

St. Paul’s Nursery

Somerville College

119a Walton Street

Oxford OX2 6AH

Telephone: 01865 270686

**Registration form**

**Personal Details**

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Home addressPostcode |  |
| Position in family |  |
| Hair colour  |  | Eye colour |  |
| Religion |  |
| Ethnic origin |  |
| Nationality |  |
| Language(s) spoken at home |  |
| Details of any special educational needs/disabilities |  |
| How did you hear about St Paul’s? |  |
| Start date |  |

**Sessions required**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full days | Mon  | Tues | Wed | Thurs | Fri  |
| Minimum 2 consecutive days |  |  |  |  |  |
| Part days |
| 5 Mornings only  |  | 5 Afternoons only |  |

**About your family**

|  |  |
| --- | --- |
| PARENT/ CARER 1 |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password (For Authorised Collection of child) |  |
| Home addressPostcode |  |
| Home telephone number |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work telephone number |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in emergency |

|  |  |
| --- | --- |
| PARENT/ CARER 2 |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password (For Authorised Collection of child) |  |
| Home addressPostcode |  |
| Home telephone number |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work telephone number |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in emergency |

**Other contacts**

|  |
| --- |
| CONTACT ONE |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password (For Authorised Collection of child) |  |
| AddressPostcode |  |
| Telephone number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in  emergency |
| CONTACT TWO |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password (For Authorised Collection of child) |  |
| AddressPostcode |  |
| Telephone number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in  emergency |

**Medical details**

|  |  |
| --- | --- |
| Does your child have any allergies? | Yes / No (please circle) |
| If yes, please give details of the cause and reaction |
| Does your child take any medication? | Yes / No (please circle) |
| If yes, please give detailsMedicine………………………………………………………Dosage……………………………Times…………………………………………………… Quantity……………………………….. |
| Does your child have any special dietary requirements?  | Yes / No (please circle) |
| If yes, please give details |
| Has your child had any of the following immunisations?Please tick and date | Immunisation  | Date of immunisation |
| BCG |  |
| Diphtheria |  |
| HIB |  |
| MMR |  |
| Meningitis C |  |
| Poliomyelitis  |  |
| Tetanus |  |
| Whooping cough |  |
| Any other immunisations |  |
| Name of GP |  |
| Name of surgery  |  |
| AddressPostcode |  |
| Telephone number  |  |
| Health visitor details |
| Name |  |
| AddressPostcode |  |
| Telephone number  |  |
| Other agency details |
| Name |  |
| AddressPostcode |  |
| Telephone number  |  |
| Any other details that we should know about? |

**Temperatures and first aid**

If your child becomes ill during their stay at the nursery, we will make every effort to contact you using the telephone numbers provided in this registration document. PLEASE ENSURE THAT WE ARE INFORMED IF ANY OF THESE NUMBERS CHANGE.

If no contacts are available, and your child appears distressed or uncomfortable due to an illness or an accident, we will take one or more of the following steps, while continuing our attempts to contact you:

1. Seek medical assistance (999/112)
2. Follow the advice given by healthcare professionals
3. If your child has had a serious allergic reaction, it may be necessary for nursery staff to administer an antihistamine
4. If a physician seeks permission to give emergency treatment, the nursery manager/ deputy manager may have to give consent if a parent/carer cannot be contacted

By signing this form you acknowledge that you have been informed

of the emergency measures which may be used to help your child

Parent’s Signature:………………………………………................................................

Parent’s Name: ……………………………………………………………………………..

Date: ……………………………………………………………

Manager’s Signature:…………………………………………………………………………

Manager’s Name:……………………………………………………………………………..

Date; …………………………………………………………….

**Safeguarding children parental statement**

The nursery is aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children.

St Pauls’ Day Nursery has a detailed *Safeguarding Children Policy and Procedures,* with clear guidelines to follow if there is a suspicion of abuse. There is also a clear procedure to follow in the event of alleged abuse by a member of staff. The *Safeguarding Children Policy and Procedures* are kept on nursery premises at all times and can be accessed by you on request. It is also available here *[link]*

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children’s social care, health professionals or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

If any member of staff at the nursery has any concerns relating to the safety or welfare of your child/children, we will inform you that a referral is being made to the relevant agencies, except where there is a risk of significant harm.

We have a responsibility to inform parents/carers of any accidents or injuries a child sustains whilst in our care; all accidents will be recorded on designated accident forms that you will be asked to sign on collecting your child. It is essential that parents and carers also inform us of any accidents or injuries that their child has sustained at home or elsewhere.

**Terms and Conditions**

***Changes to the Placement***

St. Paul's Nursery requires two months written notice of your wish to terminate your child's place. The deposit will then be credited to the final invoice. If insufficient notice is given, you will be invoiced for the two months following the date that we were informed of your wish to terminate your place, whether your child is attending the nursery or not. We require a minimum commitment of 6 months from our families, unless there are exceptional circumstances. This will be decided by the Treasurer and Nursery Manager.

