|  |
| --- |
| **Application for Admission to Orchard Day Nursery****(A copy of your child’s birth certificate or passport is required when submitting an application)****Please complete the application in full using capital letters****CHILD DETAILS (As stated on Birth Certificate) Gender Identified as** Male/Female/Other…………………………Forename: ………………………………………………………………… Known As: …………………………………………………… Surname: ………………………………………………………………………… Date of Birth: ………………………………………………Childs Home Address: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Postcode: ……………………………………………  |
| **SESSIONS REQUIRED** **(**Please indicate which sessions and times you wish your child to attend nursery)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **AM** | **PM** | **Full Day** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

 Date you wish your child to start Nursery: ……………………………………………………………Please tell us why you would like to place your child/children at our nursery? …………………………………………………………………………………………………………………………………………………………………… |
| **PREVIOUS NURSERY EXPERIENCE (e.g. Children’s Centre, Playgroup, Nursery)**……………………………………………………………………………………………………………………………………………………………………. |
| **PARENT/GUARDIAN DETAILS** **Name 1** Mr/Mrs/Miss/Ms/Dr/Other………………………… Relationship to child: ………………………………………… Forename: ………………………………………………………… Surname: …………………………………………………… Date of Birth……………………………Address: ……………………………………………………………………………………………………………………………………………………………………………Postcode: …………………………………………………………………………… Home No: …………………………………………………………………………Mobile No: ………………………………………………………………………… Work No: ……………………………………………………………………………Email: …………………………………………………………………………………………… National Insurance Number…………………………………… |
| **Name 2** Mr/Mrs/Miss/Ms/Dr/Other…………………… Relationship to child: ……………………………………… Forename: ……………………………………………………… Surname: …………………………………………………… Date of Birth……………………………Address: ………………………………………………………………………………………………………………………………………………………………………………Postcode: …………………………………………………………………………… Home No: …………………………………………………………………………Mobile No: …………………………………………………………………………… Work No: ………………………………………………………………………Email: …………………………………………………………………………………… National Insurance Number…………………………………………**Who Does the child live with? Please tell us the names of the adults your child lives with and their relationship to the child:**Forename: ………………………………………………………………………………… Surname: ……………………………………………………………………Relationship to child: …………………………………………………………………………Forename: ………………………………………………………………………………… Surname: ……………………………………………………………………Relationship to child: …………………………………………………………………………**Please name the adults with parental responsibility and have legal contact with the child:** Forename: ………………………………………………………………………………… Surname: ……………………………………………………………………Forename: ………………………………………………………………………………… Surname: ……………………………………………………………………**EMERGENCY CONTACTS** **Please give us the details of 3 other people who you consent to be contacted in an emergency if we are unable to contact you** (anyone other than the names stated above who can collect within 1 hour in an emergency).  |
| **Contact 1**  Mr/Mrs/Miss/Ms/Dr/Other……………………Consent to contact Yes [ ] No [ ]Forename: ............................................... Surname: ……………………………………… Relationship to Child: ……………………………………… Tel No: ...................................................................... Mobile No: ..........................................................................**Contact 2**  Mr/Mrs/Miss/Ms/Dr/Other…………………… Consent to contact Yes [ ] No [ ] Forename: ............................................... Surname: ……………………………………… Relationship to Child: ……………………………………… Tel No: ...................................................................... Mobile No: ..........................................................................**Contact 3**  Mr/Mrs/Miss/Ms/Dr/Other…………………… Consent to contact Yes [ ] No [ ] Forename: ............................................... Surname: ……………………………………… Relationship to Child: ……………………………………… Tel No: ...................................................................... Mobile No: ..........................................................................**PASSWORD FOR COLLECTION: ………………………………………………………………………………………………………………****(please note that we will still require confirmation on the day of anyone other than those with parental responsibility who will be collecting your child).**  |
| **DISABILITY AND MEDICAL INFORMATION (about your child)**Does your child have any long-term illnesses, medical conditions, medication or disabilities? Yes [ ] No [ ]If yes, please give a brief description: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Has there been a professional assessment identifying a disability? Yes [ ] No [ ]If yes, can you provide copies of the professional assessments? Yes [ ] No [ ]I do not wish to disclose this information. [ ] |
| **Please provide details of any concerns you may have about your child’s**Sight: ……………………………………………………………..…………………………………………….Hearing: ……………………………………………………………………….……………………………….Speech/Language: ………………………………………………………………………...……………………Coordination & Movement: ……………………………………………………………………………………Behaviour: ……………………………………………………..……………………………………………….Toileting: …………………………………………………………………………...………………………….. |
| **OTHER PROFESSIONALS INVOLVED with the Family (e.g. social worker, speech therapist)**Job Title: …………………………………………… Name: ………………………………………………………………………………………………………………………Address: ……………………………………………………………………………………………………………………………………………………………………………………Postcode: …………………………………………… Telephone No: ……………………………………………………………………………………………………Email: …………………………………………………………………………………………………………………….Job Title: …………………………………………… Name: ………………………………………………………………………………………………………………………Address: ……………………………………………………………………………………………………………………………………………………………………………………Postcode: …………………………………………… Telephone No: ……………………………………………………………………………………………………Email: …………………………………………………………………………………………………………………… |
| **DOCTOR DETAILS**Name: ………………………………………………………………………………………………………Address: ………………………………………………………………………………………………………………………………………………………………………………………Postcode: …………………………………… Telephone No: ………………………………………………………………………………………………………………… |
| **HEALTH VISITOR DETAILS**Name: ………………………………………………………………………………………………………Address: ………………………………………………………………………………………………………………………………………………………………………………………Postcode: …………………………………… Telephone No: …………………………………………………………………………………………………………………**DENTIST DETAILS**Name: …………………………………………………………………………..Address: …………………………………………………………………………………………..Postcode: ………………………………. Telephone No: …………………………………………………… |
| **DIETARY REQUIREMENTS** **Vegetarian [ ] Non Vegetarian [ ] Pescatarian [ ] Vegan [ ]** **SPECIAL DIETRY REQUIREMENTS** Yes [ ] No [ ]If yes, please provide details below along with a copy of any reports from your child’s dietician. |
| **ALLERGIES/MEDICATION**Yes [ ] No [ ]If yes, please provide details below and complete a care plan with your child’s key person. |
| **IMMUNISATIONS AND ILLNESSES** (please tick boxes and add any others not listed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Had** | **Immunised** |  | **Had** | **Immunised** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Chicken Pox |  |  |  |  | Hib |  |  |  |  |
| Measles |  |  |  |  | Meningitis C |  |  |  |  |
| Mumps |  |  |  |  | Hay fever |  |  |  |  |
| Rubella |  |  |  |  | BCG |  |  |  |  |
| Scarlett Fever |  |  |  |  | Rotaviras |  |  |  |  |
| Whooping Cough |  |  |  |  | APERT |  |  |  |  |
| Diphtheria |  |  |  |  | PCV |  |  |  |  |
| Polio |  |  |  |  | COVID Vaccine |  |  |  |  |
| Tetanus |  |  |  |  |  |  |  |  |  |

