



SMARTY'S NURSERY
HAYES FOOTBALL CLUB
KINGSHILL AVE
HAYES
UB4 8DD
MOB: 07885 972154
EMAIL: thecabins@smartynursery.com

CHILD'S FIRST NAME	PARENT 1 NAME
PREFERRED NAME	OCCUPATION
SURNAME	PARENT 2 NAME.....
D.O.B	OCCUPATION
ADDRESS	DOCTORS NAME & ADDRESS
.....
.....
	HEALTH VISITORS NAME
	HEALTH VISITORS CONTACT NUMBER
TEL HOME	ETHNIC/CULTURAL BACKGROUND
TEL MOB	LANGUAGE SPOKEN AT HOME
WORK	RELIGION
E-MAIL.....	PLEASE STATE PARENTS NAMES WITH PARENTAL RESPONSIBILITY
	PARENT 1
	PARENT 2

PLEASE PROVIDE AN EMERGENCY NUMBER
OTHER THAN A PARENT
EMERGENCY NO 1

I HAVE PROVIDED SMARTY'S NURSERY A COPY OF MY CHILD'S 2 YEAR OLD PROGRESS CHECK YES NO
DOES YOUR CHILD HAVE ANY ALLERGIES YES NO IF YES PLEASE INDICATE.
.....

DO YOU AGREE FOR SMARTY'S NURSERY TO TAKE EMERGENCY TREATMENT: YES NO
PLEASE INDICATE ANY MEDICAL CONDITIONS

DO YOU GIVE PERMISSION FOR THE FOLLOWING

PHOTOGRAPHING YOUR CHILD	YES	NO	APPLYING PLASTERS IF REQUIRED	YES	NO
VIDEOING FOR MARKETING	YES	NO	APPLYING SUN CREAM	YES	NO
FACE PAINTING	YES	NO	FACEBOOK (PUBLIC PAGE)	YES	NO
DOES YOUR CHILD NEED ASSISTANCE WITH TOILETING			YES	NO	
DO YOU REQUIRE STAFF TO CHANGE YOUR CHILD'S NAPPY			YES	NO	

THERE MAYBE OCCASIONS WHEN WE WOULD LIKE TO TAKE CHILDREN OUT ON TRIPS. THIS IS TO ENHANCE CHILDREN'S DEVELOPMENT. DO YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE PART IN THESE TRIPS AND BE TAKEN OFF THE NURSERY PREMISES YES NO

IS THERE ANY FESTIVALS YOU WOULD PREFER YOUR CHILD TO NOT TAKE PART IN YES NO
PLEASE STATE

PLEASE STATE ANY FOOD YOU WOULD PREFER YOUR CHILD NOT TO EAT

PLEASE STATE SESSIONS YOU REQUIRE ON ENTRY

SMARTY'S NURSERY TAKES THE SAFEGUARDING OF CHILDREN VERY SERIOUSLY. IF ANY PERSON COLLECTING A CHILD WITHOUT PRIOR CONSENT FROM THE PARENT WITH RESPONSIBILITY THE CHILD WILL REMAIN ON THE PREMISES UNTIL CONSENT HAS BEEN SOUGHT BY THE PARENT.

THE PARENT WILL BE CHARGED A £20 FINE WILL BE ISSUED IF A PARENT/CARER FAILS IN INFORMING US OF PERMISSION TO RELEASE THE CHILD TO SOMEONE OTHER THAN THEMSELVES.

A PASSWORD SYSTEM IS IN OPERATION AND THIS MUST BE TELEPHONED IMMEDIATELY TO THE NURSERY IF A PARENT/CARER IS UNABLE TO COLLECT THEIR CHILD. THIS MUST BE FOLLOWED BY A TEXT MESSAGE TO ENSURE PERMISSION HAS BEEN FOLLOWED UP IN WRITING.

FAILURE TO COMPLY WITH THE ABOVE STATEMENT IS A SERIOUS BREACH OF SAFEGUARDING CHILDREN AND PARENTS COULD BE SERVED NOTICE IF THEY DO NOT COMPLY.

I have read and fully understood the above contract.

I agree to pay each term fees on the first day of each month or 3 monthly instalments.

I agree that a terms notice in writing is required if you wish to remove your child for any reason from Smarty's Nursery. Failure to do this will result in a terms fees to be paid on the day the child leaves.

I agree to pay a £25.00 registration fee.

I agree to these terms and conditions

Signed

Date