

ST ANDREWS NURSERY
TEL: 0208 205 2653 (Kingsbury)
TEL:0208 908 0131 (Preston Park)
E-MAIL: standrewsnw9@aol.com

This is to confirm that: _____

Will be starting at St. Andrews Nursery on:

Day: _____ Date: _____

Sessions: Mon: _____ Tues: _____ Wed: _____
Thur: _____ Fri: _____.

Monthly fees £ _____ .

Extra days £ _____ .

Uniform: _____ .

Total amount due £ _____ .

We would like to invite you and your child to the nursery for an introductory session on:

Day: _____ At Time: _____

Please return all completed forms on this day and the fees due.
Please also provide us with a photocopy of your child's full birth certificate and a utility bill from you address (within the last 3 months).

Thank you

ST. ANDREWS NURSERY

SETTLING YOUR CHILD INTO NURSERY

We want this to be both an easy and a good experience. The settling-in period for every child must be carefully managed and supportive for both child and parent.

We will discuss your child's needs, and the best way to settle your child with you before your child is due to start.

We suggest you allow time for your child to adjust, and this may mean that you may need to stay for a period of time. If this is difficult please arrange for a family member or someone your child knows and trusts.

Please remember that each child is different, some children settle very quickly where others may take longer, we ask for your co-operation at this stage.

Your child's Key Person will arrange a home visit at a convenient time, this will allow them to help build relationship and familiarity with your child in the home setting all which will help with the transition from home to nursery.

We will ask you to bring any comforters your child has, to help us with the transition from home to nursery.

Please note that we will always phone you if your child is unhappy. Parents are always welcome to phone us during the day to see how their child is doing.

ST ANDREWS NURSERY

CONTRACT TERMS AND CONDITIONS

NURSERY FEES ARE PAYABLE ONE MONTH IN ADVANCE, AND ARE PAYABLE ON THE 11TH OF EACH MONTH. IF THIS FALLS ON A WEEKEND, FEES WILL BE PAID ON THE FRIDAY PRIOR TO THE 11TH.

A FINE WILL BE CHARGED FOR LATE PAYMENTS OF £5.00 PER DAY. PERSISTENT LATE PAYMENTS MAY RESULT IN YOUR CHILD LOSING THEIR PLACE AT NURSERY.

UNDER NO CIRCUMSTANCES ARE FEES REFUNDABLE.

THERE IS NO REDUCTION IF YOUR CHILD IS ABSENT DUE TO SICKNESS OR FAMILY HOLIDAYS.

THERE IS NO REDUCTION IN FEES FOR BANK HOLIDAYS, STAFF TRAINING DAYS, OR WHEN THE HALL IS USED FOR POLLING DAYS.

IN THE EVENT OF NURSERY CLOSURE DUE TO UNFORSEEN CIRCUMSTANCES THAT WOULD PREVENT THE NURSERY FROM OPERATING A SAFE AND SECURE ENVIRONMENT FOR YOUR CHILD FOR EXAMPLE, BOILER BREAKDOWN, ADVERSE WEATHER CONDITIONS, FLOODS, VANDALISM ETC. FULL FEES ARE PAYABLE.

FEES ARE CALCULATED OVER 51 WEEKS OF THE YEAR; THEREFORE THERE IS NO CHARGE FOR THE FIVE WORKING DAYS THE NURSERY IS CLOSED OVER THE CHRISTMAS BREAK.

IF YOU COLLECT YOUR CHILD LATE AT THE END OF THEIR SESSION, YOU WILL BE FINED £1.00 FOR EVERY MINUTE THAT YOU ARE LATE; THIS WILL BE ADDED TO YOUR FEES.

IF YOU WISH TO TERMINATE THE CONTRACT ONE MONTHS WRITTEN NOTICE OR ONE MONTHS FEES WILL BE REQUIRED. IF YOU WISH TO CHANGE YOUR CHILD'S HOURS/DAYS, A MONTHS NOTICE IS ALSO REQUIRED.

I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS:

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

ST. ANDREWS NURSERY

CHILD`S NAME:

DATE OF BIRTH:

DATE OF ENTRY: AGE AT ENTRY:

LANGUAGES SPOKEN AT HOME:

RELIGION:

Names of family members and other significant people close to child:

Any previous experience of being cared for outside the home or by carers other than parents/principal carers:

Does your child have any particular play interest at the moment or particular toys he/she likes to play with?

What other sort of things does your child show interest in or talk about?

Is your child used to being with/playing with other children and does he/she enjoy this?

How does he/she respond to situations and people who are new to him/her?

Do you think your child's communication and language development is proceeding well?

Does your child enjoy books and listening to stories? Do they have any favourite rhymes, stories, DVD`s or CD`s?

Does your child enjoy and get involved in imaginative-type play and role-play, or activities such as building or constructing, matching and counting?

If you have a garden, or when you go to the park, what does your child like to do?