 |
|  |
| **ETHNIC ORIGIN** (Please tick one category below)English Gypsy [ ] White - Irish [ ] White - British [ ] Chinese [ ] Irish Traveller [ ] White and Asian [ ] Any other White Background [ ] Mixed, White and Black Caribbean [ ] White and Black African [ ] Any other mixed background [ ] Any other Asian Background [ ] Pakistani [ ] Indian [ ] Caribbean [ ]Asian, or Asian British, Bangladeshi [ ] Black or Black British African [ ] Any other ethnic background [ ] Any other Black Background [ ] Do not wish to be recorded [ ] Romany [ ] |
| **HOME LANGUAGE** (Please tick one category below)Arabic [ ] French [ ] Italian [ ] Punjabi [ ] Bengali [ ]Gaelic [ ] Norwegian [ ] Spanish [ ] Cantonese [ ] Gujerati [ ]Turkish [ ] English [ ] Hindi [ ] Polish [ ] Urdu [ ]Other [ ]If you ticked ‘Other’ please specify : |
| **RELIGIOUS AFFILIATION** (Please tick one category below)Buddhist [ ] Jewish [ ] Not Known [ ] Christian – Other [ ] Muslim [ ]Hindu [ ] Sikh [ ] No Religion [ ] Christian – RC [ ]Other (please specify) [ ] Not Disclosed [ ] If you ticked ‘Other’ please specify religion below: |
| **NATIONALITY** (Please tick one category below)British [ ] Not Known [ ] English [ ]Northern Irish [ ] Scottish [ ] Irish [ ]Welsh [ ] Not Disclosed [ ] Other [ ]If you have ticked ‘Other’ please specify nationality below:  |
| **ASYLUM SEEKER** (Please tick one category below)Asylum Seeker [ ] Refugee [ ] Not Applicable [ ] |
| **DECLARATION****I declare the information given on this form to be correct to the best of my Knowledge.****I understand that the information given on the application will only be used in line with GDPR regulations.****Orchard will only use and share the data provided where it their lawful and legal obligation to under legislation e.g. Ofsted/social services/local authority.****Print Full Name: ……………………………………………………………………………………………… Date: ………………………………………………****Signed: ……………………………………………………………………………………………………..****Manager/Deputy’s Name: ……………………………………………………………………………… Date: ………………………………………………****Signed: …………………………………………………….** |
| **FOR OFFICE USE ONLY****Date of Application: ……………………………………………………** **Settling Date: ……………………………………………………… Start Date: …………………………………………………………****Birth Certificate Attached Yes [ ]** **Photo Identification Yes [ ]****Deposit Paid £ …………………………………………………… Admin Paid £ ………………………………………………………****Cash [ ] Cheque [ ] Bank Transfer [ ]** **Date Paid: ……………………………………………****Added to: Tapestry [ ] Abacus [ ] Call Parents [ ]****Manager/Deputy’s Signature: ………………………………………………………………. Date: ……………………………****Application Submitted: ………………………………………………………………….****.** |

