



Eaton Mill Wraparound

EATON MILL NURSERY
ADMISSIONS PACK



EATON MILL WRAPAROUND

OFSTED Registration Number: EY319429



REGISTRATION FORM

Child's Surname: _____

Child's Forename: _____ Preferred Name: _____

Middle Name/s: _____

Date Of Birth: _____ Sex: Male / Female (please circle)

Child's Address: _____

_____ Postcode: _____

Proposed Starting Date: _____

Please tick ✓ the sessions you require below:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full Day 7.30am - 6.00pm					
Breakfast 7.30am - 8.35am					
Morning 8.35am – 11.35am					
Lunch 11.35am – 12.20pm					
Afternoon 12.20pm – 3.20pm					
Evening 3.20pm – 6.00pm					



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Parent / Carer 1

Name:

Address:

(If different from child)

Postcode:

Phone number/s:

Email address:

Parent / Carer 2

Name:

Address:

(If different from child)

Postcode:

Phone number/s:

Email address:

Is this parent named on the child's Birth Certificate:

Yes

No

(A copy of the full Birth Certificate will be required.)

ETHNICITY INFORMATION

Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our skin colour, language, culture, ancestry or family history.

Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate your child's ethnic background.

WBRI	White, British	
WIRI	White, Irish	
WIRT	Traveller of Irish Heritage	
WROM	Gypsy/Roma	
WOTH	White, any other white background	
MWBC	Mixed, White and Black Caribbean	
MWBA	Mixed White and Black African	
MWAS	Mixed White and Asian	
MOTH	Mixed, any other mixed background	
AIND	Asian or Asian British, Indian	
APKN	Asian or Asian British, Pakistani	
ABAN	Asian or Asian British, Bangladeshi	
AOTH	Asian or Asian British, Any other Asian Background	
BCRB	Black or Black British, Caribbean	
BAFR	Black or Black British, African	
BOTH	Black or Black British, Any other Black Background	
CHNE	Chinese	
OOOTH	Any other ethnic background	
REFU	Did not wish to be recorded	
NOBT	Not obtained	



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ADMISSION FORM

Child's Full Name:

Siblings and School attended (if applicable):

Nursery/Pre-School previously attended (if applicable):

Does your child attend any other Nursery/Pre-school currently:

Religion (if applicable):

Main Language spoken at home:

Any additional Languages spoken by child:

Any additional Languages spoken by parent:

Who has legal contact with your child?

Who has parental responsibility for your child? (A full Birth Certificate will be required)

Doctor's Name:

Doctor's Telephone Number:

Doctor's Address:

Health Visitor's Name and Address/Telephone Number (if applicable):

EMERGENCY MEDICAL CONSENT FORM

In the rare instance where a child urgently requires emergency medical treatment either in Nursery or during an out of Nursery activity or visit and it is not possible to contact parents, the Nursery must be authorised to give consent for emergency treatment on the parents' behalf.

The Nursery would always make every effort to contact parents/carers or other persons named on the emergency contact list should an emergency situation arise, however if this is not possible, the care of the child is paramount.

Therefore, in the event of an emergency occurring, please sign the permission form below and return to the Nursery.

Please note: the Nursery must be kept updated with any allergies / medical concerns as and when they arise and it is vital that any changes to the emergency contact list are notified to us immediately.

EMERGENCY MEDICAL CONSENT FORM

I understand that Eaton Mill Nursery would always attempt to contact me/us if an emergency situation concerning my child should occur.

I agree that, if my child urgently requires emergency medical treatment either in Nursery or during an out of Nursery activity or visit and it is not possible to contact me/us, the Nursery is authorised to give consent on my/our behalf.

I confirm that I/we will keep the Nursery updated with any allergies and/or medical concerns should they arise.

I confirm that I will notify the Nursery in the first instance should there be a change to the emergency contact list.

Child's name in full: _____

Signed: _____ Parent / Carer

Date: _____

MEDICAL INFORMATION

Child's Full Name: _____

Name/s of Parents / Carers: _____

Is your child's development in line with age-related expectations?

Yes

No

(If no, please provide as much information as possible):

Does your child have or are they in the process of being diagnosed with, any significant health issues?

Yes

No

(If yes, please provide as much information as possible):

Does your child have any special dietary requirements?

Yes

No

(If yes, please provide as much information as possible):

Does your child have any allergies and/or intolerances?

Yes

No

(If yes, please provide as much information as possible):

What is the specific allergy or allergen ? _____

How severe is the reaction (mild/severe) ? _____

What treatment is required ? _____

What are the symptoms of the reaction? _____

Is your child allergic to the item through touch? _____

Is your child allergic to the item through aroma ? _____

Is your child allergic to food and/or items that have been in contact with the allergen?

How many times has your child suffered the allergic reaction and what were the symptoms each time? _____

When did your child last experience the reaction? _____

Can you provide any medical information from your GP regarding your child's allergy?