Do you feel his/her physical development is what you would expect for his/her age?

What do you think he/she will like about the nursery?

Does your child have any particular fears or worries or dislikes we should know about?

Is there any more information you would like to now about the setting and what your child will be doing here?

Do you have any concerns or worries about your child's development?

Is there any other information you would like us to know in order to help your child settle and be happy at St. Andrews?

ST. ANDREWS NURSERY

Child's name: _____

Key Person: _____

WHAT TO BRING ON YOUR FIRST DAY

One change of clothing in a bag clearly marked with your child's name.

If in nappies, a supply of nappies wipes, nappy sacks and creams.

A packed lunch if your child is attending full time.

A selection of fruit to be shared at break time for all the children.

If you have not already done so, all registration forms should be returned, fees paid in full and a copy of your child's Birth certificate.

Uniform should be worn whilst your child is attending the nursery, uniform may be purchased from us.

Please do not hesitate to ask if you are unsure of anything, your keyworker will be very happy to help you.

ST. ANDREWS NURSERY

USING IMAGES OF CHILDREN
CONSENT FORM FOR USE BY NURSERY

Parent/Carer _____

Name of child: _____

Nursery: _____

Occasionally, we may take photographs, or make video recordings of the children in our nursery.

We may use these images in our nursery link books, newsletters, or photo albums to be shared by visitors to the nursery. We may use video footage for training and promotional purposes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer questions 1 and 2 below, then sign and date the form where shown.

PLEASE RETURN THE COMPLETED FORM TO NURSERY AS SOON AS POSSIBLE.

Please circle your answer

1. May we use your child's photograph in nursery link books, YES/ NO
Photo albums, Portfolios (Learning Journeys) and wall displays?

2. May we use your child's image in our parent's newsletters? YES/NO
Please also note that the conditions for use of photographs are attached.

I have read and understood the conditions of use on the back of this form.

Parents/carers signature _____ Date: _____

Name (in block letters) _____

CONDITIONS OF USE:

1. This form is valid for five years from the date you sign it, The consent will automatically expire after this time.
2. We will not re-use any photographs or recordings after your leaves this school.
3. We will not use the personal details or full names (which means first name and surname) of any child in our printed publications.

We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

REGISTRATION FORMS

PLEASE COMPLETE IN BLOCK LETTERS.

CHILDS DETAILS

FIRST NAME: _____

MIDDLE NAME _____

SURNAME _____

DATE OF BIRTH _____

ETHNIC ORIGIN _____

ADDRESS _____

_____ POST CODE _____

HOME TELEPHONE NUMBER _____ .

PARENTAL RESPONSIBILITIES: _____.

MOTHERS DETAILS

MOTHERS NAME _____.

OCCUPATION _____ PLACE OF WORK _____

WORK TELEPHONE NUMBER _____ EXT _____

MOBILE NO: _____ EMAIL: _____

FATHERS DETAILS

FATHERS NAME _____

OCCUPATION _____ PLACE OF WORK _____

WORK TELEPHONE NUMBER _____ EXT _____

MOBILE NO: _____ EMAIL: _____

BROTHERS/SISTERS DETAILS

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

EMERGENCY CONTACT NUMBERS

PLEASE PROVIDE TWO NAMES AND CONTACT NUMBERS OF RELATIVES OR FRIENDS WHO WE CAN CONTACT IN THE EVENT THAT WE CANNOT CONTACT YOU ON THE NUMBERS PROVIDED ABOVE.

NAME _____ .
ADDRESS _____

_____ POST CODE _____

TEL NUMBER _____ MOBILE NUMBER _____

RELATIONSHIP TO CHILD: _____

NAME _____ .
ADDRESS _____

_____ POST CODE _____

TEL NUMBER _____ MOBILE NUMBER _____

RELATIONSHIP TO CHILD: _____

PLEASE PROVIDE DETAILS OF ALL ADULTS THAT ARE AUTHORISED TO COLLECT YOUR CHILD FROM NURSERY.

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

MEDICAL FORMS

THE FOLLOWING INFORMATION IS STRICTLY CONFIDENTIAL.

CHILDS NAME _____

DATE OF BIRTH _____ RELIGION _____

DOCTORS NAME _____

ADDRESS _____

POST CODE _____ TEL: _____

HEALTH VISITOR _____

IMMUNISATIONS&DATES:

DOES YOUR CHILD HAVE ANY ALLERGIES/AND OR MEDICAL CONDITIONS THAT WE NEED TO KNOW ABOUT? IF SO PLEASE GIVE DETAILS.

DOES YOUR CHILD TAKE ANY MEDICATION? IF SO PLEASE GIVE DETAILS

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? (PLEASE TICK)

CHICKEN POX	GERMAN MEASLES
MUMPS	MEASLES
CONVULSIONS	ASTHMA
ECZEMA	

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SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

ST ANDREWS NURSERY

To enable us to meet your child's dietary requirements please complete the questionnaire below:

Child's Name: _____

My child can eat/drink the following (Tick as Yes).
My child CANNOT drink the following (Cross for No).

