Application Form

Apple Day Tree Nursery | Email: [advice@appletreeday.co.uk](mailto:advice@appletreeday.co.uk) | Tel: 02392 652 111

***Details of Child.***

Surname.........................................................................................

Name..............................................................................................

Sex: F M

Middle names..................................................................................

Preferred name...............................................................................

Date of birth …………………………………………………………….

Nationality......................................................................................

Languages spoken: 1st:…………….. 2nd ……………………………..

What is your child’s ethnic background...................................................

Is your child an asylum seeker................... Date of arrival........................

Full address……………………………………………………………………..

Postcode........................................

Who lives here:…………………………………………………………………

Details of Parents/ Guardians

Home telephone number............................................................................

Main contact mobile number…………………………………………………

Parent email address …………………………………………………

1st Parent\*/ Guardians\* name.............................................................

Daytime contact/ employers address...........................................................................................................

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

Employers Telephone number..........................................................

2nd Parent\*/ Guardians\* name.............................................................

Daytime contact/ employers address...........................................................................................................

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

Employers Telephone number

………………………………………………………

**(\*Please leave blank where appropriate.)**

**Apple Tree Day Nursery Child Consent Form.**

Please read the consent form fully and sign for the procedures that you give permission for.

As parent/ guardian

of………………………………………………………………….

I give permissions for:

**\* In the event that my child is involved in a serious accident whilst at nursery, I expect the nursery manager, or a senior member of staff to contact me immediately. In the event that my child requires immediate medical treatment before I will be able to get to hospital, I hereby authorize the manager, or a senior member of staff, to consent to emergency medical treatment on my behalf.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for my child to leave the nursery for short trips to the local shops, library, park etc., possibly without being told on the day following the short trips policy and procedure.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\*I give permission for staff at Apple Tree Day Nursery to check my child's hair for head lice.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for photographs to be taken of my child whilst at nursery and used within the nursery setting only.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give consent for photos of my child participating in activities to be used on Apple tree day Nursery’s Facebook & Instagram page.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for staff at Apple Tree Day Nursery to apply nappy cream that I have provided, to my child as required.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for a qualified member of staff to administer Calpol if they truly believe that my child needs it to relieve them of pain or a high temperature without being contacted beforehand.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for staff at Apple Tree Day Nursery to apply sun cream that they provide or to use nursery sun cream factor 50.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for nursery wet wipes to be used on my child’s face and body should they need to be cleaned up for any reason.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I give permission for my child to participate in activities using face paints.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\*I give permission for my child to be undressed into swim wear and to play in the paddling pools within the nursery following our swimming pool policy.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

\* **I give permission for my child to join in with food tasting sessions following their food preferences and allergies stated within these forms.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\*I give permission for my child’s hair to be re-done if it becomes messy or untidy**.

Full name……………………………..

Signed………………………………….

Date ……………………………………

**\* I understand that authorization for the above procedures that I have agreed to will remain valid until I contact the manager to withdraw it.**

Full name……………………………..

Signed………………………………….

Date ……………………………………

**Your Child's Health.**

Doctors name........................................................................................

Health visitor.........................................................................................

Address of doctor’s surgery.....................................................................

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

Telephone number.................................................................................

Dentists’ surgery name ..........................................................................

Address..................................................................................................

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

Telephone number..................................................................................

Has your child had any of the following vaccinations?

Diphtheria Whooping cough Tetanus

Polio HIBS MMR

If you know your child hasn’t had any vaccinations, please tick below and a member of staff will help support you into getting the information you need to get your child vaccinations up to date.

Does your child have any medical conditions? E.g., allergies/ asthma.

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

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

Does your child have any special dietary requirements………………………

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

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

Please tick here if your child has not yet been registered with a doctor.

Yes No

If no, a member of staff will be able to get some help for you to register your child with a surgery.

