Health	
Vaccinations/Immunisations (Please Name)				
(i loase Hame)				
Tetanus (date received)				
-				
Any Allergies				
A Distant Nonda/Dalinia				
Any Dietary Needs/Religion requirements	ous			
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?				
there any other profession				
involved e.g. Social Care, Speech Therapist, Paediatrician etc.				
	-			

**Emergency Contact Details (different from main contact)** 

Stepping Stones is an inclusive nursery, however, if your child has any additional needs Stepping Stones must be made aware on this part of the application form. We may have a waiting list in place for children with additional needs, as we only allow one child with additional needs per session in each room to allow us to provide the highest standards of care at all times.

If additional needs become apparent when your child joins, if there is a waiting list in place for that room their sessions will be transferred to the list. For further information please contact us.

Religion/Ethnic Origin					
Religion					
Ethnic Origin					
Languages					
Please print, sign and date b to your child when he/she ha	elow if you give consent for a member o as a temperature.	f staff to a	administer C	alpol	
Printed Name:	Signature:	Date:			
Please print, sign and date below if you give consent for a member of staff to administer Nappy Cream/Cream to your child when he/she requires it.  Printed Name: Signature: Date:					
L					
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)					
	,	ı			
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)				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	2 Year Early Learning Program		3 & 4 Year Education Grant		Colleges/University

Where did you hear about us? (Please tick one of the options)						
Recommendation	Yellow Pages/Yell.com					
Internet Search	Daynurseries.co.u	Daynurseries.co.uk				
Google	Any other? (Please list	Any other? (Please list Below)				
Word of mouth						
Permission to use Photographs of Children						
Do you give permission for photographs to be used for displays, pegs, baskets/trays, booklets, for student observations, training purposes and anywhere the nursery deems reasonable for day to day running?			NO			
Do you give permission for the Nursery to use photographs, or video footage on their website and in any advertising?			NO			
Do you give permission for my child to appear in photographs with other children?			NO			
Do you give permission for your child to appear in photographs on Facebook/Twitter?			NO			

Please note you may withdraw any of the above permission/photos answers at any point of your contract with Stepping Stones. You also have the right to have all the data erased (where there is no compelling reason for continued use by Stepping Stones). Further information regarding how we store/use your data can be found within our GDPR policy which is available via both email or can be read in reception.

## **Privacy Notice**

Here at Stepping Stones Day Nursery Ltd we take your privacy seriously and will only use your personal 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 not be shared with any third parties.

Please the last page of the application form to confirm you have read and understood the above statement and you give us consent to contact you regarding relevant matters.

### **Parental Agreement**

### **Payment of Fees**

All fees should be paid by the 1<sup>st</sup> of the month via Standing Order, our bank details are sort code: 20-63-28 and Account number: 80558222. Please use your **child's full name** 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 any invoice that is not paid** to terms will be immediately passed to our debt recovery partners, Colligant Limited, and they have been instructed to act on our behalf. This action will attract an additional charge of 20% of the invoice value. This 20% plus vat will be added to your debt and will be payable by you.

#### **Payments to Hold Places**

A payment of £200 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. Meaning a £800 invoice will be £600 after the deposit is deducted.

#### 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 entirety of the notice period. Nursery places will only be held open for a period of two weeks (without contact)

### Bank Holidays, Annual Holidays, Sickness and Nursery Closures

In line with other nurseries, full fees are charged for all holidays and are not refunded for sickness or absence from Stepping Stones. In the event the nursery is forced to close due to any reason (such as severe weather, outbreak of flu or other illneses etc) full fees are payable and the notice period must be adhered to.

#### **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, Connect Childcare, Funding Loop etc.)

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

Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:
Member of		



