



Happylands Nursery Registration Form & Contract.

Address: Happylands Nursery,
Harrogate Road Methodist Church,
Harewood Road,
Ripon,
HG4 1TG.

Telephone: 07899826813

Email: HappylandsNurseryRipon@outlook.com

Ofsted Registration Number: 2879488

Happylands Nursery Ethos and values.

Happylands follows an open-door policy to create a child led learning environment, following the principles of our 5 Cs:

- Community - creating positive relationships and links with the children, staff, parents and the local area. We introduce a positive attitude to the children when covering different cultural beliefs and celebrations during learning.
- Comfort - creating a safe and homely learning environment based on caring and sharing for one another and our surroundings.
- Confidence - encouraging children to have "a can do" attitude to try new ways of learning and promote independence, resulting in enjoying and achieving.
- Challenge - encouraging children to take risks, trying new learning approaches and push themselves to achieve next steps.
- Curiosity - a natural learning approach that focuses on individual needs and interests, using spark and imagination.

Happylands Statement.

The relationship between parents/carers and our nursery setting is crucial to a child's wellbeing. The welfare, safety and protection of your child is at the heart of all we do. To enable us to create the best provision for your child and understand their needs, we require you to complete the registration form as accurately, and in as much detail as possible. This registration form will be signed by both yourself/selves and the nursery manager and will act as a contract between parents/carers and Happylands nursery. This will ensure the best conduct from both parties.

Child's full name.....

Child likes to be known as.....

Date of birth.....

Language(s) spoken at home.....

Festivals/special occasions celebrated at home.....

Name(s) of parent(s)/carer(s) with whom the child lives, having parental responsibility:

1.....

National insurance number.....

2.....

National insurance number.....

Address.....

Telephone number.....

e-mail address.....

Name and address of the parent(s)/carer(s), with whom the children does not live with, if applicable.....

.....

Telephone number.....

e-mail address.....

Does this parent/carer have parental responsibility?.....

Does this parent have legal access to this child?.....

Emergency contact details:

Parent/carer 1 - daytime telephone number.....

Work telephone number.....

Parent/carer 2 - daytime telephone number.....

Work telephone number.....

Emergency contact details when parent(s)/carer(s) are unavailable:

Name.....

Telephone number.....

Relationship to the child.....

Name.....

Telephone number.....

Relationship to the child.....

Please introduce the person who will picking up your child to a member of staff prior to the collection. The person must be over 16 years of age. Anyone not named above will be refused access to your child until we receive confirmation from yourself, or if the person informs staff of a password to collect your child.

Password to be given when collecting the child for the first time.....

Personal details of child

Doctors name.....

Surgery address.....

Telephone number.....

Health visitor's name

Telephone number.....

I consent for the staff to take my child to the nearest accident and emergency department to be examined, treated or admitted, if necessary, on the understanding that I/we have been informed.

Parent/carer 1 signature.....

Print name.....

Parent/carer 2 signature.....

Print name.....

Date.....

Nursery staff signature.....

Since birth, has your child been hospitalised?.....

Does your child have any health/medical needs or preferences, including allergies?.....

.....

Which of the following vaccinations/immunisations has your child received?

MMR () Polio () Diphtheria () Tetanus () Meningitis ()

Does your child have specific needs or disability?.....

Please give details about the child's needs/disability and what support they will need in our setting.....

.....

Name(s) of professionals involved with your child (if applicable):

1. Name..... Role.....

Telephone number.....

e-mail address.....

2. Name..... Role.....

Telephone number.....

e-mail address.....

3. Name..... Role.....

Telephone number.....

e-mail address.....

Does your family have any "early help team" or social worker involvement for any reason? Yes/No

If yes,

Name.....

Agency.....

Telephone number.....

e-mail address.....

Reason for involvement with any of the above parties.....

.....

.....

.....

Name of any siblings and their ages:

1..... D.O.B.....

2..... D.O.B.....

3..... D.O.B.....

4..... D.O.B.....

Has your child attended any other groups or settings?.....

If yes, please give details.....

Any extra information about your child e.g. likes/dislikes, pets, friends, what they are good at, what they may need help with.....

.....
.....
.....
.....

Parent/carer & Happylands Nursery contract.

I/We understand that a child is required to attend 2x one hour settling in sessions, which are charged at £5.90 per hour, prior to commencing their funded or private hours ()

Date paid..... Staff signature.....

I/We give permission for Happylands Nursery to seek any records from previous settings and other professional agencies ()

I/We do/do not authorise Happylands Nursery staff to apply suncream sent in and provided by us, the parent(s)/carer(s), and indemnify Happylands Nursery and its employees against any liability arising to adverse reactions to branded suncreams (please delete as appropriate)

If I/We have forgotten to provide suncream, I/We do/do not consent for Happylands Nursery staff to apply their own suncream to my child, to protect them throughout the session (please delete as appropriate)

I/We are not aware, unless previously stated, of any allergies or skin conditions relating to my child ()

I/We consent to Happylands Nursery staff using their own wet wipes on my child if required ()

I/We do/do not consent to Happylands Nursery using a photograph of my child in local papers, our Facebook page, nursery albums and displays within the setting to celebrate Happylands achievements and events. (Please delete as appropriate)

I/We do/do not consent to my/Our child occasionally appearing on a group photo and seen/used in other children's learning journeys. (Please delete as appropriate)

I/We do/do not consent to my/our child participating in nursery outings (please delete as appropriate).

Please state which days and hours you wish for your child to attend Happylands Nursery.....
.....
.....

Will your child receive funding or will you pay privately?.....

If private paying, would you prefer weekly or monthly invoices?.....

If funded, I/We understand that I/we will need to sign a separate parental agreement to assign the funding to Happylands Nursery ()

I/We understand that Happylands Nursery fees are charged at £5.00 per hour and fees will still need to be paid if the child is absent due to sickness or a holiday, unless the sickness lasts more than a week ()

I/We understand that there is a 30p sur charge for each day attended to cover the cost of snacks whilst at nursery. This is to be paid for funded and private places ()

I/We understand that Happylands Nursery does not charge fees for when we are closed for bank holidays or the academic holidays ()

I/We understand that all private fees must be paid in advance of the month when the child care hours will be taken. Fees must be paid before the last working day of each month, otherwise the child will not be able to attend nursery until the balance has been settled ()

I/We understand that if we would like to withdraw my/our child from attending Happylands Nursery, we will need to give one month's written notice to the nursery manager ()

I/We understand that if we wish to decrease/increase hours at nursery, one month's notice needs to be given to the nursery manager. An increase in hours will depend on space within nursery and the child may be put on a waiting list ()

Parent(s)/carer(s) signature:..... Date.....

Staff signature..... Date.....