

**BRIGHT STARS NURSERY**  
**64 Green Lane Thornton Heath Surrey CR7 8BE**

**NURSERY REGISTRATION FORM**

Please answer yes, no or give details to every question

**Child's Details:**

Surname: .....

Forenames: .....

Address: .....

.....

.....

Phone: .....

D.O.B: ..... Sex: M/F

**Mother's Details:**

Name: .....

Occupation: .....

Work Phone: .....

**Father's Details:**

Name: .....

Occupation: .....

Work Phone: .....

**Emergency Contacts:** (An adult who can be contacted if the parents are unavailable)

Contact 1: .....

Contact 2: .....

Phone: .....

Phone: .....

**Further Information:**

Name of the School you hope your child will attend: .....

When you expect him/her to start there: .....

Which sessions would you like:  Extended Day  DFEE place AM  DFEE place PM

Any other relevant information: .....

Please complete the attached medical questionnaires and sign the attached terms and conditions.

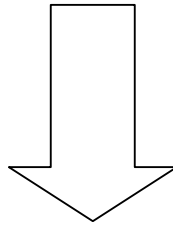
In the event of me/us becoming unavailable and our child requiring emergency medical treatment, I/we agree to a senior member of Bright Stars Nursery staff acting in loco-parentis.

I/we agree to our child being taken on prearranged outings/trips to local places.

I/we agree to simple remedies such as antiseptic, cotton wool, water and plasters being administered to our child for bumps or graze

**Having read and agreed to the Terms and Conditions printed overleaf, I/we hereby make an application for a place for ..... at Bright Stars Nursery.**

**Continue to Terms & Conditions:**



## Terms and Conditions

1. All fees should be paid on Monday morning and are subject to revision. Up-to-date rates can be obtained from the Nursery Manager.
2. Reservations will only be accepted if the correct application form has been completed with a non-refundable deposit of £30.
3. Bright Stars Nursery has the rights to exclude any child without giving reason.
4. Fees are payable irrespective of a child's non-attendance due to sickness or holidays. Half the weekly fees are paid during Nursery holidays – Christmas, Easter and Summer. Full fees are charged on Bank Holidays.
5. **One month's fees are required as deposit for any child admitted into the Nursery. This would be used as the child's last four weeks if four weeks' notice was given before a child's withdrawal. The deposit would however be forfeited if the required four weeks withdrawal notice was not given. Please note that all notice of withdrawal must be written and handed in a week before the notice commences.**
6. Bright Stars Nursery accepts no responsibility for the administration of medication not prescribed by a General Practitioner.
7. Attendees and their guardians consent to their being filmed and photographed and the subsequent use of any such images in promotional or other materials.
8. Each child must have suitable spare clothes, sun cream, a sun hat, a pair of Wellington Boots, and a raincoat at the nursery.
9. The nursery does not accept responsibility for any toys, books, or games that a child may bring with them. It would be preferred if these items could be kept at home unless the child is willing to share them (please ask for the Manager's permission if a toy or book can be brought to the nursery).
10. Bright Stars Nursery's Management does not accept responsibility for any loss of jewellery, or any other personal belongings (please ensure that your child's clothes, shoes, bags, bottles, drinking cups, pacifiers, toothbrushes and buggies have name tags).
11. All parents/carers must provide enough nappies and formula milk, wipes and barrier cream for your child/children. You are welcome to bring in such personal items like drinking cups, sleeping bags and covers etc.
12. Our fees, prospectus, policies, procedures, and terms and conditions may change from time to time as parents will be informed of such changes in writing.

**13.** All the above are in addition to all the other conditions stated in our prospectus, medical questionnaire and all other information regarding the nursery.

I/we have read the above Terms and Conditions, Nursery Prospectus, and Medical Questionnaire of Bright Stars Nursery. I/we agree to abide by the above Terms and Conditions.

Signed: ..... Signed: .....

Name of Parent/Carer: ..... Nursery Manager's Name: .....

