



NAME OF CHILD:

DATE OF BIRTH:

ADDRESS:

HOME TEL. No.:

PARENTS' NAME: (MOTHER)

MOBILE:-

(FATHER)

MOBILE:-

MOTHER

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

EMPLOYERS TEL. No.:

FATHER

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

EMPLOYERS TEL. No.:

DOCTOR'S ADDRESS:

DOCTOR'S TEL. No.:

HEALTH VISITOR (NAME).:

ADDITIONAL INFORMATION (SPECIAL DIET, HEALTH PROBLEMS,ETC)

EMERGENCY CONTACT: (ONLY IF PARENTS CANNOT BE REACHED)

NAME:

ADDRESS:

RELATION TO CHILD:

TEL:

SESSIONS YOU REQUIRE:

PLEASE INDICATE THE NAMES OF PERSONS WHO WILL BE COLLECTING YOUR CHILD FROM NURSERY

N.B. YOUR CHILD WILL NOT BE ALLOWED TO LEAVE THE NURSERY WITH ANY OTHER PERSON UNLESS PRIOR NOTICE IS GIVEN

P.T.O.

REGISTRATION FORM



I UNDERSTAND THAT.....MAY BE TAKEN OUT LOCALLY ON SHORT TRIPS AND WALKS, E.G. TO LOCAL PARK, LIBRARY ETC., BUT I WILL BE INFORMED BEFOREHAND IF THE TRIP IS TO BE FURTHER AFIELD.

SIGNATURE; DATE;.....

I CONSENT TO.....GOING ON OUTINGS IN THE NURSERY MINI-BUS

SIGNATURE; DATE;.....

I CONSENT TO THE STAFF AT RIVERSIDE ADMINISTERING BASIC FIRST AID FOR TREATMENT OF MINOR CUTS, BUMPS OR BRUISES. I WILL BE INFORMED OF ANY ACCIDENT AND ASKED TO SIGN AN ACCIDENT FORM. IN THE CASE OF A MORE SERIOUS ACCIDENT, MY CHILD WILL BE TAKEN TO HOSPITAL AND I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY TREATMENT.

SIGNATURE; DATE;.....

(STAFF WILL ONLY ADMINISTER MEDICINE, OTHER THAN CALPOL, IF IT HAS BEEN PRESCRIBED FOR BY A MEDICAL PRACTITIONER AND A DRUG ADMINISTRATION FORM HAS BEEN COMPLETED.)

I CONSENT TO MY CHILD TAKING PART IN PHOTOGRAPHS FOR USE IN THE LOCAL MEDIA AS WELL AS DIGITAL AND STILL PHOTOGRAPHY WITHIN THE NURSERY.

SIGNATURE; DATE;.....

I UNDERSTAND AND ACKNOWLEDGE THAT FEES ARE PAID ONE MONTH IN ADVANCE AND ARE NON-REFUNDABLE IN THE CASE OF ABSENCE.

I AGREE TO GIVE ONE MONTHS NOTICE OR PAYMENT IN LIEU OF NOTICE SHOULD I WISH TO WITHDRAW MY CHILD FROM THE NURSERY.

SIGNATURE; DATE;.....

I GIVE PERMISSION FOR.....TO BRUSH HIS/HER TEETH AFTER LUNCH.

SIGNATURE; DATE;.....

OPENING HOURS; MONDAY - FRIDAY

7.30AM-6.15PM

50 WEEKS PER YEAR (CLOSED 2 WEEKS AT CHRISTMAS AND NEW YEAR)

MINIMUM; 2 SESSIONS PER WEEK

Fees include 1 snack per session, 2 snacks per full day.

Fees are charged for 50 weeks of the year and are paid by Direct Debit, monthly, in advance.

One month's notice must be given for any child leaving nursery.

MORNING SESSION; between 8.00am and 1.00pm.

AFTERNOON SESSION; between 1.00pm and 6.00pm.

COST; Per session	3yrs-5yrs	£14.50	- Full week	£135
Per session	2yrs-3yrs	£15.00	- Full week	£140
Per session	6wks-2yrs	£16.00	- Full week	£150

Local Authority Funding for 3yr and 4yr olds: £1146 pro rata for 5 sessions, (deducted from fees)

Nursery Classes for 3yr and 4yr olds

<u>5 SESSIONS;</u>	9.00am - 11.30am	no charge (funded by LA)
	1.00pm - 3.30pm	no charge (funded by LA)

Between 7.30am and 8.00am £4.00

Between 6.00pm and 6.15pm £3.50

Lunch £1.30 per day

AFTER SCHOOL CARE

3.00pm - 6.00pm £11.50 (includes school pick-up and snack)

Full day (holidays etc) £22.00

Half day £11.00

Working Family Tax Credit can pay up to 70% of fees - ask for details