

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

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	
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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)	
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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:

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Is there anything else, which you think we should know about your child?

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Does your child have any additional needs? (please provide extra sheet if necessary)

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If your child will be attending another setting please give details below:

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Which Primary School will your child be attending ? (if known)

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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 I pads 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 hereby 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 hereby 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 stated 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	
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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	
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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.

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	