BANK HALL KINDERGARTEN

ENROLMENT FORM

Please fill in all the details below and return the form to: The Manager, Bank Hall Kindergarten,

Bank Hall Drive, Bretherton, Leyland, PR26 9AT. Tel: 01772 601346

Email: [enquiries@bankhallkindergarten.co.uk](mailto:mail@bankhall01.plus.com)

**PLEASE USE BLOCK CAPITALS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of Child |  | | | | | | | | | | |
| Date of Birth |  | | | | Gender | | | |  | | |
| Address |  | | | | | | | | | | |
| Postcode |  | | | | | | | | | | |
| Religion |  | | | | | | | | | | |
| Ethnic Origin |  | | | | | | | | | | |
| Child’s First Language |  | | | | | | | | | | |
| Place of birth |  | | | | | | | | | | |
| ID document supplied | Birth certificate | | passport | | | | | other | | | | |
| Registration fee | Cash / paid by Bank Transfer on / / 20 | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Days of Attendance required | | | | | | |  | Monday | Tuesday | Wednesday | Thursday | Friday | | 07.45am - 8.00 am |  |  |  |  |  | | 8.00 am- 6.00pm |  |  |  |  |  |  |  |  | | --- | --- | | Start date required |  | |  | | | | | | | | | | | | | |
| Name of Contact 1 | Mr/Mrs/Miss/Ms | (FULL NAME) | | | | | | | | | |
| Relationship to child |  | | | Parental responsibility | | | | | | | Yes / No |
| Home Address |  | | | | | | | | | | |
| Postcode |  | | | ID provided | |  | | | | | |
| Home Telephone No |  | | | Mobile No | |  | | | | | |
| Email address |  | | | | | | | | | | |
| Name of Employer |  | | | Occupation | |  | | | | | |
| Address |  | | | | | | | | | | |
| Work Telephone No |  | | | | | | NI Number | | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Contact 2 | Mr/Mrs/Miss/Ms | (FULL NAME) | | | | | |
| Relationship to child |  | | Parental responsibility | | | | Yes / No |
| Home Address (in full) |  | | | | | | |
| Postcode |  | | ID provided |  | | | |
| Home Telephone No |  | | Mobile No |  | | | |
| Email address |  | | | | | | |
| Name of Employer |  | | Occupation |  | | | |
| Address (in full) |  | | | | | | |
| Work Telephone No |  | | | | NI NUMBER |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Contact 3 | Mr/Mrs/Miss/Ms | (FULL NAME) | | | |
| Relationship to child |  | | Parental responsibility | | Yes / No |
| Home Address (in full) |  | | | | |
| Postcode |  | | | | |
| Home Telephone No |  | | Mobile No |  | |
| Email address |  | | | | |
| Name of Employer |  | | Occupation |  | |
| Address |  | | | | |
| Work Telephone No |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Emergency contacts other than above / persons authorised to collect your child | | | | | |
| Mr/Mrs etc | Name | Relationship to child | Home Number | Mobile Number | Work Number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Password for Collection  (please provide in case of emergency) |  |

|  |  |
| --- | --- |
| Name of Child’s Doctor |  |
| Address & Postcode |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Name of Child’s Health Visitor |  |
| Address & Postcode |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Name of Dentist |  |
| Address & Postcode |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Any other agency details  i.e Speech Therapist |  |
| Address & Postcode |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Social Care Worker (if applicable) |  |
| Address & Postcode |  |
| Telephone Number |  |

|  |
| --- |
| Details of any allergies or disabilities or procedures prohibited for Medical, religious or other reasons: |
|  |

|  |  |
| --- | --- |
| Please indicate if your child should not be given certain food or drink on the following grounds: | |
| Medical: | Religious: |

|  |  |  |
| --- | --- | --- |
| Injections/ immunisation details | | |
| AGE | VACCINE GIVEN | DATE GIVEN |
| 8 weeks | DTaP/IPV/Hib  Pneumococcal conjugate vaccine (PCV)  MenB2  Rotavirus |  |
| 12 weeks | DTaP/IPV/Hib  Rotavirus |  |
| 16 weeks | DTaP/IPV/Hib  MenB2  PCV |  |
| 1 year old | Hib/MenC booster  PCV booster  MMR  MenB booster2 |  |
| Two to eight years old | Live attenuated influenza vaccine LAIV |  |
| Three years four months old | DTaP/IPV  MMR |  |
| I confirm my child will receive all immunisations as stated above and I will update the kindergarten via email as they are given in due course: | |  |

