**REGISTRATION FORM AND PARENT CONTRACT**

Head Office: Savernake- Unit 4&5 Warren Courtyard, Savernake, SN8 3UU

Carla@avenue-nursery.co.uk 01672 870790

Mildenhall- Kennet Barns, Church Lane, Mildenhall, SN8 2LU

Ewhiting@avenue-nursery.co.uk 01672 515763

Aldbourne- Smith’s Barn, West Street, Aldbourne, SN8 2BS

Sam@avenue-nursery.co.uk  01672 541730

**CHILDS DETAILS** Boy 🞏 Girl 🞏 Gender Unknown 🞏

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDD / Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed when seen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other languages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your child’s attendance pattern required and enclose the registration fee with your form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Days* | **Morning****(08:00 – 13:00)** | **Afternoon****(13:00 – 18:00)** | **School Day****(09:00 – 15:00)** | **Full Day****(08:00 – 18:00)** |
| *Monday* |  |  |  |  |
| *Tuesday* |  |  |  |  |
| *Wednesday* |  |  |  |  |
| *Thursday* |  |  |  |  |
| *Friday* |  |  |  |  |

**Start date:**  **All Year Round /Term Time 2 Year/3 Year Funded Hours : 15/30**

Any Special Medical Needs (please detail):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Dietary Requirements (please detail):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Allergies (please detail):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail alternative food (if appropriate) and any medication control (if appropriate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL DETAILS**

Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all Immunisations up to date: Yes 🞏 No 🞏

If no: state exceptions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Needs or other information we may need to care effectively for your child( please detail):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any other services involved with the child or family?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Paediatrician* | Yes | No | Date Involvement commenced |  |
| Name |  |
|  Contact Information and Telephone Number |  |
| *Social Services* | Yes | No | Date Involvement commenced |  |
| Name |  |
|  Contact Information and Telephone Number |  |
|  *Speech and Language* | Yes | No | Date Involvement commenced |  |
| Name |  |
|  Contact Information and Telephone Number |  |
| *CAF Team* | Yes | No | Date Involvement commenced |  |
| Name |  |
|  Contact Information and Telephone Number |  |
| *Family Support worker* | Yes | No | Date Involvement Commenced |  |
| Name |  |
|  Contact Information and Telephone Number |  |
| *Any Other Service* | Date Involvement Commenced |  |
| Main Service Provided |  |
| Main Contact Name |  |
|  Contact Information and Telephone Number |  |

**PARENT / GUARDIAN DETAILS**

We need to have the details of all persons who have Parental Responsibility & Legal Contact along with those who have permission to collect the child and those who may be contacted in an emergency

PARENT / GUARDIAN PARENT / GUARDIAN

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Mr Mrs MS Dr Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Mr Mrs MS Dr Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Responsibility: Yes 🞏 No 🞏 Parental Responsibility: Yes 🞏 No 🞏

Who does the child live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If working please give details below:

Employers Name & Address: Employers Name & Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of any other person with Parental Responsibility:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORISED TO COLLECT (Photographic ID will be required)**

Names and telephone numbers of any other persons who have permission to collect your child regularly.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Names and telephone numbers of appropriate adults who may be contacted in time of emergency if you are not available.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**USERNAME AND PASSWORD**

Please provide a username (at least 6 characters) and password (only 8 characters) that may be used to authorise an emergency collection and for your parent portal set up.

Parent/Guardian1 Username \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 Username \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CONSENTS*

***Emergency first aid***

Do you give permission for emergency First Aid and for staff to seek further medical advice or medical intervention in an emergency or if your child falls seriously ill whilst in the care of The Avenue Day Nursery? Yes 🞏 No 🞏

***Emergency medical treatment***

I give my permission for a member of staff to accompany my child to hospital I an ambulance should the need arise. I understand that all medical decisions in my absence are the responsibility of medical professionals and that I will be contacted as soon as possible. Yes 🞏 No 🞏

