

Little Bugs Nursery Fordell Firs

Registration and Consent Form 2021/22



CONFIDENTIAL

SECTION 1 – CHILD DETAILS	
Forename	Surname
Known as	DOB:
Address	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Town	Birth Cert/Passport No
Postcode	Verified by Staff BC <input type="checkbox"/> Pass <input type="checkbox"/> Initials
Desired Start Date:	How did you hear about us? :

SECTION 2 – EMERGENCY CONTACT DETAILS	
Parent /Guardian Details (Main Contact)	Second Contact Details
Title	Title
Forename	Forename
Surname	Surname
Email Address	Email Address
Telephone	Telephone
Mobile	Mobile
Relationship to Child	Relationship to Child
Can pick up child <input type="checkbox"/> Is bill payer <input type="checkbox"/>	Can pick up child <input type="checkbox"/> Is bill payer <input type="checkbox"/>
Address <input type="checkbox"/> Same as child's address	Address <input type="checkbox"/> Same as child's address
Post code	Post code

Third Contact Details	
Title	
Forename	
Surname	
Telephone Number	
Mobile Number	
Relationship to child	
Can pick up child <input type="checkbox"/>	is bill payer <input type="checkbox"/>

For safeguarding reasons, you will be required for each child to have a password which will be used as added security. Whoever collects your child must be able to tell us the appropriate password. We **cannot** allow your child to leave our care unless the appropriate password is given. This password can remain constant throughout the year or it can be changed if necessary. Please list your chosen password

SECTION 3 – PLACES REQUESTED					
Please state exactly which early learning and childcare sessions you are enrolling your child to attend.*					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00AM-1:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00PM-6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00AM – 6:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00AM- 4:00PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00am- 3:00PM (term time funded hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNDED ENTITLEMENT: Children of an eligible age are currently entitled to 1140 hours of Early Learning and Childcare Funding per year. Little Bugs parents can choose to use this funding flexibly for either full or half day provision. Little Bugs is open 50 weeks of the year therefore eligible children have 23 hours per week to use at Little Bugs. Parents can choose to pay for additional hours. Please note that parents will be eligible to give 1 month notice if they wish to withdraw or change their child’s funding. If the fee’s can not be claimed from the local authority it will be the responsibility of the parent to reimburse Little Bugs Ltd.

I would like to use _____ hours of my child’s funded entitlement per week at Little Bugs.

* While the Nursery Team aim to be aware of parents needs and wish to be supportive in meeting their requirements, it will not always be possible to offer the sessions requested.

Is your child on a split nursery placement? Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>
nursery provider:
What primary school do you intend to enrol your child to?

SECTION 4 – CHILD HEALTH INFORMATION

Medical Information/Contacts – please provide details of any medical conditions of which the Nursery Team should be aware (e.g. asthma, allergies, eyesight, hearing problems, speech therapy, epilepsy etc)

Does the child have any medical condition, disability, additional support needs or receive regular medication?

Yes No

If yes, please give details

Doctor's Surgery

Surgery Telephone Number

Surgery Address

Professionals currently involved with the child (eg. Social Worker, Health Visitor etc):

Do you give Little Bugs consent to share information on your child to other agencies as required including SALT, Health Visitor, Social Worker?

Yes No

Little Bugs have the right to share your child's information to the appropriate professionals without consent if we are concerned about the welfare of the child.

SECTION 5 – SUN BLOCK/MIDGE AND ADDITIONAL CONSENTS (please tick yes/no)

Yes

No

Do you give permission for early years staff to apply sun block/midge repellent to your child if it is deemed necessary?

Do you require to provide information relating to religion e.g. observance of religious festivals, prohibited foods?

Does your child have any non-medical dietary requirements e.g. vegetarian, no e-numbers?

If yes, please give details

SECTION 6 – ETHNIC BACKGROUND

You are not required to answer the following questions; however the information is extremely valuable as it is used to check that equal opportunities are afforded to all children.

Child's first language

Other languages spoken

Child's ethnic origin

SECTION 7 – ANY OTHER RELEVANT INFORMATION

The information on this form is covered by the DATA PROTECTION ACT and will be entered into a computer system for the purpose of Early Years administration.

Little Bugs Ltd cannot be held responsible for the consequences of non-disclosure of information

SECTION 8 – CONSENT

I declare my child medically fit to participate in the Little Bugs outdoor activities both on and off site. I undertake to notify Little Bugs Nursery in the event of any change in health. I understand that there is an element of risk involved in taking part in outdoor activities and I accept that risk. In the case of an incident, I give Little Bugs Nursery personnel the authority to administer any first aid treatment considered necessary to preserve my child's life. I agree to emergency medical, surgical and dental treatment being administered to my child, as considered necessary, by professional medical authorities.

By ticking this box I give consent for my child to partake in Little Bugs Outdoor Activities

I accept that personal belongings are not covered by Little Bugs insurance and that Little Bugs will not be held liable for damage to, or loss of, these items. **By ticking this box I acknowledge my awareness of this policy**

Photographs and videos are taken during Little Bugs sessions. These will be used in the assessing, evaluation and monitoring processes. At times they may be used in Little Bugs publicity, publications and website, including social media. At times the press may ask to take photographs of the children involved in nursery activities. **By ticking this box I give consent for use of images for my child in marketing and social media**

I consent to my personal email being added to the Little Bugs Parent mailing list. This list will be used to provide information/updates regarding nursery, provide induction materials, and marketing of upcoming Little Bugs nursery events. At no time will your email be given, sold, or passed on to a 3rd party without consent. **By ticking this box I give consent for my email to be added to the Little Bugs mailing list**

I have read, understood and agree with Little Bugs Ltd Terms and conditions.

I understand that I have to give one month notice to change or terminate my child's space. I agree I will be liable for paying one month's notice worth of fee's should I choose to withdraw my child from the service

If at any time you wish to withdraw any of the above given consents or if you would like more information about how your child's private information is stored please contact Little Bugs at info@littlebugs.co.uk or by phone on 01383 667277

Signature of Parent/Guardian	Name	Date

Printed Signatures will be accepted.