

Admission Form

Gordon Day Care Nursery Ltd
Moorland Road, Burslem
Stoke on Trent
ST6 1EB
01782 838568

"Outstanding" grade received from OFSTED Nov 2011

Managing Director: Mrs. Irene Hayes

Manager: Mrs. Sharon Furber

Name:

Number of Days:

Start Date:



Child's Name

Preferred Name to be called

Date of birth

Gender M F

Religion

Child's first language

Special Needs

Ethnic Origin

Start Date

Number of Days

Address

Telephone

As your child ever being admitted to hospital

As your child ever been to any other form of childcare

Any special dietary requirements

Medical Conditions (allergies)

Injections Received

Child's Doctor
Address

Telephone

Childs Name

Name of person(s) holding parental responsibility
Name of person(s) holding legal Contact

Name of parent(s)/carer

Place of work

Place of work

Telephone

Telephone

Emergency contact Numbers :-

Name	Relationship to the child	Telephone number

Person's authorized to collect :

Name	Telephone Number

Please Note: If for any reason your collection authorization changes you must inform the staff immediately.

For security reasons can you please provide us with a password for the use of those persons collecting your child.

PASSWORD _____

SPECIAL CIRCUMSTANCES

I _____ give authorization that _____ is not allowed to visit or collect _____ from the nursery until further notice.

Sign _____

Date _____

CONSENT INFORMATION:

- I give my consent if any accidents occur, and medical attention is needed we take your child/children to the appropriate hospital and we await your arrival, and we have your permission to pass on the relevant information that is needed about your child to the hospital.

PRINT :

SIGN:

- I give my consent that my child's personal files can be looked at by OSFTED and any other relevant governing bodies.

PRINT :

SIGN:

- I give my consent for the staff to administer my child/children with the following:
(please tick your relevant choices)

Calpol

Sudocrem

sun cream

Teething Gel

PRINT:

SIGN:

- I give consent for my child/children's photograph to be taken and displayed within the setting or on our website.

PRINT:

SIGN:

- I give consent for my child/children to travel in the nursery vehicles, coaches or on public transport.

PRINT:

SIGN:

- I give consent for my child/children to go on outings, trips and visit our local park and surroundings with the nursery staff.

PRINT:

SIGN:

- I give my consent for the nursery staff to carry out first aid treatment on my child/children if needed.

PRINT:

SIGN:

CARE PLAN

Do you mind your child having a nap after their lunch?

Yes or No

Does your child drink juice - if so which flavor?

Does your child have a comforter?

What are you child's interests?

What does your child dislikes?

Any other relevant information that you feel we may need to know about your child

Tax credit Agreement

For you to gain childcare tax credits we as an organization, have to give you relevant confidential information, before we disclose this information, it is within our organization policy that all parent/carers wishing to access child tax credits, should provide ourselves with personal information, about the person's claiming. This information will only be disclosed to HM Revenue and Customs department in the event of your childcare ceasing from our organization.

I _____ understand and agree with the above agreement, and fully understand that this information will only be disclosed on the ceasing of my child leaving Gordon Day Care Nursery Ltd.

Parents Signature: _____

Date: _____

Information for the claimant for child tax credits

Mother's Name _____

Mother's National Insurance Number _____

Mother's place of work _____

Father's Name _____

Father's National Insurance Number _____

Father's place of work _____

Gordon Day Care Nursery Ltd

Fees and Holidays

Gordon Day Care Nursery Ltd operates Mon - Fri 7:20am to 5:45pm

If your child is on Holidays or sick - full payment of your weekly fees is required

Full Pay for Bank Holidays

$\frac{3}{4}$ fees for remaining Christmas Holidays

Fees to be paid weekly or monthly

If your child is going to be late / absent from nursery due to illness/holidays please inform the nursery staff as this will help with lunchtime orders and staff ratios.

4 weeks notice to be given to terminate your child's place.

A £10.00 charge will occur if you fail to collect your child by 5.55pm, unless you have spoken to a member of management previously.

Sign : _____

Print: _____

Date: _____

GDCNLtd 2012 SF