 Orchard Day Nursery

Queens Park Road

Brighton

BN2 0GL

PARENTS AGREEMENT

**PLEASE READ THIS VERY CAREFULLY TO ENSURE THAT YOU AGREE TO THE TERMS BELOW. THIS AGREEMENT IS NON-NEGOTIABLE AND IS A REQUIREMENT OF YOUR CHILDS ENTRY IN TO THE NURSERY.**

I agree to:

**1)** Pay a registration fee of £40.00 with this form, which is non-refundable.

**2)** Pay a deposit equal to 2 weeks fees at the time of booking, which is non-refundable if your child does not start with us!

**3)** Fees are paid in advance; these are due on the 1st of each month. No arrears are

 allowed, but if you fall into arrears you will be fined £10 per week, your child’s

 place maybe forfeited until fees are cleared.

**4)** You will pay for all sessions booked whether or not my child attends, including

 illness, public holidays, annual holidays and inset days (a maximum of 4 per year).

 Including Christmas, Bank holidays i.e. Christmas day, Boxing Day, New Year’s Day.

 Also, any other closure due to unforeseeable circumstances relating to extreme

 weather conditions, or installations failures (e.g. boiler breakdown).

**5)** During any unforeseeable circumstance closures fees will be charged and payable as 100% for the 1st Month, 75% for 2nd Month, 50% and then further charges will be reviewed for remainder of closure.

**6)** In case of withdrawal of my child from the nursery, I must give one month’s

 written notice.

**7)** I agree to collect my child at the end of the session or before 6pm as arranged. I

 understand that a fee will be charged should I fail to collect my child on time.

 £10 per 5 minutes will be charged for any unarranged late or early pickups.

**8)** In the following instances this contract will be immediately terminated without any

 recompense:

\* Consistent late payments of fees

\* Consistent late collection of a child from nursery

\* Continued unacceptable behaviour by the child

\* Abusive or inappropriate behaviour or language by the parent

**9)** This contract is subject to change at a month’s notice.

Parent’s Signature: ....................................................................

National Insurance Number: .....................................................................

Child’s Name: ......................................................................

Date: ......................................................................

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Administration of Calpol

If a child becomes ill during the day and we DO have a signed medicine form for that day, we will administer calpol to a child, providing that we consider the child well enough to be in nursery.

