



# Kinder Haven Registration

*(Please complete and return)*

Child's name \_\_\_\_\_ Sex \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_  
Religion \_\_\_\_\_ Childs first language \_\_\_\_\_

## **Medical information**

Child's doctor \_\_\_\_\_ Tel No \_\_\_\_\_  
Address \_\_\_\_\_  
Child's health visitor \_\_\_\_\_ Tel No \_\_\_\_\_  
Important medical conditions (e.g. allergies) \_\_\_\_\_  
Disabilities (please detail) \_\_\_\_\_  
Access requirements \_\_\_\_\_  
Immunisations (please detail) \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
Toilet requirements \_\_\_\_\_

## **Parental/ carer details**

Parent / Carer 1 *(relationship to the child)* \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Contact numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
Parent / Carer 2 *(relationship to the child)* \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Contact numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
Who has legal contact and parental responsibility for the child:

## **Authorised persons details/emergency contacts: (who can collect your child)**

<b>Name</b>	<b>Relationship to child</b>	<b>Contact numbers</b>

**Please sign for your authorisation**

- 1. I give consent for my child to have their temperature taken with a thermoscan.  
..... (parent signature).....(date) .....
- 2. I give consent for my child to receive first aid/medical assistance/emergency treatment  
..... (parent signature).....(date) .....
- 3. I give permission for my child to participate in local outings and visits.  
..... (parent signature).....(date) .....
- 4. I give consent for my child to have sun-cream applied for protection by a nursery practitioner.  
..... (parent signature).....(date) .....
- 5. I give permission for my child to have hypo-allergenic plasters if required.  
..... (parent signature).....(date) .....
- 6. I give permission for photos of my child to be taken for my child's development file / displays / accidents / incidents.  
..... (parent signature).....(date) .....

**Under the General Data Protection Regulations**

- 7. I ..... (parent signature) consent for my child's personal information to be entered on the Connect Childcare Management system for registration, occupancy, invoicing, observations and assessments.
- 8. I ..... (parent signature) understand and consent to the nursery retaining my information for 3 years after my end date for the purpose of Government and Local Authority audits for the purpose of my claim for the Funded hours.
- 9. I ..... (parent signature) understand that me, my child and anyone collecting or dropping off my child will be recorded on CCTV. I understand that CCTV is only logged for 3 days on a secure network and is used by the nursery employees only.
- 10. I ..... (parent signature) understand and consent to my child's art work being displayed in nursery using their name and age along with photos for display and personal recognition.
- 11. I ..... parent signature) consent to my child's image where they are engaging in activities to be placed on the nurseries private facebook page (faces will not be shown)

Nursery applying for (location) \_\_\_\_\_  
Date of child's first day \_\_\_\_\_  
Sessions required \_\_\_\_\_  
Password \_\_\_\_\_  
Detail any other persons/services involved in your child's care \_\_\_\_\_  
Unique password (for nursery entry) \_\_\_\_\_  
Email (parent/carer 1) \_\_\_\_\_ (parent/carer 2) \_\_\_\_\_

I ..... (print name) agree to the terms and conditions of Kinder Haven Ltd and authorise them to care for my child. I confirm I am aware of the nursery company policies and procedures and that there is a copy in the parent's room. I understand that the nursery will charge a 10% late payment charge on all fees paid after the 1st of each month and that if fees remain unpaid by the 5th my childcare place will be suspended. I am aware that no refunds will be given for absenteeism/holidays/sickness and any extra sessions will be charged at the nurseries hourly rate as agreed. I am aware that the nursery closes for the Christmas period and Bank Holidays, I am aware the nursery charges for 51 weeks a year. I am aware that a late collection fine is in place of £1 per minute after 6pm and that 4 weeks paid notice will be required for the cancellation or change of any childcare places. I understand the nursery reserves the right to refuse collection to any unknown persons who are un-authorized without a valid password or key fob. I understand the nursery operates a zero tolerance policy on unacceptable behaviour from parents/carer's (shouting, intimidating, bullying) and that the nursery reserves the right to withdraw childcare without notice. I agree to maintain confidentiality in regards to all aspects that concern the nature and business of Kinder Haven Ltd, the children it cares for and its employees. I agree not to make use of any information or concerns regarding Kinder Haven Ltd without obtaining prior written consent from Kinder Haven Ltd, this includes the use of social media and social networking sites and I understand this list is not exhaustive. I agree to notify Kinder Haven Ltd of any change of address/services involved in my child's care.

**Signature.....Date.....(Parent)**