**Nursery sessions**

Sessions and times required

**Please tick requested times and day for the week this must be completed before they start.**

**We can be flexible with times within reason, please contact us to discuss.**

|  |  |
| --- | --- |
| Full Week | MON-FRI |
| 8-6pm  **Equivalent of £39 a day!** |  |
| Breakfast Club  7.30-8am  **(Breakfast included)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WEDS | THUR | FRI |
| Early Start (breakfast included) 7.30-6pm |  |  |  |  |  |
| Full Day  8-6pm |  |  |  |  |  |
| AM Session  9-1pm |  |  |  |  |  |
| PM Session  1-5pm |  |  |  |  |  |
| Any other session required that is not listed above. |  |  |  |  |  |

Childs requested start date: D/M/Y…………………………………………

* I understand that the hours that I have requested will be the set hours and can only be changed through a change of hours request sheet. I understand that it is a month’s notice until I can start the new hours applied for. I understand that the requested new hours could be declined.

Full name……………………………..

Signed………………………………….

Date ……………………………………

* I understand that if my child is not doing term time only I must pay in full for all half terms even if my child is not attending.

Full name……………………………..

Signed………………………………….

Date ……………………………………

* I understand that if my child is term time only they are following our setting start and end term time dates.

Full name……………………………..

Signed………………………………….

Date ……………………………………

* I understand that the nursery does not offer holiday or sick leave so if my child is going on holiday or doesn’t attend due to being unwell the fees still need to be paid in full.

Full name……………………………..

Signed………………………………….

Date ……………………………………

* I understand that the nursery is closed on all bank holidays, but these still need to be paid for.

Full name……………………………..

Signed………………………………….

Date ……………………………………

* I understand that it is one months notice for my child to leave the nursery and this will start from the date we receive written confirmation.

Full name……………………………..

Signed………………………………….

Date ……………………………………

Signed \*Parent 1/ \*Guardian.......................................Date......................

Signed \*Parent 2/ \*Guardian.......................................Date......................

**(\* Please leave blank when appropriate)**

**Apple Tree Day Nursery**

**TERMS AND CONDITIONS.**

Please read and sign to say that you fully understand and agree to follow the terms and conditions of registration of your child with Apple Tree Day Nursery.

1) A deposit of £120.00, is required to secure your child’s place at nursery. (No deposit is required if your child is only attending the Nursery using their funded sessions only) £20 is non-refundable, as it’s an admin fee. The £100 will be refunded when your child leaves the nursery, providing all fees are paid and we have received your 4 weeks’ notice in writing. This deposit is non-refundable to non-starters and a minimum attendance of 4 weeks is required before you place your months’ notice in writing.

2) You will receive an invoice at the end of the month for the month in advance. Fees are payable monthly, and to be paid by the 10th of each month. Fees can be paid by cash, bank transfer or vouchers**. Late payments will incur a charge of £20.00 and £5.00 for every day not paid after that, and your child will not be able to attend nursery until fees have been paid in full.** Full fees are still payable in the event of absence through sickness or holiday.

3) We are unable to accept children before 7.30am or keep children on the premises after 6pm due to insurance cover. Please keep to your booked sessions as early arrivals and late collections can affect the staff; child ratio. **Late pick-ups a charge of £5.00 per five minutes will be made. Appeals against these charges are at the Manager's discretion.**

4) On your child's admission to the nursery we request that you read our policies and procedure records that you can find on our website at advice@appletree-daynursery.co.uk

5) Apple Tree Day Nursery reserves the right to exclude your child based on unacceptable behaviour or for any reasons that the owner, Mrs Sharon Oakey deems appropriate.

Please refer to the Exclusion Policy and Procedure for details of this.

I have read and fully understood the Terms and Conditions of Apple Tree Day Nursery. I enclose my deposit if required.

Full name……………………………..

Signed………………………………….

Date ……………………………………

CHILDREN’S EMERGENCY CONTACT DETAILS.