***Nursery Closures***

The Nursery will be closed for two weeks at Christmas and for all UK bank holidays. Fees will be charged for 50 weeks a year excluding Bank Holidays.

Notwithstanding the closure periods outlined above, the nursery will make all attempts to open on all other days. In exceptional circumstances the college may need to close the nursery at short notice or following the start of a day. This would be for emergency reasons including, but not confined to, a staff shortage which would leave us without the correct ratio of staff to children, extreme weather conditions, some complete failure in the nursery, such as a power cut or fire. In these circumstances, we would recommend alternative arrangements are made.

***Connect Childcare***

The nursery uses the [Connect Childcare](https://connectchildcare.com/) nursery management system and its apps iConnect (to record and share learning journeys with you, including photos of your child) and ParentZone (for parental input).

You will be sent a link to register for ParentZone by the nursery when your child is enrolled. Please activate this as soon as possible. If we share a form with you, such as an accident form, please attend to it at the earliest opportunity as your input may be required.

***Payment of Fees***

Nursery invoices are sent out on the last day of every month, in respect of the preceding month. If fees are outstanding for more than two weeks from the date of the invoice, interest will be charged at the rate of 5% per annum above the Barclays Bank Base Rate. The Nursery Management Committee reserves the right to exclude a child from the nursery if there are any outstanding fees without prior arrangement being made. Fees will remain payable if the child is away from the nursery due to illness or any other absence.

***Property and Belongings***

The nursery provides an extensive range of toys for children of all ages. It is therefore neither necessary nor advisable for children to bring toys from home. Children's comforts and toys of special interest are, however, acceptable. The nursery is unable to accept responsibility for property or belongings brought into the nursery.

***Nursery outings***

With the consent of parents, we will take the children on short walks, including trips to the local play area with swings and slides, the University Parks for picnics or, when appropriate, to the college grounds. Parents will be asked to give specific permission for any trips further afield. There may be an extra charge for some visits.

**Parental Agreement**

I/we have read the terms and conditions, handbook and the policy book in respect of nursery provision at St. Paul’s Day Nursery, Somerville College Oxford.

* I/we can confirm that I/we accept the terms as stated.
* I/we confirm that I/we have read the Nursery privacy notice [link]

Signature(s): ………………………………………………………………

Date: ……………………………………………………………………….

  I would like to be kept informed of Somerville College news and events

Please return this form to the Nursery Manager

before your child takes up their place

**PARENTAL CONSENTS**

**APPLICATION OF PLASTERS**

I give my permission for the nursery to use hypoallergenic plasters on my child if needed. I understand that the nursery will apply plasters when necessary. However, they will be removed when I collect my child.

PARENT'S SIGNATURE…………………………………………………DATE………………

MANAGER'S SIGNATURE…………………………………………………………..

**SUN CREAM**

I give consent for the application of sun cream which is supplied by the nursery.

PARENT'S SIGNATURE…………………………………………………DATE………………

MANAGER'S SIGNATURE…………………………………………………………..

If you wish to use a different type, please would you supply and label the sun cream with your child’s name.

**USE OF CREAMS**

Guidance from our statutory regulators, Ofsted, states that we are obliged to carry out the following safeguards with regard to applying creams. Your consent as parent or carer is required before we may administer creams on an ‘as and when’ basis.

I give consent for the use of Sudocrem, which is supplied by the nursery.

PARENT'S SIGNATURE…………………………………………………DATE………………

MANAGER'S SIGNATURE…………………………………………………………..

If you wish to use a different type, please would you supply and label it with your child’s name.

**ADMINISTERING PARACETAMOL**

I give my permission for the nursery to administer paracetamol if my child has a high fever of above 38º. I understand I will be contacted to collect my child once this has been given.

PARENT'S SIGNATURE…………………………………………………DATE………………

MANAGER'S SIGNATURE…………………………………………………………..

**OUTINGS**

I give permission for my child to go on short walks in the local area.

PARENT'S SIGNATURE…………………………………………………DATE………………

MANAGER'S SIGNATURE…………………………………………………………..

*Parents will be asked to give specific permission for any trips further afield*

**NURSERY PHOTOGRAPHS**

I give permission for photos of my child, taken by nursery staff, to be:

* used in displays in the nursery and in closed social media groups (parents only)
* used in college communications to promote the nursery, such as on the college website and on signage within the college

*Please see the Nursery Photography Policy for further information*

PARENT'S SIGNATURE…………………………………………………DATE………………

MANAGER'S SIGNATURE…………………………………………………………..

*Whilst photography by parents and carers is not permitted in the nursery, we cannot guarantee that your child will not be included in photographs taken by other parents and carers on special occasions eg sports day. Please contact the nursery manager if this raises any concerns.*