***Outings***

Occasionally we may take children out for walks outside the Nursery registered premises. I give my permission for my child to be taken for walks outside the Nursery registered premises. Yes 🞏 No 🞏

***Sun cream***

I give permission for sun cream to be applied to my child. Yes 🞏 No 🞏

***Photographs***

I agree to photographs being taken of my child within the Nursery environment. Yes 🞏 No 🞏

***Learning Journey’s***

I agree that my Child/children’s learning journey may be taken home by their key person to be worked on outside of nursery hours. Yes 🞏 No 🞏

***Nappy Cream***

I give permission for nappy cream to be applied to my child whilst in the care of the nursery. Yes 🞏 No 🞏

***Administer Medication***

I give permission for the nursery to administer medication as per instructions given by me the parent. Yes 🞏 No 🞏

***Face Paints***

I give permission for my child to have his/her face painted whilst at the nursery. Yes 🞏 No 🞏

***Website***

I give permission for photos of my child/children to be used on the nursery’s website. Yes 🞏 No 🞏

***Nursery Facebook Page***

I give permission for photos of my child/children to be used on the nurseries Facebook page. Yes 🞏 No 🞏

**PARENT CONTRACT**

We believe that there needs to be a formal agreement between the Nursery and Parents. The contract will outline the obligations and commitment, of both the Nursery and the Parent(s).

This is a contract between the Owners and Management of The Avenue Day Nursery (referred to as ‘the Nursery’) and the Parent(s) or legal Guardian (referred to as ‘the Parent) of a child (or children) that is enrolled at the Nursery.

The Nursery: -

1. Is owned by Mrs Amber Roots and Mrs Emma Palmer
2. Will be known as ‘The Avenue Day Nursery’ and will operate from your selected registered address.
3. Our nurseries are registered with Ofsted as a Day care Nursery and operates within their regulations, guidelines and rules. Their Inspectors regularly visit the Nursery to ensure the appropriate standards of care & education are being provided.

The Contract: -

1. The minimum contract period is for 6 months.
2. Notice Period: Due to the long-term commitment we make when reserving a child’s place, we must ask you to make a similar commitment to us. We therefore, require a minimum of 1 Calendar months written notice, to make any changes to your child’s normal booking.
3. Increasing your booking is subject to availability.
4. Early Years Nursery Education Scheme places or special short-term contracts are available, subject to agreement and availability of places.

HOURS OF OPERATION

Monday to Friday 08:00 to 18:00. Late collection is charged at £1 per minute after the end of your child’s session. We will be closed on all Statutory Holidays also we close between Christmas and New Year and these days are not charged.

MONTHLY FEES

Monthly fees are at the prevailing fee schedule. The setting reserves the right to increase said fees at any time giving one calendar months’ notice of the proposed increase to parents / guardians. Monthly fees include all sick days and holidays taken as these are paid days. Any statutory holidays will be deducted from your monthly bill. Fees are based on booked days not attendance. Refunds and credits will not be given for days where your child does not attend due to sickness or holiday. We do not allow swapping of days unless it is permanent and there is availability, we will try to accommodate swapping of days in cases of emergency or under special circumstances.

GOVERNMENT FUNDING

Parents who qualify for funding will have this amount deducted from the invoice. All tax efficient funding from your company will not be deducted from the invoice; it is up to the parent/carer to deduct this. Any fees not covered by a subsidy are the parents' responsibility and are payable on the first of each month in advance. All subsidised payments must also be paid by the first of each month in advance.

PAYMENT POLICY

Parents agree that all monthly fees (full time and part time attendance) will be paid on the first of each month in advance. Additional sessions will be invoiced retrospectively. Unpaid fees are subject to a £50 late payment fee if fees not received by the 7th day of the month. Unpaid fees may result in immediate suspension or termination of care unless reasonable arrangements are made and accepted by both parties. Extra hours are billed at the session rate or hourly rate. Full time and part time fees are based on booked days, not attendance, therefore parents are responsible for fees whether child attends or not. (This includes sick days and holidays booked.)

