



Child ar	nd Family details
Child's Name:	Collection Password:
D.O.B:	
Ethnic Background:	What language is spoken at your child's home?
Is English their first language? Yes/No	What is your child's religion?
Child's Address:	
	Postcode:
Parent/Carer 1 Name:	Will this person normally collect the child: Yes/No
Parental responsibility for the child? Yes/No	Do you have legal contact for the child? Yes/No
Address:	
	Postcode:
Home Phone Number:	Mobile Phone Number:
Email:	
Work Name and address:	
	Postcode:
Phone number: Exte	nsion:
Parent/Carer 2 Name:	Will this person normally collect the child: Yes/No
Parental responsibility for the child? Yes/No	Do you have legal contact for the child? Yes/No
Address:	
	Postcode:
	Mobile Phone Number:
	Postcode:
	sion:
Email:	

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SUPPORT & ADVICE ACCOMMODATION FAMILY WORK HEALTH & WELLBEING TRAINING & EDUCATION





Other Emergency Contact Deta	ails (please en 	ter two peopl	e)	
Name:	Name:			
Relationship to child:	Relationship to	child:		
How does child refer to them?	How does child	I refer to them?	·	
Address including postcode:	Address includ	ing postcode:		
Home phone number:	Home phone n	umber:		
Mobile number:	Mobile number	·:		
Child's Health	1 Information			
	Has your chil	d had any of t	the followi	ng?
GP Name:	Item	Yes	No	Date
GP Surgery Address:	Measles			
Postcode:	Chicken pox			
GP Phone Number:	German measles			
Health Visitor Name:	Whooping cough			
Health Visitor Address:	Mumps			
Health Visitor Phone Number:	Scarlett fever			
Are there any other professionals involved with your child?	Scarlett fever	child's vassir	nation date	s for the following
E.g. Social services, Speech therapy etc. Please give details:	Indicate your child's vaccination dates for the following  Item Date vaccination received			
	3 in 1	Date vaccing	acion recen	<u>/eu                                    </u>
	Polio			
	MMR			
Does your child have any medical conditions we should be awa	HIB MEN		1 1 1 1	
Dues your child have any medical conditions we should be awa				
Does your child have any allergies, food intolerances we should child reacts to these so we know what to look out for:	d be aware of?	Yes/No If yes,	please give	details on how your
Does your child have any other special needs and/or require ar	ny additional sup	pport? Yes/No	Please give	details below:

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		Your child's nu	ırsery sessions		
AVAILABLE SESSIONS			WEEKDAY		
	Monday	Tuesday	Wednesday	Thursday	Friday
Full day 07:30 - 18:00					
Morning 07:30 - 13:00					
Afternoon 13:00 - 18:00					
Funded full day 08:00 - 18:00					
Funded morning 08:00 - 13:00					
Funded afternoon 13:00 - 18:00					
Exceptional/eligible morning 08:30 - 11:30					
Exceptional/eligible afternoon 12:30 - 15:30					
Exceptional/eligible Full session 09:00 - 15:00					

START DATE: .....

	Fees	
Sessions	Babies & Toddlers age 0-3yrs	Pre-school age 3-5yrs
Full Time (per week)	£185.00	£180.00
Full Day	£44.00	£42.00
Morning	£27.00	£25.00
Afternoon	£26.00	£24.00

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- Fees are payable in advance on the 1st day of the week or month that your child attends nursery, failure to pay fees could result in your child being refused entry to the nursery.
- 1 weeks fee is payable as a non-refundable deposit, this will be used towards your child's last fees when leaving the nursery.
- Payments can be made by standing order/direct debit, cash or childcare vouchers.
- A surcharge of 15% will be added for late or outstanding fees.
- Fees are payable for all absences (sickness, holidays etc.)
- The Beacon Nursery is open for 51 weeks of the year.
- We will be closed for all annual Bank Holidays and at Christmas (dates to be confirmed annually).
- I agree to pay The Beacon Nursery the weekly on the 1<sup>st</sup> day of the week/month that my child attends the nursery in advance of childcare offered.
- Fees are subject to an annual increase.

Parent/Carer Print Name:		
Sign:	Date	
N	lenus	

The menu will be available to view at all times and are displayed within the nursery.

Meal times are:

Breakfast - 7.30am - 8.30am, Lunch - 11.30am - finish, Tea - 3.30pm - 4.00pm

Morning and afternoon snacks will be offered to your child and a drink of milk or water is freely available throughout the day.

We operate a healthy food policy throughout nursery and ask that you refrain from bringing sweets and juice into the nursery.

#### **Important Information**

## Items to bring in for your child:

- Clothing appropriate for the weather, a change of clothes in a small bag clearly labeled with your child's name. Spare clothes/underwear if your child is toilet training.
- Nappies should be provided, if required, on a daily basis for your child
- Comforter should be provided if used

#### Sick Children

- The Beacon Nursery cannot undertake the care of a child who is sick
- Providing parents have completed a nursery medication form, qualified staff can administer prescribed medication, ONLY after 48 hours from the start of the medication
- Children should not be brought into nursery for the first 48 hours of the medication being prescribed
- WE CAN ONLY ADMINISTER PRESCRIBED MEDICATION

#### **Collection of Children**

Parents are requested, upon enrolment, to inform us of the actual times their child will be attending the Beacon Nursery. This is to ensure staff/child ratios are correct as per Ofsted requirements. If you are delayed, you are required to contact the nursery office as soon as possible. However if this is not communicated with a valid reason, there will be a late charge

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implemented of £1.00 per minute due to staffing and child ratios being kept.

We request when dropping off and collecting children from nursery that parents leave promptly, so we can prevent disruption to other children.

### **Security**

You will be admitted to nursery by a secure door, we ask parent/carers to ensure the manager, deputy or Supervisor only admits you and escorts you to the door when leaving.

Only the person dropping off and collecting your child may enter the nursery and ask those attending with you to wait outside the nursery door for the security and safety of all our children.

# **Smoking**

The Beacon operates a no smoking policy and requests that all parent/carers, visitors and staff respectfully comply with this quideline.

Declaration

In the event of my child having an accident at nursery and requiring emergency treatment in hospital, I the undersigned give permission for qualified nursing staff to take appropriate action in loco-parentis on my behalf. I further agree to my child being seen by the visiting medical officers.
Parent print name:
Sign: Date
Subject to staff/child ratios, I give/do not give my permission for my child to be taken out of nursery to the library, shops or local areas of interest on short walks.
I give/do not give my permission for photographs to be taken of my child to be used in the nursery and/or for publicity purposes.
I give/do not give permission for my child to be on photographs on our private Facebook group.
I give/do not give permission for my child to be in videos or photographs with other children on our IConnect system for observations.
I give/do not give permission for my child to have their face painted whilst at nursery.
I give/do not give permission for sun cream to be applied on my child when appropriate.
Parent print name:
Sign: Date
I give consent for you to hold and process my data according to GDPR regulations.
Parent print name: Parent sign:
Date:

Updated: January 2021

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