|  |
| --- |
| Names and ages of any brothers or sisters: |
|  |

|  |
| --- |
| Is there anything else, which you think we should know about your child? |
|  |
| Does your child have any additional needs? (please provide extra sheet if necessary) |
|  |
| If your child will be attending another setting please give details below: |
|  |
| Which Primary School will your child be attending ? (if known) |
|  |

|  |  |
| --- | --- |
| Please **sign** the following individual consents to confirm your agreement: | |
| CONSENT | PARENT SIGNATURE |
| I/we agree that Bank Hall Kindergarten has the right to call an ambulance in any emergency and/or escort my child to the emergency department of the nearest hospital and to await my arrival. Any decision regarding my child’s care in the meantime will be made by the Emergency Department of the hospital or beforehand. |  |
| I/we agree to abide by the 48 hour exclusion policy if my/our child displays signs of sickness and / or diarrhoea |  |
| I/we herby give consent for my/our child to leave the Kindergarten under supervision for local walks/outings. |  |
| I/we herby give consent for you to contact my child's Health Visitor to share information regarding their development – and share the 2 year old progress check with relevant professionals |  |
| I/we herby give consent for staff to apply sun cream (which I/we will provide) as and when necessary during warmer weather. I/we will also ensure my child has had sun cream applied before attending the kindergarten each day as necessary |  |
| I/we herby give consent for staff to apply creams (such as sudocrem) if necessary to relieve discomfort |  |
| I/we herby give consent to use antihistamine/Calpol should the need arise (parents will be contacted and informed of such) |  |
| I/we herby give permission for staff to apply teething gel if necessary to relieve discomfort following the recommended dosage. |  |
| I/we agree for plasters to be applied to my/our child as necessary |  |
| I/we herby give consent for my/our child to have their face painted during special events organised at the Kindergarten. |  |
| I/we herby give consent for my/our child’s photograph to be taken to form part of room displays, be included on iconnect observation software and taken for special events. My/our Child’s photograph may also appear within another child’s online Learning Journal when a group photo is taken. |  |
| I/we herby give consent for practitioners to video my/our child using the Kindergarten Ipads to form part of evidence of their Learning and Development. |  |
| I/we hereby give consent for my/our child's photograph to be used in the Local press following photo's taken at events such as a fundraising day or part of extra curriculum activities. |  |
| If my/our child suffers from an allergy or allergic reactions, I/we agree for their photo and relevant information to be displayed as appropriate |  |
| I/we herby give permission for my/our child's photograph to be displayed on the kindergarten website / social media / Facebook page |  |
| I/we herby give consent for guidance to be sought via our SENCO to the Early Years team should my/our child require any additional support |  |
| I/we herby give consent to my/our personal information being used to manage personal accounts and to provide tailored care to my/our child. |  |
| I/we agree to you contacting me/us by phone, email and the ParentZone app to provide updates, share relevant news and to send childcare bills. (data is held in secure data centres and can only be accessed by authorised personnel, personal information will not be shared with any third parties) |  |
| I/we agree to provide information requested with my/our child’s “All about Me” booklet which will be completed during the first settle in session along with my child’s starting points using the “What to expect and When document” |  |
| I/we understand that I/we will be shown the current Policies and Procedures of the Kindergarten and agree to Bank Hall Kindergarten caring for my/our child within the terms stared therein |  |
| I/we understand, that I/we are able to withdraw any permissions stated at anytime by informing the kindergarten by email/letter |  |

|  |  |
| --- | --- |
| I/we wish to apply for my child to be admitted to Bank Hall Kindergarten.  I/we have received and read the Terms and Conditions of the Kindergarten dated January 2023 and agree to comply with them and with any other conditions, which may be required in the future.  The payment of £100 is to cover the registration fee which I/we understand will be deducted from the final months fees. I/we accept the condition that this is a non-refundable deposit and it will NOT be returned in the event of a cancellation of any place offered.  I/we understand that one months written notice must be given prior to removal of my/our child from the Kindergarten or full months fees shall be payable. | |
|  | |
| Signature of Parent(s) / Legal Guardian(s) |  |
| Date |  |

|  |  |
| --- | --- |
| preferred email address to receive monthly invoices |  |

|  |
| --- |
| For future reference, please indicate how you heard about the Kindergarten |
|  |