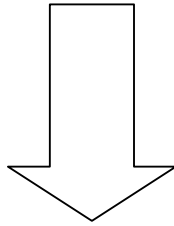
Date of Signature: ..... Date of Signature: .....

Address of Parent/Carer: .....

.....

.....

**Continue to Medical Questionnaire:**



## Bright Stars Nursery Children's Medical Questionnaire

All the information contained in this form is confidential.

Name: ..... Surname: .....

Home Address: .....

.....

Post Code: .....

Date Of Birth: .....

Place Of Birth: .....

Religion: .....

Father's Full Name: .....

Mother's Full Name.....

Next Of Kin's Work Telephone: .....

Next Of Kin's Address (if different from above): .....

.....

### Emergency details of 2 people who would collect your child in your absence:

Name: ..... Telephone No: .....

Relationship: .....

Name: ..... Telephone No: .....

Relationship: .....

**Family History** (it would be particularly helpful to mention adoption, bereavement, divorce/separation, other relevant social history and any familial illnesses ie. diabetes, asthma, epilepsy etc.)

Details: .....  
.....  
.....

**Is your child able to participate in all aspects of nursery life:** Yes/No (delete if not applicable)

If No please give details: .....  
.....  
.....

**Does your child suffer from any recurrent ailment e.g. diabetes, asthma, epilepsy etc:**

Yes/No

Details: .....  
.....  
.....

**Has your child recently started taking medication:** Yes/No

Details: .....  
.....  
.....

**Does your child suffer from any allergies e.g. peanuts, fish, eggs etc:** Yes/No

Details: .....  
.....  
.....

**Does your child attend hospital/child health clinic for any medical reasons:**

Doctor/Consultant's Name: .....

Health Visitor's Name: .....

Clinic's Name: .....

Hospital's Name: .....

Telephone No: .....

**Has your child ever had any of the following illnesses:**

Chickenpox            Yes/No            Year: .....

German Measles      Yes/No            Year: .....

Glandular Fever     Yes/No            Year: .....

Measles                Yes/No            Year: .....

Mumps                 Yes/No            Year: .....

Poliomyelitis         Yes/No            Year: .....

Rheumatic Fever     Yes/No            Year: .....

Whooping Cough     Yes/No            Year: .....

**Please indicate the date your child had the following immunisations:**

DTP (Diphtheria, Tetanus & Pertussis): .....

Polio: .....

Meningitis Hib: .....

Meningitis C: .....

MMR (Measles, Mumps & Rubella): .....

Diphtheria/Tetanus Pre-School Booster: .....

Any other immunisations: .....

**Details of your General Practitioner:**

Name: ..... Telephone: .....

Address: .....

.....

**Details of your Dentist:**

Name: ..... Telephone: .....

Address: .....

.....

Date of Last Check Up: .....

**Details of your Optician:**

Name: ..... Telephone: .....

Address: .....

.....

Date of last test: .....

**Does your child wear glasses: Yes/No**

Please complete and sign your consent as stated below:

**IN CASE OF EMERGENCY TREATMENT**

I authorise the nursery staff at Bright Stars Nursery to give my child medication for a major ailment e.g. a high temperature, a cough, a cold or an accident. I give my consent for the below medications to be given to my son when necessary:

- Calpol or Paraetamol syrup: 5mls every 4 – 6 hours whilst waiting for your child to be collected, following the telephone call that would have been made to inform you of your child being unwell.
- Piriton syrup: 2.5mls – 5mls once daily following the allergic reaction.

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

Date of Signature: .....

I give my consent for my child to be taken to Hospital A/E in case of any serious emergency medical condition and accompanied by the Bright Stars Nursery staff whilst I am on my way to hospital after being informed by telephone of my child's condition by the nursery staff.

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

Date of Signature: .....

Should your child need to receive a prescribed medication during the nursery session, you must deliver the medicine to the Nursery Manager, or the Deputy or the child's key worker, together with clear, written instructions about its usage and what needs to be done accurately. All medication should be delivered in the original box/bottle – with all the details prescribed by the Doctor.

Please return this form after completing it to the Nursery Manager or the Administrator in a sealed envelope.