



Enrolment Form

Please fill in all details requested and return with administration fee and deposit to

Tops Day Nurseries, Mini Beasts site:.....

Full name of child Boy/Girl

Date of birth Birth Certificate number.....

Parental Responsibility one full name

Address

.....

Postcode.....Email address.....

Home number ☎Mobile number ☎.....

Relationship to child:.....

Are you registered disabled, if so please state disabilities.....

Place of employment / Contact number.....

Parental Responsibility two full name

Address

.....

Postcode.....Email address.....

Home number ☎Mobile number ☎

Relationship to child:.....

Are you registered disabled, if so please state disabilities.....

Place of employment/ Contact number.....

If neither parent is available during the day, please write below the name of a relative or friend whom the staff may contact if necessary:

Name & relationship.....

Contact numbers:.....

Names of persons authorised to collect your child:

.....

Permissions (please tick to indicate yes): Calpol Outings on foot

Photos Plasters Staff applying Sun Cream Pen Pal

Face Paint Promotional Material

Ethnic Origin / Religious Beliefs (optional):.....

First Language:.....

Name and date of birth of siblings:.....

Name and address of family Doctor

.....Doctor's tel. no.

Record of immunisation (please tick): Measles Mumps Rubella MMR

HIB Polio Tetanus Diphtheria Meningitis C

Record of illnesses (please tick): Chicken Pox Measles Mumps Rubella

German Measles Whooping Cough Scarlet Fever Convulsions/fits*

*If ticked, please give details.....

WTC (working tax credit) CTC (child tax credit) Employer Contribution

Salary Sacrifice Lone parent family **Yes/No** Working more than 16 hours per

week **Yes/No** In higher/further education **Yes/No**

Dietary details – are there any foods your child cannot eat?

Medical details – medication, allergies, special needs, etc.

.....

Do you have any cultural preferences that you would like us to take into account when caring for your children?

School currently attending (if applicable)

School class Classroom teacher

School tel. no.....School day ends at

Pick up location.....

Terms and Conditions of Enrolment

- I agree to Child Development Studies and Records being kept on my child, this includes photographs being taken, and I also agree to records on my child being kept on computer, protected by the Computer Data Act (Fair Processing Notice is on display – copy available on request)
- I agree that photos and observations on my child may be included in the portfolios of trainee and developing nursery staff on the understanding that their real names will not be used.
- I agree that my child may appear in promotional materials for the nursery.
- I undertake to advise any changes to the information given to the Nursery Manager in writing, as soon as possible after (or before) the change(s) have taken place. I also understand that the charge for attendance is at the currently publicised rate and is payable if the child is absent through sickness or on holiday.
- I agree to be responsible for having my child collected from Mini Beasts immediately if my child is unwell or the Manager requires the child to be removed from the nursery. I will ensure that someone will man one of the telephone numbers on the enrolment form, or an alternative that I give to the manager for this purpose. I also acknowledge that I have received a copy of the sickness policy terms and conditions.
- I agree to collect my child myself or if somebody else is going to collect him/her I will contact the manager so a password can be obtained and given to the person I am authorising to collect my child.
- I will advise the Manager if my child is on, or has any kind of medication that day and will not leave any kind of medication in my child's bag or on their peg. The medicine will be brought to nursery in the original container, as dispensed by the pharmacist and include the pharmacist's instructions stating the child's name, dosage and times to be administer. I will give it to the Manager or unit Supervisor, and sign the appropriate form, should staff need to administer the medicine.
- I will label all my child's clothes and possessions that are taken to Mini Beasts, and provide spare clothes. I will provide nappies, wipes, cream and cotton wool in a bag for my child if they are in nappies.
- I agree to dress my child in play clothes, shoes with backs and covered toes, (please no heels) and without dangling jewellery i.e. earrings must be studs. Tops can not be held responsible for any damage or loss to jewellery or clothing that is worn to nursery.
- I agree to shut the front door after entry and exit to Mini Beasts and to ensure nobody else's child enters or exits the nursery while I do so unless they are in my care.
- If I intend to stay at the nursery for longer than 10 minutes I need to let the unit Supervisor and Manager of the club know so that I may be added to the register.
- Social Services & reg. child minder will be contacted 30 minutes after Nursery closing time if any child is not collected and we have not been informed that the parent/carer or other person has been delayed.
- Late collection charges: pro rata to next 15 minute band if we are advised at least 30 minutes before and we have space/staff available. Additional charge at twice hourly rate for each hour or part of an hour if notice is not given and or staff have to be detained/called in.

