

FOURWAYS DAY NURSERY LTD.

26 Vicarage Road, Hereford HR1 2QN.
Tel/Fax 01432 279566.

PLAYSCHEME ADMISSION FORM.

Child

| | |
|--------------------|---------------|
| Full name of child | |
| Date of Birth | Male / Female |

Mother

| | |
|-------------------------------|--------|
| Name | _____ |
| Address | _____ |
| | _____ |
| Postcode | _____ |
| Telephone Number | _____ |
| Mobile Number | _____ |
| Work Name | _____ |
| Work Address | _____ |
| | _____ |
| Postcode | _____ |
| Work Number | _____ |
| Child resides at this address | YES/NO |
| Contact in an emergency | YES/NO |

Father

| | |
|-------------------------------|--------|
| Name | _____ |
| Address | _____ |
| | _____ |
| Postcode | _____ |
| Telephone Number | _____ |
| Mobile Number | _____ |
| Work Name | _____ |
| Work Address | _____ |
| | _____ |
| Postcode | _____ |
| Work Number | _____ |
| Child resides at this address | YES/NO |
| Contact in an emergency | YES/NO |

Guardian or Legal representative (only complete if parent section is not applicable)

| |
|------------------------|
| Name _____ |
| Address _____ |
| _____ |
| Postcode _____ |
| Telephone Number _____ |
| Mobile Number _____ |
| Work Name _____ |
| Work Address _____ |
| _____ |
| Postcode _____ |
| Work Number _____ |

Child resides at this address YES/NO

Childs Health Visitor

| |
|------------------------|
| Name _____ |
| Address _____ |
| _____ |
| Postcode _____ |
| Telephone Number _____ |
| Other Number _____ |

Child's Doctor

| |
|------------------------|
| Name _____ |
| Address _____ |
| _____ |
| Postcode _____ |
| Telephone Number _____ |

Inoculations received by the child

| | | | | | |
|-------------------|--------|-------------------|--------|-----------------------|--------|
| Measles | yes/no | Mumps | yes/no | Rubella | yes/no |
| Diphtheria | yes/no | HIB | yes/no | Tetanus | yes/no |
| Polio | yes/no | Meningitis | yes/no | Whooping cough | yes/no |

Emergency Contact 1 (must not be parent)

| |
|-----------------------------|
| Name _____ |
| Relationship to child _____ |
| Address _____ |
| _____ |
| Postcode _____ |
| Telephone Number _____ |
| Work Number _____ |
| Mobile Number _____ |

Emergency Contact 2 (must not be parent)

| |
|-----------------------------|
| Name _____ |
| Relationship to child _____ |
| Address _____ |
| _____ |
| Postcode _____ |
| Telephone Number _____ |
| Work Mobile _____ |
| Mobile Number _____ |

TERMS & CONDITIONS

1. Fees for any playscheme must be paid in advance by direct debit by the first day of the playscheme.
2. If the Nursery fees are more than 5 working days late being paid then Fourways Day Nursery have the right to charge a 10 % late charge fee .For example if normal monthly fees are £100.00 then the 10% late charge will bring it to a total of £110.The 10% late charge will be added onto the following months invoice. The late charge can be avoided by verbal/written agreement with the Manager prior to the payment due date.
3. Fourways Day Nursery Ltd shall be entitled to be paid the fee notwithstanding that the child does not use the facilities due to absence for sickness, holidays or any other reason.
4. Fourways Day Nursery Ltd reserves the right to increase the Fees from time to time, but shall give the Parent/carer a minimum of one months notice in writing of any proposed increase.
5. Fourways Day Nursery Ltd also reserves the right to refuse admission to any child for whom payment has not been received by the agreed time.
6. Both Parties to this agreement shall be entitled to terminate their obligations hereunder by giving not less than 4 weeks written notice of their intention to do so.
7. The Parent/carer acknowledges that they have been informed that no Child should regularly attend the Day Care Nursery for longer than ten hours in any day and accordingly the Parent agrees to deliver and collect, or arrange for the delivery and collection of, the Child to and from the Day Care Nursery within these hours. If the Parent is not able to personally collect the child, either regularly or on a specific occasion, arrangements must be made, in writing, with the Day Care Nursery for such alternative collection. Failure to collect a Child on time will result in the following fines: First 15 minutes £5.00. For every subsequent 15 minutes £3.50.A willingness to forego such fines on one occasion will not affect the future right to revert to the above policy.
8. Fourways Day Nursery Ltd reserve the right to refuse admittance to the Nursery and the right to suspend the Day Care Nursery Provision to the child, if in the opinion of staff the child is not fit due to illness, or any other reason whatsoever, to attend. The exclusion period of the affected person should be adhered to.
9. Parents /carers acknowledge that Fourways will not be under any liability or responsibility to the Parent or Child in respect of any temporary interruption in or temporary failure or delay in providing Day Care Nursery Provision, if such failure or delay is caused by the temporary unavailability of staff, building or maintenance work to the Day Care Nursery, fire, abnormal weather conditions, Government action or regulations or by some other cause (whatever the description and not necessarily limited to the foregoing examples) beyond the reasonable control of Fourways PROVIDED ALWAYS that if Fourways shall be totally unable to provide the facilities during Opening hours for longer than one day, the Client shall receive a refund of any appropriate proportion of the fee.
10. Fourways Day Nursery does not accept liability for any personal items lost or damaged during the course of normal business on the premises.

