

St. Paul's Nursery Registration Form

Personal Details

| | |
|---|---|
| Name of child | |
| Date of birth | |
| Home address | |
| Postcode | |
| Religion | |
| Ethnic origin | |
| Nationality | |
| Language(s) spoken at home | |
| Details of any special educational needs/disabilities | |
| Start date | |
| Proof of child's DOB | Please bring in birth certificate, passport or red book (health visitor record) for us to see |
| Date proof provided | |
| Seen by | |

Sessions required

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

St Paul's Nursery 119a Walton Street Oxford OX2 6AH Telephone: 01865 270686

For details of how we process your data, please see the Somerville College nursery privacy notice at:
<https://www.some.ox.ac.uk/privacy-foi/nursery-users-privacy-notice/>

About your family

| | |
|---|--|
| PARENT/ CARER 1 | |
| Title | |
| First name | |
| Surname | |
| Password (for authorised collection of child) | |
| Home address Postcode | |
| <p align="center">Proof of address is required and must be confirmed annually</p> <p>Acceptable documents include a valid UK photocard driving licence; an HMRC tax notification, council tax bill or mortgage statement dated within the last 12 months; a utility bill (gas, electricity or landline telephone), bank or credit card statement, dated within the last 3 months (original hard copy only, not downloaded from an online account or photocopied)</p> | |
| Date proof of address provided | |
| Home telephone number | |
| Mobile | |
| Home email | |
| Work address If your employers include Somerville, please give college address | |
| Work phone number | |
| Work email | |
| Responsibilities (Tick all that apply) | Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/> |

| | |
|---|--|
| PARENT/ CARER 2 | |
| Title | |
| First name | |
| Surname | |
| Password (for authorised collection of child) | |
| Home address | |

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| | |
|---|--|
| Postcode | |
| Proof of address is required and must be confirmed annually Acceptable documents include a valid UK photocard driving licence; an HMRC tax notification, council tax bill or mortgage statement dated within the last 12 months; a utility bill (gas, electricity or landline telephone), bank or credit card statement, dated within the last 3 months (original hard copy only, not downloaded from an online account or photocopied) | |
| Date proof of address provided | |
| Home telephone number | |
| Mobile | |
| Home email | |
| Work address If your employers include Somerville, please give college address | |
| Work telephone number | |
| Work email | |
| Responsibilities (Tick all that apply) | Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/> |

Other contacts

| | | | |
|---|---|---|--|
| CONTACT ONE | | | |
| Title | | | |
| First name | | | |
| Surname | | | |
| Relationship to the child | | | |
| Password (for authorised collection of child) | | | |
| Address | | | |
| Postcode | | | |
| Telephone number | | Mobile | |
| Responsibilities (Tick all that apply) | Collect child from nursery <input type="checkbox"/> | Contact in emergency <input type="checkbox"/> | |
| CONTACT TWO | | | |
| Title | | | |
| First name | | | |
| Surname | | | |

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| | | | |
|---|--|---|---|
| Relationship to the child | | | |
| Password (for authorised collection of child) | | | |
| Address | | | |
| Postcode | | | |
| Telephone number | | Mobile | |
| Responsibilities (Tick all that apply) | | Collect child from nursery <input type="checkbox"/> | Contact in emergency <input type="checkbox"/> |

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 details | | |
| Medicine.....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 | |

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| | | |
|--|----------------|--|
| | Poliomyelitis | |
| | Tetanus | |
| | Whooping cough | |
| Any other immunisations | | |
| Name of GP | | |
| Name of surgery | | |
| Address | | |
| Postcode | | |
| Telephone number | | |
| Health visitor details | | |
| Name | | |
| Address | | |
| Postcode | | |
| Telephone number | | |
| Other agency details | | |
| Name | | |
| Address | | |
| Postcode | | |
| Telephone number | | |
| Any other details that we should know about? | | |
| | | |

| | |
|--|--|
| Is your child registered with a dentist? | |
| Name of dentist | |
| Address | |
| Postcode | |
| Telephone number | |

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Any other details that we should know about?

In the event of an emergency:

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

Do you consent to nursery staff seeking medical treatment for your child if we are unable to contact you?

Yes, I give my consent ☐

Parent's/ Carer's Signature:.....

Parent's/ Carer's Name:

Date:

Safeguarding children parental statement

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 the nursery's duty to work with outside agencies when concerns arise. We will communicate with families throughout the process as appropriate.

If your child has an injury at home or in the nursery, we will record this on our safeguarding system CPOMS or on our nursery management system (Tapestry), as appropriate.

Terms and Conditions

Changes to the Placement

A non-refundable administration fee of £50 is required to reserve a place at St Paul's Nursery. On receipt, we will contact parents to confirm the place.

Once we confirm the place and starting date, we require two months written notice to end the placement. 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 10 days at Christmas, all UK bank holidays and 2 INSET days per year. Fees will be charged for 50 weeks a year excluding Bank Holidays.

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, extreme weather conditions, or incidents in the nursery, such as a power cut or fire.

Tapestry

The nursery uses the *Tapestry* online learning journal to record and share learning journeys with parents/ carers. You will be asked to give consent to the use of Tapestry and, once given, the nursery will create an account for your child and send you a link so that you can access it.

Payment of Fees

Nursery invoices are sent out on the last day of every month, in respect of the preceding month. Fees will remain payable if the child is away from the nursery due to illness or any other absence.

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

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Management Committee reserves the right to exclude a child from the nursery if there are any outstanding fees without prior arrangement being made.

Additional Funding

If your child is eligible, and you wish to apply for Early Years Pupil Premium (EYPP), we will ask you to supply the following supporting documents/ information: the child's birth certificate, proof of address, and the date of birth and NI or NASS number of the parent/ carer applicant.

To find out if you are eligible for the Salary Sacrifice scheme, please contact Diane Berry at payroll.officer@some.ox.ac.uk

Property and Belongings

If your child is particularly attached to a special toy or comforter, they are welcome to bring it with them to the nursery, however the nursery is unable to accept responsibility for the property of children in our care.

Nursery outings

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

Family 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 confirm that I/we accept the terms as stated.

☐ I/we confirm that I/we have read the [nursery privacy notice](#)

Signature(s):

Date:

CONSENTS

NAME OF CHILD:

TAPESTRY ONLINE LEARNING JOURNAL

- ☐ I give consent for a Tapestry account to be created for my child
- ☐ I give permission for my child to be included in group observations on Tapestry
- ☐ I confirm that I will not share anything from Tapestry on social media

If you have any questions or do not consent to the creation of an account, please contact the Nursery Manager.

PARENT'S/ CARER'S SIGNATURE.....DATE.....

NURSERY PHOTOGRAPHS

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

- ☐ used in displays in the nursery and in parent/ carer community pages
- ☐ 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/ CARER'S SIGNATURE.....DATE.....

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, such as sports days. Please contact the nursery manager if this raises any concerns.

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SUN CREAM

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

PARENT'S/ CARER'S SIGNATURE.....DATE.....

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/ CARER'S SIGNATURE.....DATE.....

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 38°. I understand I will be contacted to collect my child once this has been given.

PARENT'S/ CARER'S SIGNATURE.....DATE.....

OUTINGS

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

PARENT'S/ CARER'S SIGNATURE.....DATE.....

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