LAMB	
CHICKEN	
PORK	
FISH	
EGGS	
CHEESE	
SEMI-SKIMMED MILK	
ANY OTHER PLEASE SPECIFY	

Does your Child have any allergies (Please specify):

Signature: _____ Date: _____

St. Andrews Nursery

Dear Parents

The Early Years Education Team has helped the nursery set up and run a language group, to enrich the language environment.

A wide variety of the Children in the nursery will be invited to attend the language groups and we hope they will be beneficial to all attending the nursery.

We would hope that all Children would enjoy attending the groups. It is hoped if possible, all children attending the nursery will at some point have an opportunity to attend the group, and that all Children will benefit from the enriched language environment as a whole.

Please sign on the attached paper to give your consent for your child to attend these groups, run by the nursery, and return the consent form to the nursery.

Thank you

I give my consent for my child _____ to take part in the language groups run by the nursery, with input from the Early Years Education Team.

Parent's signature: _____

ST ANDREWS NURSERY

PLEASE READ AND SIGN THIS AUTHORISATION DOCUMENT.

I/WE THE PARENTS OF:

CHILDS NAME: _____

ADDRESS _____

_____ **POST CODE** _____

GIVE PERMISSION TO THE STAFF OF ST ANDREWS NURSERY TO TAKE THE NECESSARY ACTIONS IN THE EVENT OF MY/OUR CHILD NEEDING EMERGENCY MEDICAL CARE IN THE EVENT THAT I/WE CANNOT BE CONTACTED.

(THIS MAY BE CALLING AN AMBULANCE, TAKING YOUR CHILD TO A&E OR TO YOUR DOCTOR. IT MAY ALSO INCLUDE ADMINISTERING CALPOL/PARACETEMOL).

I/WE UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY ALL ATTEMPTS WILL BE MADE TO CONTACT ME/US.

PLEASE STATE ANY MEDICAL PROCEDURES PROHIBITED BY RELIGION OR BELIEF. _____

Signed: _____ Date: _____

ST ANDREWS NURSERY

DEAR PARENTS/CARERS

DURING YOUR CHILDS ATTENDANCE AT THE NURSERY THERE MAY BE TIMES WHEN WE ARRANGE OUTINGS TO THE LOCAL SHOPS, OR A WALK TO THE PARK, OR VISITS TO LOCAL PLACES OF INTEREST. WE MAY ALSO GO ON PUBLIC TRANSPORT, AND STAFF CARS MAY ALSO BE USED.

THEREFORE PLEASE SIGN THE SLIP BELOW TO GIVE NURSERY STAFF PERMISSION TO TAKE YOUR CHILD OUT OF THE NURSERY.

*PLEASE NOTE THE NURSERY FOLLOW STRICT GUIDELINES ON STAFF-CHILD RATIOS, AND STAFF ARE FULLY INSURED TO TAKE CHILDREN IN THEIR CARS.

I /WE GIVE PERMISSION FOR MY/OUR CHILD

CHILDS NAME _____

DATE OF BIRTH _____

TO BE TAKEN OUT OF THE NURSERY FOR WALKS AND TO BE TAKEN ON PUBLIC TRANSPORT AND STAFF OWNED CARS.

SIGNED _____

DATE _____

Procedure for dealing with unacceptable behavior

A copy of this should be signed by each contracting parent to signify their agreement.

Unacceptable behaviour within this context includes any form of physical abuse, racial comments, verbal bullying and swearing. Any behaviour deemed unacceptable from a child will be dealt with by my nursery staff in the following way:

- An immediate verbal response to the action.
- A gentle explanation to the child as to why the behaviour was unacceptable.
- If unacceptable behaviour persists, the child will be withdrawn from the activity/group for a short period.
- If necessary a child may be taken to another room to calm down.
- Any damages to nursery property or staff belongings by a child will be expected to be replaced by the parent/carer of the child.
- Parents will be informed if we feel that a child's behaviour is particularly worrying.
- Nursery Staff and parents will work together in partnership to promote good behaviour.
- If a child's behaviour shows no signs of improving, parents will be invited to attend a meeting with the child's key person and manager, to discuss and review next steps to support the child. However in the event the nursery is unable to accommodate the child's needs, the Manager will ask the parent to find alternative childcare within a week, unless the manager feels it necessary to terminate the contract with the nursery with immediate effect. Please note, this is only in extreme cases which are very rare.
- Everyone, nursery staff and parents, will be consistent in their approach to behaviour management.

We will follow these procedures in a way that is appropriate to the maturity of the child and the misdemeanor.

Please sign to confirm your understanding:

Signature: _____

Parent Of: _____

Date: _____