Parent Signature (mother) _____ Date _____
Parent Signature (Father) _____ Date _____

Signed for and behalf of Fourways Day Nursery Ltd.

Name _____ Position _____

Signature _____ Date _____

By signing the application form below I give Fourways Day Nursery Ltd permission to do the following:

11. In the event that my child requires emergency medical treatment, reasonable attempts will be made by staff to contact the parent to advise them of the position. If Fourways staff are unable to make such contact, then I agree to staff seeking appropriate medical advice and treatment for my child. I agree to my child being taken direct to hospital or being seen by the nearest Doctor available should an emergency arise.
12. I adhere to the policy of the Nursery that if my child has been prescribed a **new** medicine i.e. antibiotics or penicillin, I will not bring my child into Nursery until he/she has been taking the medicine for 48 hours or more.
13. I understand that I will not be able to claim against the replacement of soiled or damaged children's clothing whilst during my child's Nursery session.
14. I give / do not give permission to the staff of the Nursery using an electronic lice comb if my child is found to have an infestation of head lice.
15. I give / do not give permission to the staff of the Nursery using anti allergic plasters, if required, to cover any cuts/grazes on my child.
16. I understand that in order to keep to staff/child ratios, I must not leave my child before the beginning of a session and I must not be late in collecting my child, or I will be charged a late fee.
17. I agree not to bring in nuts or any foods that may contain nut traces.
18. I understand that my child should not bring in items such as hard boiled sweets, small items upon which children may choke, precious items which may be lost.
19. I understand that all unclaimed lost property items will be kept for a period of 6 weeks and will then be given to charity.
20. I give / do not give permission to my child participating in the prayer at break times.
21. I give / do not give permission that in the occasional case when my child does not have sun cream at Nursery for the staff to apply a suitable high factor sun cream provided by the Nursery to my child. I understand that if my child does not have a sunscreen applied he / she may not be allowed outside.
22. I give / do not give permission for my child to use the Nursery paddling pool, which will be closely supervised at all times. (Risk Assessments and safety checks have been completed).
23. I give / do not give permission for my child to have their face painted in the Nursery by staff.
24. I give / do not give permission for my child to participate in short walks in the local area and to nearby parks.
25. I give/do not give permission for my child to go out in the Fourways minibus on trips to local areas of interest. Which will be driven by insured and police checked drives only and escorted by a member of Fourways staff who will ensure that children are correctly seated and restrained according to current legislation.
26. I give / do not give permission for images of my child to be taken and used for press opportunities.
27. I give / do not give permission for images being used on Fourways Day Nursery Limited website, prospectus and brochures.
28. I have read the Nursery Polices, and have understood the Terms and Conditions.

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| <p>Parent Signature _____ Date _____</p> <p><u>Signed for and on behalf of Fourways Day Nursery Ltd</u></p> <p>Name _____ Position _____</p> <p>Signature _____ Date _____</p> |
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