

ENROLMENT CONTRACT

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|--------------------------------------|-----------------------|----------------------------------|
| Child's Name | | |
| Parents Names | Parents Date of Birth | Parents National Insurance No's: |
| Address | | |
| Post Code | | |
| Email Address | | |
| Telephone Number Day - Work & Mobile | | |

Please circle which days your child will attend

| | | | | |
|---------------------|----------------------|------------------------|-----------------------|---------------------|
| Monday a.m. p.m. | Tuesday a.m. p.m. | Wednesday a.m. p.m. | Thursday a.m. p.m. | Friday a.m. p.m. |
|---------------------|----------------------|------------------------|-----------------------|---------------------|

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|---------------------------|
| First Session Start Date: |
|---------------------------|

Fees are as follows: £ per child per session

All fees are payable in advance of sessions
Payment methods can either be: Cash, Cheque, Child Care Voucher, BACS,
Standing Order or Direct Debit
Cheques made payable to: Woodside Childrens Nursery Limited

| <i>Please Tick Accordingly</i> | |
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| CHILDS NAME: | |
| <i>Policies</i> | |
| I acknowledge that the Parent Handbook is accessible to me online which contains Woodside Childrens Nursery's rules, policies and procedures. <i>Please advise office staff if you would like a paper copy.</i> | |
| I hereby give my consent for the information given above to be held on file in compliance of the Data Protection Act 1998 | |
| I understand that I may withdraw my child or amend their attendance pattern at any time by giving <u>four</u> weeks notice | |
| I understand that if I do not return Nursery resources, such as story sacks, Jolfi Bear, treasure baskets, etc . or if my child(ren) wilfully damage Nursery resources or property then I will be charged accordingly | |
| I am aware that the Nursery pursues court action for invoices which are consistently unpaid in accordance with the Payment Policy | |
| I understand that it is my responsibility to notify the Nursery in writing of any change to my child's personal details, including but not limited to, medical conditions and people authorised to collect my child | |
| I give permission for my child to sleep in a rocking chair* / in a cot* / or on a sleep mat* or all of these items* when 'nap-time' | |
| <i>Outings</i> | |
| I agree to my child being collected and escorted on foot / or by a company vehicle or Subcontracted Companies utilised by Woodside Nursery (if applicable) | |
| I give my consent for my child to leave the Nursery on outings or trips | |
| <i>Photos</i> | |
| I give permission for the Nursery and / or a photographer to take photographs for the purpose of publication in newspapers and external Websites | |
| My child's name may / may not* be given to a journalist for the purpose of publication | |
| I give permission for my child to be photographed or recorded/videotaped when involved in activities connected with the day to day care at Woodside Childrens Nursery | |
| I give consent for my child's photo to appear on the Nursery's website and in the newsletters which are emailed to parents/carers of children in the Nursery | |

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| <i>Medical</i> | |
| I give permission for my child to seek any necessary emergency medical advice or treatment | |
| I give permission for the Nursery to administer prescribed medicines or <u>my own supplied</u> CALPOL/IBUPROFEN when high temperatures are measured allocating time for this to take effect before a parent / carer arrives to collect my child | |
| I give permission for my child to have his/her face painted | |
| I give permission for the nursery to apply <u>my own supplied</u> sun cream / sun block to my child <i>Nursery does NOT supply sun cream.</i> | |
| Permission to administer Nappy Cream as and when staff feel it is necessary | |
| If my child obtains a splinter at Nursery I give permission for staff to remove it | |
| I give permission for my child to clean their teeth after lunch with <u>my own</u> supplied & labelled toothbrush & toothpaste | |
| Observations | |
| I give consent for my child to be observed by staff, students, volunteers or other professional bodies for professional studies/college work etc. whilst maintaining confidentially | |
| Permission to share information with the Transition of a child to another setting or school – eg: passing on their Learning Logs, Assessment Records & Statements etc. | |
| Permission to share information with outside agencies such as (but not limited to) Health Visitors, Paediatricians and other relevant agencies. | |

* Please delete where applicable

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|---------------------|-------------------------|------|
| Parents Signature | Managers Signature | Date |
| Room Leader (Print) | Room Leader (Signature) | Date |