If a child becomes ill during the day and we DON’T have a signed medicine form we will ring you and ask a parent for permission to administer one dose of calpol, providing the child is not too unwell to remain at nursery. If the child’s temperature does not go down below 38/100.4 within an hour we will ring and ask you to collect your child and take them home.

We will fill in a medicine form and ask the parent to sign this form when collecting child

If we unable to reach a parent, we will call someone who has been named on the child’s emergency contact list. This will happen if the child’s temperature reaches 39/102.2. The manager/deputy will take into account how long the child has been at nursery (if it’s over 4 hours) we will administer calpol to the child and continue to try and contact the parent, this will only be administered if the manager/deputy knows the child is not allergic to calpol. We will only administer calpol onsite if we know that your child has been given calpol for any previous temperatures.

If your child has needed calpol before coming to nursery, then they are not well enough to be here so they must not attend that day. Nursery is a very busy environment and staff ratios are set by Ofsted so therefore we cannot offer one to one support for a sick child. We will not administer another dose of calpol as it may mask any underlying illness.

Permission

I give permission for my child to be administered Calpol if, providing my child has been at nursery for longer than 4 hours, my child has been given calpol before and does not have any allergy to it, those with parental responsibility or emergency contacts cannot be reached.

Parent’s Name: ……………………………………………… Parent’s Signature: .......................................................

Child’s name: .....................................................

I can confirm that my child has been given calpol before and is not allergic

Parents Signature ......................................................

Date: .........................................................

 Orchard Day Nursery

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Brighton

BN2 0GL

Permission slips

Child’s Name: Date:

**Supervised Trips:**

I give permission to be taken on supervised trips i.e. Queens park/Beach. Yes [ ] No [ ]

**Information Sharing**:

I give permission for the nursery to share information with other professionals or agencies working with my child e.g. health visitors, social workers, speech and language specialists and any other childcare setting that my child attends. Yes [ ] No [ ]

**Sun Cream:**

I give permission for sun cream to be applied by staff to my child during hot weather.

 Yes [ ] No [ ]

**Photographs:**

To comply with General Data Protection Regulations (GDPR), we need your permission before we can photograph or make recordings of your child.

I give permission for photographs to be taken of my child at nursery for displays.

 Yes [ ] No [ ]

I give permission for photographs to be taken of my child at nursery for Famly learning journals.

 Yes [ ] No [ ]

I give permission for photographs to be taken of my child which may be shared on the nursery social media platforms (Private Facebook page for parent’s only) Yes [ ] No [ ]

I consent to photographs of my child being taken by authorised personnel representing the nursery. Yes [ ] No [ ]

I consent to photographs/videos containing my child being included in other children’s learning journals. Yes [ ] No [ ]

(Please note that you have the option to view any photographs before they are included in any learning journal, should you request this, please submit in writing)

I consent to treat photographs containing images of other children as **for my own personal use only** Yes [ ] No [ ] (This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or carers of those children who may be included. For example, any such photographs CANNOT be posted on a social networking site or displayed in a public place)

**Face Paints:**

I give permission for face paints to be applied by staff to my child during activities.

 Yes [ ] No [ ]

**Oral Hygiene:**

I give permission for my child’s teeth to be checked for decay.

Yes [ ] No [ ]

**Illness:**

I understand that I must not bring my child to nursery if they are unwell or have had Calpol administered before nursery.

I understand that I must collect my child immediately if requested to do so by the supervisor of the nursery.

I understand that I must adhere to the nursery exclusions periods for various illnesses.

I understand that if my child is showing any signs of COVID 19 I will not bring them to nursery and will arrange for a test. I will inform the nursery immediately if my child or family member tests positive and will follow all government guidance with isolation periods.

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

Date: ............................................................................

**Emergencies:**

In the event of an accident or emergency, the nursery will make every effort to contact those with parental responsibility. Orchard shall have the right to act in loco parentis for any child and shall act as the manager of the nursery deems fit. This may include hospitalisation, if necessary, whether the parents have been informed or not.

Please sign declaration below.