- I agree to pay fees on time as detailed on the current price list. £10 weekly admin fee will be added to any late payments which have not been agreed, for each week that fees remain outstanding, past the 10th of every month.
- £10 charge will apply if collection is made after the nursery has closed, without prior notice and agreement.
- I agree to my child going on impromptu trips, on foot. All other trips will be planned in advance and permission sought in advance from the parent/carer.
- I have seen the Mini Beasts and know how and where to access them (file in reception and on internet www.topsdaynurseries.co.uk should I wish to study them further.
- Refundable deposit is refunded provided minimum of 4 weeks notice is given of leaving date and fees are up to date.
- I agree to my child being treated by the emergency services should this be required. **Yes/No.**
- I undertake not to collect my child directly from work in uniform that I have just worn in an infectious/contagious ward.
- We would like to keep you informed by letter, phone and email about newsletters, invoices and additional information that we believe may be of interest to you.
- Social Networking Sites
We have been advised against parents and staff interacting on social networking sites. We therefore request that you do not invite any member of staff to become a friend on facebook or other networking site and ask that you remove anyone who is currently registered.

All of the above conditions are subject to annual review. Policies are all reviewed annually. Significant changes will be advised to parents through the newsletters, memos and on the website as appropriate. Copies of all policies are available through the Manager.

Mini Beasts are part of an NVQ assessment centre and at times the staff may need to be observed by their assessor as they work with the children. If you have any concerns about this please contact the Nursery Manager.

Further terms and conditions for this setting can be found on the current price list.

I understand that by enrolling my child at Tops I agree to these terms and conditions.

Parental Responsibility signature Date

FOR OFFICE USE ONLY:

Administration fee paid £.....Refundable deposit £..... Staff:.....
 NHS ID seen (to qualify for subsidy) staff:

Consent form for administration of medicine

If whilst your child is at Mini Beasts they suddenly come down with a high temperature we need the following consent signed in order for us to administer Calpol, or similar. We also need to have a supply of your own Calpol on site as we are no longer permitted to supply this for your child. We will happily hold two sachets of Calpol for your child but this need to be clearly named and provided at the time of this form being returned.

Child's name.....(Address and contact details as on enrolment form)

My child has been identified as having occasional: (e.g. please circle)
high temperatures; headache; earache; other condition:
and they need:

Name of medication (Please circle)	Dose in ml.	Frequency/times
Calpol/Nurofen/Paracetamol	5 / 10	As required, not more than Every 4 hours.
Other	

Special instructions.....

- I agree to a member of staff administering medicines/providing treatment to my child as directed above or in the case of an emergency as staff consider necessary.
- I will inform the Mini Beasts if my child has had medicine within the last 8 hours, to avoid double dosing.

Signature.....Date.....

Staff.....Date.....

Policy on food products that contain nuts

So many foods now seem to be labelled 'may contain traces of nut' or 'have been produced in a factory where nuts are used' and because of this we are finding it impossible to avoid these products. We therefore cannot guarantee that will be no nut traces in the environment. We have many parents that are providing a large variety of snack bars, biscuits and cereal bars in packed lunches

If your child is known to be allergic to nuts please ensure we are informed immediately and that an epi-pen is provided. We are told that an epi-pen can provide effective first aid to the allergic reactions which produce the shock and throat swelling which life is threatening. An epi pen must be prescribed by a doctor and nursery staff must be trained on their use.