Child’s full name:

Date of birth: Nationality: Sex:

Address:

Home telephone number:

Lives with:

Parent 1\*/ guardians\* name:

Daytime contact/ employers address;

Telephone number:

Email address: Mobile:

Parent 2\*/ guardians\* name:

Daytime contact/ employers address:

Telephone number: Mobile:

Any additional people who we can contact if we cannot reach either of above:

Name: Relationship:

Telephone number/s:

*Authorized to collect your child from nursery using the password? YES NO*

Name: Relationship:

Telephone number/s;

*Authorized to collect your child from nursery using the password? YES NO*

Security password: ............................................................... this is used for when you allow someone else to collect your child that we have not seen. We must be informed beforehand if someone un-known to us will be collecting your child.

**Inter- agency parental consent form**

*(To be filled in and put into the Childs folder)*

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent /carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From time to time it may be necessary to share information regarding your child in order to offer the best support available from a range of agencies.

I give permission for information to be shared with relevant professionals including general practitioners, health visitors, school, school nurses, educational psychologists, early years team (including children’s information service for the purpose of NEG funding), nursery/pre-school, portage service, speech and language therapy service and (EMAS) ethnic minority achievement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental copy. (PLEASE KEEP THIS COPY OF OUR POLICIES)**

Break down of our Policy’s

1. Apple Tree day Nursery is open approximately 51 weeks a year (excluding Bank Holidays which will still be charged for). We will also be closed over the Christmas period; no fees will be charged for these days.

2. Children cannot be accepted before 07.30 and the latest they may be collected is 6.00.pm. A charge of £5.00 per 5 minutes will be made for a late collection.

3. Fees are payable monthly in advance due the first week of the month. If you do not settle your payment on planned date you cannot bring your child in till the invoice has been settled and will be charged £20 for late payment and could be charged up to £5 for every day after until your bill is fully paid. Parents who regularly fail to settle their account within one week of fees being due could have their agreement with the nursery terminated. This will all be at the managers discretion, if you cannot pay your bill on time you can speak to part of the management team a.s.a.p. Full fees are still payable if your child is away through illness or holiday.

4. If you wish to remove your child from nursery you must give one month’s written notice and any reasons or comments can also be placed in this written notice. You will receive your deposit back when you leave, or it will be taken off the total of your final nursery fees all bills must be settled before your child leaves nursery.

5. Apple Tree Nursery cannot accept any child who is contagiously unwell. A child who has been suffering from vomiting and/or diarrhea should be kept at home until at least 48 hours after the symptoms have subsided. If you are in any doubt about

whether your child should come to nursery, please telephone before bringing your child in, and we will be pleased to discuss the matter with you.

6. We will administer medication such as Calpol (must be supplied by yourself) and antibiotics only if the parent/career has completed and signed Medication Consent Form. The medication should be clearly labeled with child’s name and dosage details.

7. A child cannot be collected from the nursery by anyone who is unfamiliar to the staff unless the manager has been informed. when informing a staff member, you must pass over a name and tell the member of staff the password that they will be using. Passwords are set up at the start and are chosen by you if you have forgotten or want to change your password please speak to my management team.

8. Please could you inform the nursery as soon as possible if your child is absent? It may be possible to allocate your child's place to someone else who has requested extra sessions or 'free up' a member of staff for other duties. Please could you phone before 9pm to let us know if your child will be absent or just late?

9. Children are not permitted to bring any valuables in to nursery such as money, jewellery etc. If your child brings in a toy, please understand that it will not be our responsibility for loss or damage.

10. Please do not send your child to nursery with sweets, chewing gum etc. as we try to promote healthy eating.

11. In sunny weather please send a named sun hat and sun lotion for your child who will be applied on every visit to the garden or outside areas. If your child does not bring either of these items to nursery during sunny weather, they may not be able to go into the garden or outside areas. Please keep all your summer stuff in a clearly labeled bag on their peg in their allocated area.

12. Please send your child to nursery suitably dressed for outside activities, as we like them to get fresh air whatever the weather. A good coat, hat, scarf, gloves and wellies, all named are advised during the autumn/ winter/ spring. And again, please also keep in a clearly labeled bag on their peg.

