



## Registration Form

If you would like to register your child for a place at The Blue Strawberry, please complete the following and send it together with the appropriate registration fee.

Nursery Location:	
Child's Full Name:	
Home Address (including Post Code)	
Home Telephone No:	
DOB:	Gender:
Religion:	Language:
Disability:	
Parent's / Guardian's Details	
Parent's / Guardian's Details	Parent's / Guardian's Details
First Name:	First Name:
Surname:	Surname:
Occupation:	Occupation:
National Insurance No:	National Insurance No:
Work Place and Address:	Work Place and Address:
Work Telephone No:	Work Telephone No:
Mobile Number:	Mobile Number:
e-mail:	e-mail:

Emergency Contact Details Should You Not Be Available			
Name	Relationship to Child	Home Telephone	Mobile Telephone

**SECURITY**

Please provide us with a generic password to keep on file for occasions when you nominate friends or family to collect your child from Nursery

**PASSWORD:**



MEDICAL DETAILS						
<b>Doctors Name:</b>						
<b>Doctors Address:</b>						
<b>Doctors Telephone Number:</b>						
<b>Medical Conditions:</b>						
<b>Dietary Requirements:</b>						
<b>Regular Medication</b> (including dosage)						
<b>Allergies:</b> (Please specify ALL signs and symptoms of a reaction and medication required)						
<b>Vaccinations</b>	<b>2 Months</b>	<b>3 Months</b>	<b>4 Months</b>	<b>12 Months</b>	<b>13 Months</b>	<b>3.5 Years</b>
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Pneumococcal Infection						
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Meningococcal C						
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Meningococcal C, Pneumococcal Infection						
Haemophilus Influenzae B (Hib), Meningococcal C						
MMR 1st (Measles, Mumps and Rubella), Pneumococcal Infection						
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio (Pre-School Booster), MMR 2nd (Measles, Mumps and Rubella)						

Please complete the following in full, in order for us to reserve the correct place for your child/children.

<b>Start Date</b>	
<b>Nursery - Full Time</b> (Please tick)	
<b>Nursery - Part Time</b> (Please tick)	
<b>Nursery - School Day</b> (Please tick)	
<b>After School Club</b> (Please tick)	
<b>Holiday Club</b> (Please tick)	



Please indicate the sessions required using the table below:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am – 6.00pm					
8.00am – 3.30pm					
8.00am -12.30pm					
12.30pm -6.00pm					
8.30am 11.30am					
12.30pm 3.30pm					

Charges			
Under Three		Over Three	
Full Week	£239.60	Full Week	£227.00
7.30am – 6.00pm	£49.50	7.30am – 6.00pm	£46.60
8.00am – 3.30pm	£44.30	8.00am – 3.30pm	£40.50
8.00am – 12.30pm	£32.20	8.00am – 12.30pm	£29.20
12.30pm – 6.00pm	£35.10	12.30pm – 6.00pm	£30.70
8.30am – 11.30am	***	8.30am – 11.30am	***
12.30pm – 3.30pm	***	12.30pm – 3.30pm	***

\*\*\* There are limited funded places available (term time only). Please note that the three hour sessions are only available to those children over the age of 3 years AND in receipt of the Early Education Funding. If this does not apply to your child then you must choose a FULL morning or afternoon which will be charged at the above rate.

Please indicate what your child's lunchtime arrangements will be;

Hot Dinners (£2.58)		Packed Lunch		Going Home	
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Breakfast and tea during holiday club is £1.50 per day.

#### Hi 5 After School Club

Session (term time only)	Cost	Please tick the sessions required				
		Monday	Tuesday	Wednesday	Thursday	Friday
3.30pm – 5.00pm	£11.20					
3.30pm – 6.00pm	£15.30					

#### Hi 5 Holiday Club - School Children

Session	Cost	Please tick the sessions required				
		Monday	Tuesday	Wednesday	Thursday	Friday
7.30am – 6.00pm	£29.50					
8.00am – 3.30pm	£23.50					
8.00pm – 1.00pm	£17.40					
1.00am – 6.00pm	£17.40					

Will your child require tea during holiday club? Yes / No

Tea is an additional £1.00 to the cost and is served at 4pm



## Parental Responsibility

Mothers **ALWAYS** hold parental responsibility for a child **UNLESS** the child has been adopted. If parents **ARE** married at the time of the child's birth then the father also has parental responsibility. If parents **ARE NOT** married at the time of birth but the father is on the birth certificate then both the mother and father have parental responsibility. If parents **ARE NOT** married at the time of birth and the father **IS NOT** on the birth certificate then the mother has parental responsibility.

Please indicate clearly who has Parental Responsibility for this child:

The Blue Strawberry Kids Day Care Ltd actively works to safeguard and promote the welfare of all children. We have a legal responsibility and duty of care to report any concerns to the appropriate authorities.

Would you like to have a home visit prior to your start date Yes  No

**Please ensure that both parents sign this contract.**

I have read and agree to The Blue Strawberry's terms and conditions and understand that the registration fee is not refundable. I have indicated who has Parental Responsibility for the child and agree that this true. I enclose the non-refundable deposit of £30 to secure my child's place.

Signed .....(Parent / Guardian)

Signed ..... (Parent / Guardian)

Date.....

Date.....

By ticking this box, you are consenting to us to hold and process your data and send you information.

We will only use your (including your child's) personal information to provide a childcare service to you. We would like to send you information about your child and our nursery by email/text/phone/letter etc but we need to have your permission to do so. We keep your information so you can receive important updates about your child and our nursery. We will keep your information secure and will never share it except if required to do so by law.

You can of course unsubscribe or ask us not to contact you by email or letter at any time.