We will also ask the parents in your child's unit to try and avoid nuts, and the chef's to avoid nuts in cooked meals, but as they seem to be virtually unavoidable at the moment we cannot guarantee a 100% nut free nursery.

We also ask that parents do not provide whole nuts or peanuts in children's lunch boxes as they are a choking hazard for under 5 year olds.

Sick Children Policy

Sick children should not be brought to nursery, particularly if there is any chance that they might be infectious or if you do not know the cause of the illness. The reasons for this are so that we comply with the law and also to avoid the spread of infection amongst a vulnerable age group. Responsibility for these precautions rests with child's parents. Our first actions on suspecting that a child is ill are first aid (see first aid action plan) which includes contacting the parents at the first opportunity. If your child is sent home due to illness, a member of staff will issue you with an incident form to state the reasons why you have been asked to take them home. Minimum exclusion periods for the common childhood illnesses are as follows:

Tummy upsets	48 hours after symptoms of vomiting and/or diarrhoea have stopped.
Chicken pox	5-6 days after the onset of the rash and last blister has scabbed over.
Shingles	6 days child can return once all spots are dry and child is feel well again.
Measles	5 days after the onset of the rash. NOTIFIABLE
German Measles	7 days after the onset of the rash. NOTIFIABLE Please keep away because of the likelihood of women in early pregnancy whose babies are very much at risk.
Glandular Fever	Until recovered from symptoms - may continue to feel tired and unwell for weeks but can attend.
Mumps	9 days after the onset of swelling. NOTIFIABLE
Scarlet fever	5 days after starting appropriate antibiotics and when clinically well.
Streptococcal	24 hours after starting appropriate antibiotics and when clinically well.
Conjunctivitis	Until treatment has started.
Ringworm	Until treatment has started.
Scabies	Until treatment has started. NOTIFIABLE
Whooping cough	7-10 days after starting treatment. NOTIFIABLE
Impetigo	Until treatment has started and lesions have dried.
Verrucae	No exclusion
Head lice	Parents will be contacted to advise of the head lice either during the day or at pick up time. When treated your child may return.
Cold sores	No exclusion
Hand, foot, mouth viruses, parvovirus (slap rash or fifth disease)	Only whilst unwell and is highly contagious.

If NOTIFIABLE the child's doctor MUST be informed. In the case of a communicable disease e.g. meningitis, call Consultant in Communicable Disease Control during working hours on 01202 851272 or 01202 893000. At all other times contact local hospital.

If your child has been prescribed an INHALER for any reason the inhaler MUST be brought in whenever the child attends as long as the prescription remains operational. If your child has an EPI-PEN it MUST be brought in whenever the child attends. If your child has any other life saving emergency prescriptions they MUST be brought in whenever the child attends and parents must ensure that staff are fully briefed (trained by medical professionals as necessary) in order to care for your children. The child may only attend if suitably trained staff are on site.

March 2009

Tops and Mini Beasts Parent Policies, these can be found on our website which is password controlled or in your nursery reception area.

Accident, Incident & First Aid	Medicine Form Weekly	School Escort Service review
Admissions	Medicine General	Safety when walking to school
Aims & Objectives	Prospectus	Trip report
Tops Vision	Special educations Needs	Visit Report
Behaviour & Anti Bullying	Welcome to Tops Pack	Safety when walking to school
Bouncy Castle Hire Form	Letter with welcome Pack	Sick Children
Child Protection	Emergency Cover for left child	Training Team
Curriculum	ICT Policy	Packed Lunches
Enrolment Form	Fire Drill	Outings Procedures
Price List	Health & Safety	Outing Forms
Appeals & Complaints	Anti Discrimination & Equal	Safety Procedures riding in
Procedure	opportunity	cars/mini buses

Should you have any comments regarding the service you have received from Mini Beasts, please contact our Head Office on 08450 941 553, e-mail: admin@topsdawnurseries.co.uk, or visit our website www.topsdawnurseries.co.uk
OfSTED can be contacted on 0845 601 4772.