**Childcare Agreement Form**

**(TO BE COMPLETED UPON ACCEPTANCE OF A CONFIRMED PLACE AT THE KINDERGARTEN)**

This contract is between Bank Hall Kindergarten Ltd and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in respect of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who will attend as follows;

Hours of attendance will be:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Full day |  |  |  |  |  |
| 07.45-08.00 |  |  |  |  |  |

The current weekly fees, as of the date of signing, for the attendance above will be £\_\_\_\_\_\_\_\_\_ per week (Full fees are charged for bank holidays). Fees are to be paid monthly in advance.

To pay by bank transfer please refer to our Bank Details within the prospectus. (Kindergarten fees are reviewed annually)

I/we agree to pay the above fees monthly in advance and understand a place can only be reserved for my child on the condition that fees are paid monthly in advance - non payment of fees may result in my child's place no longer being available.

One months written notice is required to request amendments to your child’s sessions

.

I/we understand that once my child accesses the 15/30 hours funded care then I/we will sign a new Parental Agreement under the terms of how the funding is applied which includes the additional meals package.

My preferred method of payment will be:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Transfer |  | Tax Free Childcare |  | Salary Sacrifice Vouchers |  | Cash |  |

|  |
| --- |
| Tax Free Childcare code: |

Parents are asked to adhere to the hours of attendance strictly, as late collection of your child will incur a charge of £1.00 per minute after 6.00pm.

I/we understand that Bank Hall Kindergarten’s responsibility for my child commences when he/she is formally handed over to a member of staff and ends upon collection from the appropriate room.

I/we understand that should a member of staff feel that I as a parent or any authorised persons collecting my child is unfit to take my child home, then it is the staff’s responsibility to call to arrange alternative collection.

I/we understand that it is my responsibility to update the Kindergarten with any changes to my child’s details, i.e. home address, emergency contact numbers, vaccination records, health condition, allergies etc...

I/we agree to complete and sign the injuries outside the Kindergarten form regarding any accidents that my child may have had at home.

I/we understand that the Kindergarten operates an open access to information policy and I am aware I am very welcome during normal opening hours to view the policies and procedures under which it runs. I am also aware that I can request a meeting with staff to discuss any issues that may arise, children’s learning and development and records at any mutually convenient time, outside normal hours if necessary.

I/we also understand and accept that staff cannot undertake the care of sick children (in particular those with an infectious disease, diarrhoea, vomiting and high temperatures etc. this list is not exhaustive) and when contacted of such I will make arrangements for collection of my child as soon as possible. Should my child require pain relief such as Calpol in the meantime, I may give my consent for staff to administer such on my discretion over the telephone, and agree to the signing on the medication record on my arrival. If I cannot be contacted I/ herby give permission for the manager to make the informed decision to administer pain relief such as Calpol in the interest of my child’s well being, knowing she will adhere to the Kindergartens policies and procedures and follow the correct dosage stated on the bottle before administrating any none prescribed medication.

I/we understand that should staff have any concerns regarding my child that they are duty bound to follow Child Protection / Safe Guarding policy and Procedures.

I/we agree to supervise my child at all times once collected from the Kindergarten and in particular on the car park

I/we agree to abide by the speed restrictions as notified on Bank Hall Drive

This contract is subject to the terms and conditions issued by Bank Hall Kindergarten and current policies and procedures which I have had sight of today and which I understand are updated annually.

I/we agree to abide by all Policies and Procedures.

Length of Notice: I/we understand that 1 months written notice must be given prior to removal or full fees shall be payable.

**THIS CHILDCARE AGREEMENT SUPERCEDES ALL PREVIOUS TERMS AND CONDITIONS**

Signed ……………………………………. (For and on behalf of Bank Hall Kindergarten)

Dated………………………………………

Signed ……………………………………………………………………………. Parent/s

Dated ………………………………………

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date Enrolment Form Received |  |
| Registration Fee Received |  |
| Starting Date Required |  |
| Date Child Started |  |
| Date Child Left |  |
| Reason for Leaving |  |

April 2024