- I do / do not* give permission for Nursery staff to apply Asda sun cream to my child.
*(Please delete as appropriate)
- I am aware that I can apply sun cream to my child on the Nursery premises and use the Asda sun cream which will be available in the Changing Room.
- I am aware that I can provide sun cream from home which is suitable for my children and label the bottle.

Any Other Relevant Information:

Signed: _____ Date: _____

IT IS ESSENTIAL THAT YOU LET THE NURSERY KNOW IF ANY OF YOUR CHILD'S MEDICAL DETAILS CHANGE.

EMERGENCY CONTACT DETAILS

It is essential that we have the correct contact details for your child in the case of an emergency.

Please provide accurate details of at least 2 people who you would like the nursery to contact in an emergency, in order of priority.

PRIORITY 1: EMERGENCY CONTACT DETAILS

Full Name:

Relationship to child:

Telephone Number/s:

PRIORITY 2: EMERGENCY CONTACT DETAILS

Full Name:

Relationship to child:

Telephone Number/s:

OTHER EMERGENCY CONTACT/S

Full Name:

Relationship to child:

Telephone Number/s:

Full Name:

Relationship to child:

Telephone Number/s:

STAFF WILL NOT ALLOW ANY PERSON/S TO COLLECT YOUR CHILD/REN UNLESS ADDITIONAL WRITTEN / VERBAL PERMISSION IS PROVIDED BY YOU.

CHILDREN WILL ONLY BE RELEASED TO PERSONS AGE 16 YEARS OR OVER.

- I allow my child to be picked up by the following people. Any changes which need to be made to the authorisation list must be made to a member of staff in the Atrium and in writing.

Names of authorised people:

Relationship to child and telephone number:

Collection Password:

IT IS ESSENTIAL THAT YOU INFORM THE NURSERY IF ANY OF THE ABOVE EMERGENCY CONTACT DETAILS CHANGE.

CONSENT FORM

I / We hereby give Eaton Mill Nursery permission to:

- Take my child on outings (e.g. library, park, walks to local areas of interest)

Signature(s): _____

- Let my child have supervised access to play on large play equipment.

Signature(s): _____

- Seek emergency medical assistance / treatment for my child. (Eaton Mill Nursery staff to contact me as soon as possible.)

Signature(s): _____

- Transport my child in the event of an emergency.

Signature(s): _____

- Take my child's photograph within the Nursery and on visits. These may be used in displays and for observational or promotional purposes.

Signature(s): _____

- Take my child in the Nursery vehicle to local areas of interest or shops.

Signature(s): _____

- Share my child's records and/or summary reports of achievement with any future settings.

Signature(s): _____

- I have read and agree to the Eaton Mill Nursery Equal Opportunities Policy.

Signature(s): _____

- I have read and agree to the Safeguarding Children policy.

Signature(s): _____

- I am aware that a full set of policies and procedures are available in the Nursery for me to read at any time.

Signature(s): _____

- Under the Early Years Foundation Stage Framework the setting must carry out a Review of all children between the age of 24-36months. Ideally this will be undertaken before your child's 2 Year Check with their Health Visitor. Could you please check with your child's Health Visitor when their 2 Year Check will be and inform the Nursery. The Nursery's Review will be carried out by your child's Key person along with a parent/carer. With permission, the Review will then be passed on to your child's Health Visitor. The aim of these reviews is to ensure that your Health Visitor is well informed about your child prior to their 2 Year Check.

I give permission for my child's 2 Year Review to be shared with their Health Visitor.

Signature(s): _____

- I understand that non-payment of fees by the due date specified on the invoice, will jeopardise my child's place at the Nursery and will incur a 10% late fee surcharge.

Signature(s): _____

- I understand that there will be a charge £2.00 per minute for any late collection.

Signature(s): _____

- I understand that I will still be invoiced for sickness and holidays taken during term time.

Signature(s): _____

- I understand if I would like my child's sessions permanently amended that I must put this request in writing.

Signature(s): _____

- I understand that any non funded sessions would require a 2 week deposit to be paid prior to my child starting.

Signature(s): _____

- I understand that all fees are calculated on a daily basis and can be paid by either cash, bank transfer or by cheque payable to Eaton Mill Nursery.

Signature(s): _____

- I understand that Eaton Mill Nursery uses Tapestry, a secure online learning journal, to record photos, observations and comments, in line with the Early Years Curriculum. I understand that my child may be included in photos which will be used in individual and group situations and that these photos may be displayed on other journals.

Signature(s): _____

- I understand that should I wish to cancel my child's place at Eaton Mill Nursery or reduce the session, I must give one month's notice in writing.

Signature(s): _____

- I have read the Eaton Mill Nursery Policies booklet and agree to all of the terms mentioned in this booklet.

Signature(s): _____

I hereby give consent for my child to take a place at Eaton Mill Nursery and I agree to the terms and conditions set out in its policies and procedures booklet.

I have understood the expectations and obligations relating to both myself and the Nursery, and agree to abide by them.

Signed: _____ Date: _____

Signed: _____ Date: _____

EATON MILL WRAPAROUND

(Trading As Eaton Mill Nursery & Out Of School Day Care Limited)

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