I the parent(s)/guardian of the child named above, understand that in the event of an accident or emergency the nursery will make every effort to contact me/us, or those on the emergency contact list.

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

Date: .............................................................................

A folder of our Policies and Procedures is available from the office. We also have some Policies available to download on our website. If you do require a copy of any Policies or wish to view them please contact the office.

 **Famly** **Online Learning Journey- Parent’s guide:**

Introduction:

All children/parent’s attending Orchard day nursery have a personal online learning journey which records photos/videos, observations and comments, in line with the Early Years Foundation Stage, to build a record of your child’s experiences during their time with us.

We use Famly, a system which is hosted in the UK on secure servers. You will have secure access (via email address and password) to your child’s Learning Journey and, in addition to viewing our contribution; we encourage you to add to add to it by uploading photos and comments, or commenting on observations made by us.

Where do I start?

Once we put your email address on to the system. You will receive an invitation to join Famly.

Follow the instructions supplied in the email to create a personal password and pin number to access the site.

We use this system for invoicing, messages and updates about nursery and to track your child’s development.

Viewing my child’s Learning Journey:

Once logged in, you will see your child’s observations on your home screen list-selecting any one of these will open up the observation for you to look at. You may add comments in the box at the bottom of the observation if you would like to-and we would love to receive such comments!

** Orchard Day Nursery Privacy Notice**

AtOrchard Day Nursery we respect the privacy of the children attending the nursery and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our basis for processing the personal information relating to you and your child is so that we can fulfil our legal and lawful requirements.

This is in relation to the new GDPR regulation that take effect from 25th May 2018.

Any information that you provide is kept secure. *We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible* after your child has ceased attending the nursery.

We will use the contact details you give us to communicate with you via phone, email, social media, the Famly App and post. This is so that we can send you information about your child, the nursery, your invoices and child’s account and other relevant news.

We will only share personal information about you or your child with another organisation if we:

* have a safeguarding concern about your child
* are required to by law
* have obtained your prior permission when required

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

* we may not be able to continue to care for your child if we do not have sufficient information about them which is part of our legal duty
* even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time so can’t delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner’s Office (ICO).

**The Orchard Day Nursery General Data Protection Regulation Policy is available on our website for your information** [**www.orchard-daynursery**](http://www.orchard-daynursery) **or can be viewed on our parent’s information boards around the nursery.**

If you have any questions about this privacy notice, please contact;

Sam – Nursery Manager Orchard Day Nursery,

Brighton BN2 0GL ,

Phone 01273 622 883

Email Orchardday@yahoo.co.uk,

**Orchard Day Nursery - Privacy Notice Parent/Carer Permission to contact**

**Please sign and date below to confirm that you have read this Privacy Notice and that you give your permission for us to contact you regarding relevant matters.**

I ……………………………………………………………………………………… (Parent/Carer full name), acknowledge that I have received a copy of the Nursery’s privacy notice and I have read and understood it.

Date………………………………………………

Signature ………………………………………………

Child’s Name…………………………………………………

 Orchard Day Nursery

Queens Park Road

Brighton

 BN2 0GL

 **Safeguarding and our Statutory Duty of Care**

At **Orchard day nursery** we work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

Under the children’s act 2004, section 11 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children in our care. We must report any child protection or welfare concerns to Children’s Services or the police.

**Reporting Procedures**

All staff have a responsibility to report safeguarding concerns and suspicions of abuse.

Staff will report their concerns to the Designated Safeguarding Lead (DSL)

The designated safeguarding lead will:

**•** Contact Front Door for Families (FDFF) 01273290400 to report concerns if needed and seek advice (if it is believed a child is in immediate danger we will contact the police)

• Record the information and action taken relating to the concern raised

• Speak to the parents (unless advised not do so by FDFF or the Local Authority Designated Officer)

**Orchards Designated Safeguarding Lead officers are: Sam and Zoe.**

**We do have an extensive Safeguarding Policy which you are welcome to see in the office or online any time.**

I ……………………………………………………………………………………… (Parent/Carer full name), acknowledge that I have received a copy of the Nursery’s Duty of care notice and I have read and understood it.

Date………………………………………………

Signature ………………………………………………

Child’s Name……………………………………………………