Preferred method of payment is via fee planner (direct debit), childcare vouchers, and tax -free childcare payments are accepted. We do not accept Cash or cheques as methods of payment.

TERMINATION

The Avenue Day Nursery reserves the right to suspend or terminate care of any child without notice, should it be deemed necessary for the overall safety and well-being of staff and/or other children in my care.

WITHDRAWAL

Parents agree that a minimum notice of one full month (notice to given in writing) will be given for permanent withdrawal of, or reducing hours of any child from care or agree to pay one month’s fee in lieu. The responsibility is of the parents to ensure that the notice has been received by the office. No exceptions will be made.

REGISTRATION

A non-refundable registration fee of £60 (per child) is required upon completion of registration to secure your child's placement in care. The registration fee is non-refundable. Spaces will not be held unless the registration fee is paid in full. The Direct Debit mandate form must be completed upon registration.

DISCOUNTS

10% discount is given to the eldest sibling attending the same nursery10% discount can be applied to military and NHS workers with proof of employment. (Only one discount can be applied) All discounts cease when government funding is received (term after the child’s 3rd birthday). Siblings may continue to have military or NHS discount applied to their sessions.

DATA PROTECTION

I understand that my child’s records will be held on a computerised database and that this is protected by the Data Protection Act 1984 & 1998 and that they will be used for no other purpose than company business. I understand that if I require a copy of this personal information, I must make a request in writing. I agree to be contacted via email for the purposes of nursery or out of school club business.

**PARENT CONTRACT continued**

NON -SOLICITATION OF STAFF

a. The parent/guardian of the child who is subject to this Registration Form, hereby agrees that during the term of this agreement and for the period of six months after its termination (howsoever terminated) that (s)he will not seek to employ, entice away or attempt to entice away from the employment of The Avenue Day Nursery ('the Company') any person or persons employed by the Company at the date of termination of this agreement or any person or persons who were employed by the Company in the six months preceding the date of termination of the agreement.

b. If the parent/guardian shall breach clause 10(a) then (s)he shall indemnify the Company fully in respect of all and any costs, claims, damages and expenses incurred by the Company as a result of the aforementioned breach to include the cost of replacing the relevant member of staff to include, but not limited to agency fees, advertising costs, management time in interviewing and all such other costs reasonably and necessarily incurred by the Company in replacing the member of staff together with all legal fees and disbursements.

EXCLUSION

If in the reasonable opinion of the setting manager or person of similar standing or authority it is considered that the continued presence of the child referred to herein is detrimental to the health, safety or well-being of the child or other children in the setting or the setting practitioners or other staff so employed then the setting may serve notice to the parent/guardians or a request for the child to be immediately removed from the setting and the provision of one month's notice shall not apply.

ACCEPTANCES

a. The above terms and conditions are fair and reasonable. In the event of any term found by a Court of Law to be unreasonable then the clause shall be removed but the agreement shall remain in full force and effect.

b. The parent/guardian has read and understands all nursery Terms and Conditions contained and other nursery policies and procedures and undertakes to be bound by the same.

This agreement must be signed by all persons with Parental Responsibility and/or those who are accepting responsibility for paying fees. Your childcare may only commence once payment of the first invoice, or a minimum of one month’s fees has been made.

I have read and understood the Parental Agreement and I agree to be bound by it and any other relevant booking terms and conditions that are issued from time to time.

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Legal Guardian)

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Legal Guardian)

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(On behalf of The Avenue) Term and Conditions are subject to change without prior notice. E&OE

**Data protection Disclaimer**

**By signing this document, you are agreeing to your information, and that of your child’s, to be used by The Avenue Day nursery. Data collected in this document may be used by The Avenue Day Nursery to inform our online records (Abacus, Parenta, Parents Portal etc). This information may also be shared with the local authority. However, your information will not be used or shared for marketing purposes**

**This document will be kept in the nurseries archives for 10 years following the child’s departure from The Avenue Day Nursery**

**Completion of this document also authorises The Avenue Day nursery to use ALL contact information provided.**