13. Please dress your child in suitable clothes, preferably something you don’t mind being spotted with paint or glue. We do use aprons but cannot guarantee complete coverage! We also ask if you could supply a pair of slippers for your child which has their name clearly on them.

14. As you are aware we are right next door to Trafalgar School, and would ask you to take extra care when dropping off/ collecting your child from the school grounds, we would also ask you to respect our neighbours. Trafalgar school will close the gate at about ten to three, so the boys can safely leave the school ground, so we ask you kindly to refrain from using the car park at this time. Please park sensibly and avoid obstructing their driveways and when dropping off/collecting your child you must not at any time stop on the bus lane outside of the nursery!

15. Apple Tree Nursery staff will make every effort to ensure your child's wellbeing. However, we accept no responsibility for any medical problems that may arise.

16. We reserve the right to ask a child to be removed from the nursery. Please see Exclusion Policy and Procedure.

17. When your child starts at the nursery, parents will be sent an e mail with a private pass word to log in to access parent zone .parent zone is an online tool to give parents information in relation to their child’s time with us covering your child’s education, progression, photos etc this is also a good way to have interaction with your child’s key worker or to pass on any relevant messages. Please feel free to use the parent Zone to pass on messages to staff. Additional conversations can be held whilst speaking to your child’s key worker face to face. All children have their learning journey logged on parent zone for you to access, under 2s have their daily diaries uploaded to parents informing you times your child slept, nappy changes, what they ate etc.

18. Please provide the following items for your child when they start at nursery;

\* Two or more complete change of clothes (more pants, trousers/ skirts/ tights/ vests/socks if they are potty training.)

\* Nappies, wipes and creams (if required.)

\* Bottle feeds powder or ready made up (if required.) we supply cow’s milk for 1 year old’s and over

\* If your child is starting at 7:30am, we will provide them with breakfast which consists of is toast, waffles, crumpets etc. Breakfast will finish at 7:50am so we cannot offer breakfast after this time.

WE PROVIDE PLATES, BOWLS, CUTLERY, CUPS, FEEDER CUPS, AND BIBS. (Sterilized accordingly for the under 1's.)

20. When starting nursery, you would have completed a form to say if you are happy for your child to attend trips. We will do risk assessments before and after the trip. We will not inform you on the day unless requested by you or we are travelling far, as usually the trips are only to local parks or libraries.

21. All staffs phone are placed into a phone box where they must sign them in and can only have access to them on their break.

22. Toilet/ potty training can be supported at nursery if they have had a minimum of two weeks practice at home they will be asked every half hour to hour if they need toilet/potty to help them to not have accidents.

23. Nappies will be changed throughout the day and will not exceed 3hrs without your child being changed please make sure you ask if your child has enough nappies and wipes. Nappy changing room doors are open throughout the times when having nappies changed.

Thank you all for continuous support in the changes of the nursery and for all your responses to our new forms and procedures.

If you have read and agree with our policies on the previous pages, please sign and date below.

Childs name: …………………………………………………..

Parent/ careers signature: ………………… Date:…………………

**Please fill the section below by ticking to say whether you wish to have access to the iConnect system and supply us with your email address written clearly below:**

|  |  |
| --- | --- |
| **Yes** |  |
| **Email address:** | |

|  |  |
| --- | --- |
| **No** |  |

**Existing Injury Accounts**

Full Name of Child:

Date of Birth:

|  |  |
| --- | --- |
| **Date of Injury** | **Type of Injury** |
|  |  |
|  |  |
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Check List

Your child’s first day at nursery (date):

What hours/days you wish your child to attend?

Have you completed all forms?

Have you given form of ID and proof of address?

Have you filled in all the consent forms?

Have you paid your deposit?

If you need any assistance or have any questions, please do not hesitate to contact us, we are always happy to help!

Staff sign: