

# ROSIES LITTLE BLESSINGS

## Child Registration Form

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

**Details of Parents/Guardians/Carers      BIRTH CERTIFICATE SEEN ? Y/N**

Parent's/Guardian's/Carer's name \_\_\_\_\_

Place of Work \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_

Work number \_\_\_\_\_ Mobile number \_\_\_\_\_

Parent's/Guardian's/Carer's name \_\_\_\_\_

Place of Work \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_

Work number \_\_\_\_\_ Mobile number \_\_\_\_\_

Parent's/Guardian's/Carer's name \_\_\_\_\_

Place of work \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_

Work number \_\_\_\_\_ Mobile number \_\_\_\_\_

Please indicate which parent the child lives with – please delete accordingly –

Mother/Father/Both/Carer .... Please name.

**Emergency contact** (other than Parent/Guardian/Carer ) \_\_\_\_\_

Phone number \_\_\_\_\_ Address \_\_\_\_\_

Name of person who usually collects the child \_\_\_\_\_

Other person's who may collect the child \_\_\_\_\_

Password \_\_\_\_\_ Tel Number \_\_\_\_\_

Other person's who may collect the child \_\_\_\_\_

Password \_\_\_\_\_ Tel Number \_\_\_\_\_

Further information(if necessary) \_\_\_\_\_

**Child's Doctor**

Name and Address \_\_\_\_\_

\_\_\_\_\_ Tel number \_\_\_\_\_

Immunisations / Vaccinations. Has the child been fully immunised against:

Diphtheria **Y/N** Whooping Cough **Y/N** Tetanus **Y/N** Polio **Y/N** Measles **Y/N** Mumps **Y/N**  
Rubella **Y/N** Hib Meningitis **Y/N**

Health clinic \_\_\_\_\_

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

**Allergies/Special diet/Health Problems/Childhood illnesses:**

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Child's dentist \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

Child's Religion \_\_\_\_\_

Anything else the nursery should know about your child e.g likes, dislikes, fears, comfort items, special words \_\_\_\_\_

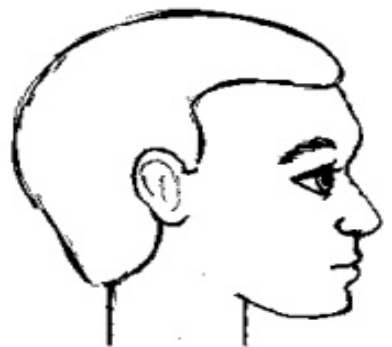
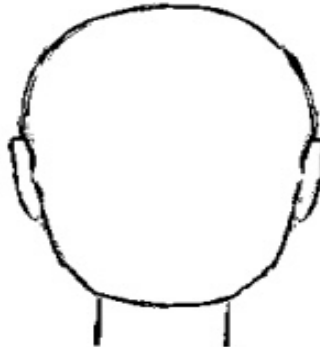
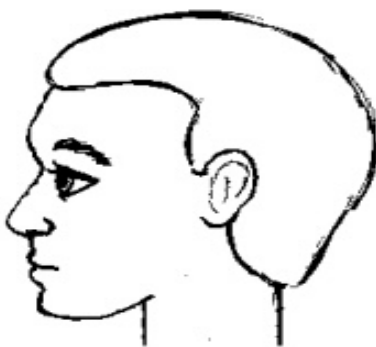
**Signed** \_\_\_\_\_ (Parent/Guardian/Carer)

**Dated** \_\_\_\_\_

## **BODY MAP**

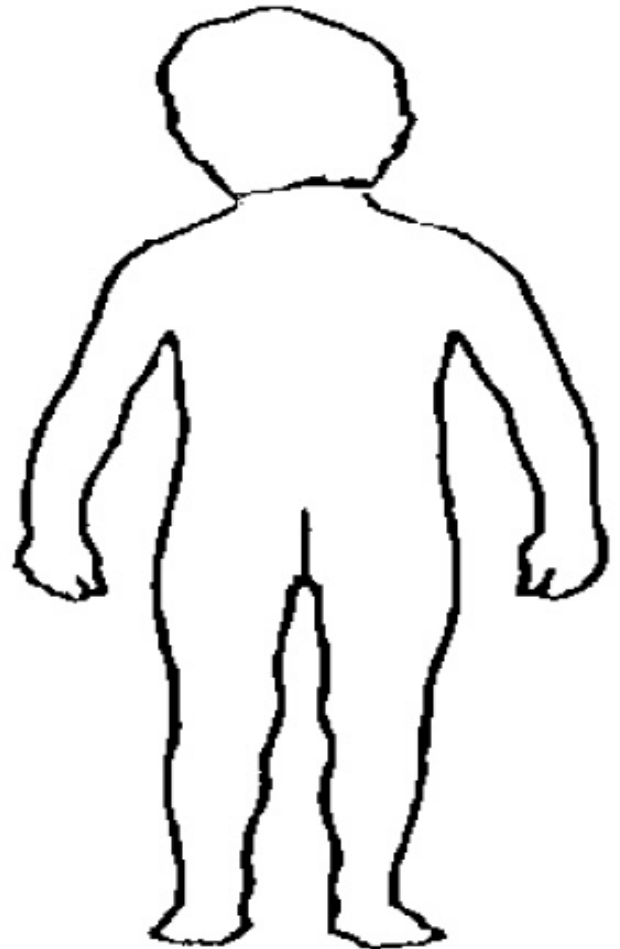
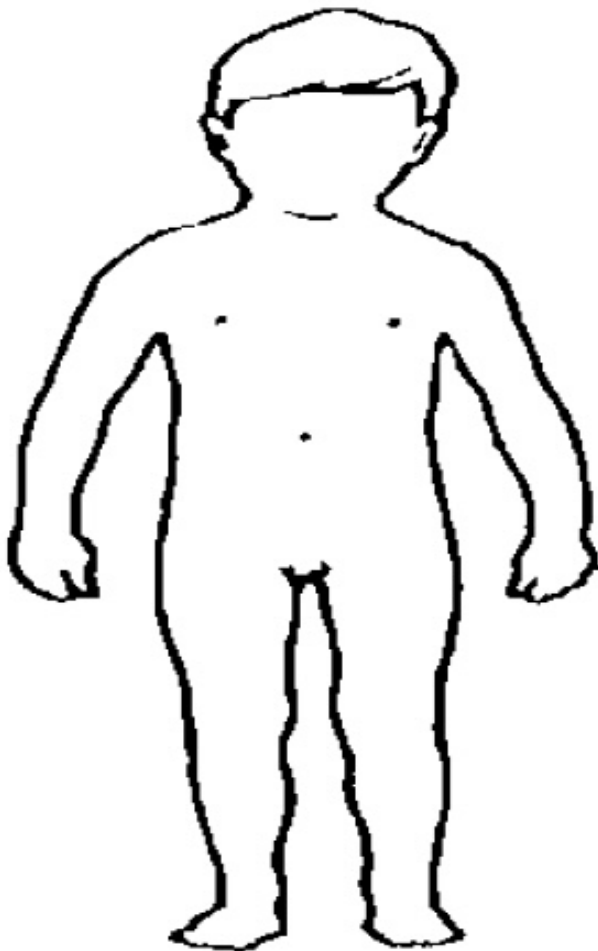
Please make note of any birthmarks or long-term notable injuries/marks such as scars on your child's body so staff can be aware of these when doing personal care.

NAME OF CHILD	DATE OF BIRTH
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LEFT SIDE

RIGHT SIDE



## ROSIES LITTLE BLESSINGS

### SESSION REQUEST FORM

Name of Child .....

D.O.B.....

Date you would like your child to start.....

#### **DAYS OF THE WEEK-(required)**

MONDAY -Times	TUESDAY-Times	WEDNESDAY-Times	THURSDAY-Times	FRIDAY-Times

Nursery food: YES/NO

Packed lunch: YES/NO

Pre-school funding; YES/NO

Term time only YES/NO

Please be aware of the following:-

There will be a registration fee of £35.00 which is non-refundable unless you are doing just your funded hours.

There is a compulsory monthly consumable charge of £20 for 3 or more days, or £10 for one to two days this, this is voluntary if you are only doing funded hours, however you will have to provide your own snacks, wipes and pay towards trips out when they occur a charge.

Fees are still payable on absence.

Once you have signed this form giving the hours you need for your child and the times, that is what you will be invoiced for on a monthly or weekly basis depending on how you have agreed to pay your fees, invoices will be given in advance and payments are to be made in advance and not arrears. By the 10<sup>th</sup> of the same month

A (4) week notice for change of hours is required.

If at any time you decide that Rosie's is not for you then a 4 weeks paid notice must be given, regardless of funded or non-funded children.

Signing this form means you are accepting the terms & conditions of Rosie's Little Blessings.

Signed .....Date.....

ROSIE'S



PRICE-LIST FOR ROSIE'S ROWNER NURSERY AND PRE-SCHOOL

**CONTACT US ON 02392580597 [rosieslittleblessings@live.co.uk](mailto:rosieslittleblessings@live.co.uk)**

We accept funding from colleges and other schemes

Funded hours can be used between the hours of 8 to 6

<i>BREAKFAST CLUB BEFORE PAID SESSION</i>	<i>7-8</i>	<i>£10</i>
<i>BREAKFAST CLUB BEFORE FUNDED SESSION</i>	<i>7-8</i>	<i>£15</i>
<i>FULL DAYCARE</i> <i>(Includes lunch and tea)</i>	<i>8-6</i>	<i>£60</i>
<i>Shorter day</i> <i>(Includes lunch and tea)</i>	<i>8-5</i>	<i>£55</i>
<i>EXTENDED SCHOOL DAY</i> <i>(Hot lunch to be paid separately )</i>	<i>8-3/8.30-330</i>	<i>£43</i>
<i>LONGER SCHOOL DAY</i>	<i>8-4</i>	<i>£49</i>
<i>SCHOOL DAY</i> <i>(Hot lunch to be paid separately )</i>	<i>9-3</i>	<i>£39</i>
<i>LATER SCHOOL DAY</i>	<i>9-4</i>	<i>£44</i>
<i>SCHOOL MORNING</i>	<i>9-12</i>	<i>£19</i>
<i>SCHOOL AFTERNOON</i>	<i>12-3</i>	<i>£19</i>
<i>MORNING SESSION</i> <i>(Hot lunch to be paid separately)</i>	<i>8-1</i>	<i>£32</i>
<i>AFTERNOON SESSION</i> <i>(Afternoon tea to be paid separately)</i>	<i>1-6</i>	<i>£32</i>
<i>ADDITIONAL HOUR CHARGE</i>		<i>£6.30</i>

Consumable charge is £10 per month for children that do 1-2 days per week and £20 per month for children that do 3 or more days per week. This is for snacks, suncream, cream, wipes, trips and resources.

This is a voluntary contribution for fully funded children. If you do not wish to pay this contribution then you must provide your own snacks, wipes all creams and pay towards trips. Children who are partly funded, that also pay for extra hours to just funded hours must pay the consumable charge. Children eligible for EYPP are exempt.

### FOOD COSTS

You can choose to bring a packed lunch or pay for a hot lunch your choice, children will be given healthy snacks in the morning and the afternoon which the consumables charge covers.

HOT LUNCH	£3
AFTERNOON TEA	£3

### OTHER FEES

REGISTRATION FEE	£35
LATE FEE	£15.00
(per 15 minutes per child)	

DISCOUNT 10% FOR SIBLINGS APPLIED TO ELDEST CHILD'S FEES ONLY, WHEN 2 OR MORE CHILDREN ATTEND, FOR THE HOURS THEY ARE IN AT THE SAME TIME.

## **Parent consent form**

I/we the parent/s of ..... give permission for the following:-

Staff / Key Person taking home learning journals and development records for updating Yes/No

Routine outings with the staff of Rosies Little Blessings Yes/No

Photographs to be taken for use within the nursery only Yes/No

Photographs to be used on Facebook page or website Yes/No

Sun protection cream to be applied Yes/No

Observations for assessment of development Yes/No

Tooth-brushing within the setting Yes/No

Use of CCTV not shared with anyone apart from authorities if ever needed Yes/No

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Outings may just be for a walk to get some fresh air or have a look at our local environment.

Photographs are for use in the nursery only. They will be used for displays or will go into the children's online learning journey books called tapestry

Observations are carried out to enable staff to assess the likes and dislikes and the development stage that your child is at and then plan for their next steps.

Signature .....

Date .....

### Tapestry consent form

We may take photographs for a number of reasons whilst your child is with us.

- . to document what they enjoy doing
- . to record their learning and development progress
- . to include in learning journals
- . to record special events and achievements

A learning journal will be used to reflect your child's time at the nursery. It will include photographs of your child at play with other children. To comply with the data protection act. We need your permission before we can photograph or make any recordings of your child.

I consent to photographs of my child being taken by authorised personnel representing the nursery

Yes / no

I consent to photographs containing my child's image being included in other children's learning journals

Yes / no

I consent to treat photographs containing images of other children for my own personal use only. This means that the information cannot be shared with others



or published in any way without the explicit written consent of the parents or carers of those children who are included in the photographs. For example any such photographs cannot be posted onto a social networking site or displayed in a public area.

Signed by parent/carers

Dated

## **Photograph Policy**

We like to take photographs of our nursery in action and make displays inside the nursery. For this we need your consent. Under no circumstances will these photographs be distributed outside the nursery, used for promotional purposes or posted on the website unless express permission is received in writing from you the parent/carers beforehand.

And consent for your child's photos and videos on tapestry the online journal

Name of child.....

Name of parent.....

Signature.....

Date.....

### **Consent to the use of CCTV**

I consent to the use of CCTV footage at Rosie's Little Blessings for the purpose of security and safeguarding. I understand that CCTV footage is stored for a maximum for 30 days unless necessary and that only nursery management will have access to the footage unless needed by the authorities because of safeguarding purposes. I understand that I can withdraw this consent at any time by contacting nursery management. I acknowledge that the nursery will comply with all relevant data protection regulations.

**Name.....**

**Signature.....**

**Date.....**

### **Permission to seek Emergency Medical Treatment**

I/we authorise staff at Rosie's Little Blessings to administer first aid assistance to ..... as and when necessary or in the event of an emergency to seek medical/hospital assistance in our absence as appropriate. I/we will keep the setting up to date with details of contact numbers.

This includes the setting giving out Calpol if the child's temperature is too high and parents cannot be reached to prevent any convulsions from happening.

I/we understand that you will not be able to authorise any treatment and that I/we as the child's next of kin will be contacted by the medics in the event of an emergency to give permission, or in a life threatening situation the medics will act in their professional capacity.

Name of child.....

Name of parent.....

Signature.....

Date.....

Rosies Little Blessings

1, Rowner Road  
Gosport  
Hampshire  
PO13 9UA

Dear Parent/Carer

Below is a list of Policies and Procedures that we have sent to you via email or given to you and ask you to read them carefully and once you have read them can you please complete and return this form.

Mission Statement

Exclusion Policy

Admissions policy

Working in Partnership with Parents

Health & Safety

Fire Evacuation

Intruder Policy

Accidents & Incidents Policy

Critical Incident Policy

**Regulations**

Age of admittance

Clothing

Personal property

Emergency contacts

Drop off and Collection of child

Sun cream & sun hats

Toileting and nappies

Medication Policy  
Sickness Policy  
Smoking, Drinking & Drugs  
Promoting Healthy Eating  
Headlice  
COVID-19

Medication  
Key workers  
Birthday celebrations  
Days and hours of opening  
Notice of absence  
CCTV

Child Protection  
Positive Handling/Physical Intervention  
Whistleblowing Policy

Fees  
Late collection fees  
Sickness

Mobile Phone  
Camera Policy  
Photograph Policy  
Social Networking Policy  
Equal opportunities  
Complaints procedure  
Confidentiality Policy  
Special Educational Policy  
Behavioral Management Policy  
Lost Child Policy  
Student Policy

Many Thanks  
Nursery Manager

I have read the nursery regulations and agree to comply with them.

Sign .....

Print name.....

Date.....