

Trinity Day Nursery 156 Trinity Street Gainsborough Lincolnshire DN21 1JN

01427 677231 staff@trinitydaynursery.co.uk

Registration Form and Contract

All children who attend Trinity Day Nursery must be registered prior to attending.

Child's Full Name	Name to	be Known by	
Date of Birth	Birth Certificate Checked	Gender	
Home Address	<u>'</u>		
Ethnic Origin	First Lan	guage	
Funding Code	30 hour F	unding Code	
Parent/Carer 1/Mrs/Ms/Miss/Mr			
Relationship to Child	Date of Birth	N.I. Number	
Home Address			
(if different to above)			
Home Tel. No.	Mobile Tel.		
Work Tel. No.	Email Addr	ess	
Parent/Carer 2/Mrs/Ms/Miss/Mr			
Relationship to Child	Date of Birth	N.I. Number	
Home Address			
(if different to above)			
Home Tel. No.	Mobile Tel.		
Work Tel. No.	Email Addr	ess	

Legal Guardian							
Relationship to Chile	1	 	Date of Bir	th	N I	Number	
Home Address	ן ג	L	Date of bil	uı	IN.I.	Number	
(if different to above)							
				4 1 11 T 1 N	1		
Home Tel. No.				Mobile Tel. No.			
Work Tel. No.			E	mail Address			
		,					
Person with Legal C							
Relationship to Chile	d			ate of Birth			
Home Tel. No.				lobile Tel. No.			
Work Tel. No.			E	mail Address			
Who does the child	l l	4		dia sa sassas			
Alternative contacts	that may collec	ct your child or be					
Name				Relationship to	o Child		
Home Tel. No.				Mobile Tel. No)		
Name				Relationship to	o Child		
Home Tel. No.				Mobile Tel. No)		
Name	L			Relationship to			
Home Tel. No.				Mobile Tel. No)		
Password to be us	ed						
Does your child hav Please detail any m Please detail any re	edical procedur	res which are pro				ld.	
Details	<u></u>		<u> </u>	<u></u>	g :0:		
Does your child hav	e any allergies	or intolerances?					
Please give details							
le vour child register	od with a Child	ron's Contro?	Yes/No				
Is your child register	eu with a Chillo	IEII 2 CEIIII E !	1 ES/INO				
If yes, which one?							
Has your child ever	received fundin	ng at any other se	etting?				
If yes, which setting		ואַ מנמוואַ טנווכו אַנ		Leaving date		Funded ho	nurs
you, willon octally				Loaving date		i dilded ile	

Doctor	Address	
	Tel. No.	
Health Visitor	Address	
	Tel. No.	
Any other professional person involved with your child	Address	
,	Tel. No.	

Start Date	Funding received	12 / 24	Leaving Date	

Please indicate which times you would like your child to attend on each day (e.g. 8am-12noon, 1pm-6pm, 8am-6pm)

Monday	Tuesday	Wednesday	Thursday	Friday

Fees are as per fees policy.

All fees are payable within 7 days of invoice being issued (1st of the month)

Payment methods can be either cash or credit/debit card. If payment is not received within 7 days then a £25 charge will be added to the bill. If payment is not received within 14 days then your child can no longer attend the nursery. Any issues over payment should be raised with Julia/Laura in the first instant.

Consents

I/We consent to the following regarding my child

Signature in each box please to confirm

3 3 3 7	5	
	Parent/Carer 1	Parent/Carer 2
Emergency treatment being given to my child during the		
session (First Aid)		
Photographs of my child to be used within the setting and		
on Tapestry		
I give consent for my child to appear in a group		
photograph/video in other children's Tapestry Journals		
Photographs of my child can be used on the nursery		
website and in publicity including the press.		
Apply suncream when required (suncream to be supplied		
by parents and labelled in the original containers)		
Plasters to be used when required		
To go on outings in the local area		
Nursery to email out newsletters, invoices and other		
relevant information.		
Data to be held in the setting according to Data		
Protection Act 2018 Guidelines and complying with		
General Data Protection Regulations 2016		
I have received a copy of the setting		
prospectus/information pack		
I am aware that copies of all the setting policies and		
procedures are available on the nursery website and		
agree with this information.		
I understand that I may withdraw my child at any time by		
giving 4 weeks' notice in writing.		
I hereby give my consent for the information given above		
to be held on file in compliance of the Data Protection Act		
2018 and the General Data Protection Regulations 2016		
Tapestry: Access and usage consents and agreed guidelines - As a parent/carer I will		
•		
 NOT publish any of my child's observations, photographs or videos on any social media site. 		
Keep the login details within my trusted family. Speak to a member of staff if Leyensianes any.		
Speak to a member of staff if I experience any difficulties accessing my shild's learning journey.		
difficulties accessing my child's learning journey.		

Parent/Carer 1	Print Name	
	Signature	Date
Parent/Carer 2	Print Name	
	Signature	Date
Manger/Owner	Print Name	
-	Signature	Date