

Application Form

Surname		First Names	
DOB / EDD		Male / Female	
Religious Denomination		Name of Parent or Guardian	
Address		Post Code	
Email Address			
Who has Parental re	esponsibility	for this child?	
Mother and Father	Mother only	Father only	
Other (please specify)			



Where one parent or other carers are specific you provide copies of documentation/evidence	ed, are these restrictions legally binding and cance?
Occupation of Father	Occupation of Mother
Ethnicity	Child's First Language
Home Language	
Telephone number(s) where panursery hours.	arents may be contacted during
Father (Home)	Father (Work)
Mother (Home)	Mother (Work)



In case of EMERGENCY please give names and telephone numbers of grandparents or other responsible persons who could be contacted.

Emergency Contact - 1	Emergency Contact - 2
Password	
Please write down a 'PASSWORD' to be other than Mum or Dad (i.e. memorable p	used when child is collected by any other person place or name)
Further information	
Any special dietary requirements? i.e. No beef etc	Proposed date of entry and age of child
Days Required	Date of Application



Medical information

Name of Child	DOB
Doctor's Information	
Doctor's Name	Doctor's Address
Doctor's Phone Number	
Health Visitor's Information	
Health Visitor's Name	Health Visitor's Address
Health Visitor's Phone Number	



Further Medical Information

Have they any spec	cial health problems/allergi	ies which the nursery should be aware	∍ of?
Any special medica	ation/treatment required?		
Immunisation Deta	ils		
I hereby give conse	ent to staff to administer su	un cream supplied from home to my cl	hild
Yes	No		
I hereby consent to	o my child being administer	red Calpol when required.	
Yes	No		
<u> </u>	d that in the event of my ch ttend nursery for the first 4	hild being prescribed antibiotics they v 48 hours	will
Yes			



I hereby understand that my child cannot be given medication containing aspirin whilst in nursery unless prescribed by a Doctor Yes My child has an allergy to plasters Yes No I give permission for Smart Start Day Nursery to seek any emergency medical advice or treatment necessary. No Yes Please give further details below if necessary. I hereby give permission for staff to transport my child to hospital in the event of an accident or emergency if the parent/ carer cannot be contacted. Yes No Name____ Signed _____



Terms and Conditions

Fees are payable MONTHLY IN ADVANCE and are due on the first of each month and charged per calendar month. There will be a one off, non-refundable £75 charge enrolment fee. The first month's attendance fees will be due for payment on your child's start date.

- A. Nursery to be informed due to absence through illness on the day.
- B. Uniform is worn by children entering our pre-school and comprises of Polo shirts, cardigans or sweatshirts, jogging bottoms, shorts or skirts and is available to be purchased from the nursery office. All children's belongings should be named Whilst nursery takes appropriate care of children's belongings, the nursery is not liable for the loss or damage of items brought into nursery.
- C. One month's notice must be given IN WRITING before a child is removed from nursery, or sessions are altered, otherwise ONE MONTH'S FEES are due in lieu of notice.
- D. Children aged 3 and above are eligible for nursery grant. We offer the 30 hours government funding for 3 & 4 year olds. This is delivered as 22 hours per week for 51 weeks of the year. If 15 hours per week grant is claimed, this will be offered over 38 weeks of the year. Any wrap-around care will be charged over 52 weeks as normal. During funded days there will be a meal charge.
- E. If there any concerns about your child with regard to special educational needs and disability, we are required to involve other professionals for their help and guidance to support your family.
- F. Fees are calculated over 52 weeks and include Christmas closedown and all Bank Holidays
- G. There will be no remission of fees due to holidays taken, illness, or when circumstances make it necessary to close nursery for example severe weather conditions. There is a minimum requirement of two days place allocation.
- H. A late payment charge of £50 will be added to your invoice if fees are not paid by the 14th of the month.



- I. If we have any concerns about your child's welfare, we have a duty to refer our concerns to The Children's Advice Support Service who may in turn refer to The Multi Agency Safeguarding Hub. Our Policies and Procedures are our guidelines. Copies of all our Policies and Procedures can be found in our two reception areas.
- J. The Management will require the withdrawal at any time, of a child whose parents/guardians fail to comply with the above Terms and Conditions. The Management will require the withdrawal at any time, of a child whose behaviour is considered inappropriate in the nursery setting. Fees for that month will be non-refundable.

K. There will be no association with Smart Start Day Nursery if parents use staff for personal babysitting.

I/We	wish to apply for our son/daughter	to have
a place at Smart	Start Day Nursery, Reay Nadin Drive, Sutton Coldfield.	
I/We	agree to the Terms & Conditions outlined in this	s document and our
Data Privacy Poli	cy available to view at www.smartstartdaynursery.org.uk/pi	rivacy-policy.
We understand the child.	nat completion and signing of this form does not guarantee	a place for our
Name		
Sianod	Dato	