HUMPTY DUMPTY PRE-SCHOOL

All Saints Centre, New Road, Hackbridge, Surrey CR4 4JN
Humptydumpty17@virginmedia.com
07729 434226

REGISTRATION FORM

Child Surname	Child Forename(s)	D.O.B
Address Post Code	Password :-	Parental Responsibility
Mum Full Name 1 D.OB	Mobile No	YES/NO
Dad Full Name 2 D.O.B	Mobile No	YES/NO
National Insurance No.	Eligibility Code	
Email Address	@	Relationship To child
Emergency Contact Name 1	Mobile No	
Emergency Contact Name 2	Mobile No	

IMMUNISATIONS	Diphtheria	YES/NO	Polio	YES/NO
	Whooping Cough	YES/NO	MMR	YES/NO
	Tetanus	YES/NO	HIB injection	YES/NO

Doctors Name

Doctors Address

Post Code Tel No

Sessions cannot be **confirmed until receipt of a £50 deposit fee** and return of completed form. The deposit fee is returned at the end of the child's time with us as long as the contract conditions have been adhered to.

Sessions are booked and charged for all weeks the nursery is open. Invoices are prepared per ½ term and given out on the last week of the ½ term before. Any **absences** due to private reasons, illness, days out etc are still charged for. For detailed information about nursery opening times, a nursery calendar is published annually on the website: Humptydumptypreschoolhackbridge.co.uk

Payment is required on the first week back after every ½ term/holiday break. A **late fee of £15.00 will be applied.** Non-payment will result in suspending the nursery space.

Reduction and cancellation of sessions requires six weeks' notice.

Late pick up after your session will incur a £5 late fee per every 5 minutes you are late.

NURSERY FEES	**SEPT 2025**
9.30 to 12 o'clock / 1 o'clock to 3.30pm	£20.00
9.30 to 2.30pm	£30.00
9.30 to 3.30pm	£38.00
Breakfast Club 8.30 to 9.30am	£ 5.00

BEST START IN LIFE

This is a website that can help parents with childcare support, guiding them in the right way to either help with applying for funding or help with tax free childcare.

ACCEPTANCE
I accept the Terms and Conditions and the Nursery Policy Documents and herein authorise nursery staff to administer First Aid, Sunscreen, medication and apply for pupil premium as applicable in line with those Policies and to seek medical attention as necessary:

Signed……. Date…….

SESSION TIMES

	Monday	Tuesday	Wednesday	Thursday	Friday
9.30am to 12 o'clock					
9.30 am to 12.30pm					
9.30 am to 2.30pm					
9.30 am to 3.30pm					
12.30 pm to 3.30pm					
1 o'clock to 3.30pm					

FUNDING OPTIONS

9 - 2 YEARS FUNDING 15/30 HOURS	
2 YEARS FUNDING 15 HOURS	
2 YEARS WORKING FUNDING 15/30 HOURS	
3-4 YEARS FUNDING 15/30 HOURS	

ADDITIONAL INFORMATION

Special dietary requirements/allergies:

Are you involved in any outside agencies e.g social services/Paeds etc:

Skin or hair care issues:

Special words that your child uses or responds to, or which have a special meaning:

Your child's sleep pattern or any problem your child has with sleep:

Family religion, plus any religious activities you do not wish your child to participate in:

Ethnicity and home language:

Health and medication situation and history, including any recent illnesses:

Other:

PARENTAL CONSENT FORM

I have read and support the nursery sun safety policy.
I give permission for approved staff to apply it when considered necessary.

Parent/carer signature Date

I give permission for photographs to be taken of my child.
I understand that photographs are only taken for valid reasons, i.e. to record learning and development, for nursery displays, where written permission are received by parents. I am happy for my child's picture to be in another child's photo that goes home to them. I understand that such use is monitored by the nursery manager.

Parent/carer signature Date

I understand the circumstances in which information may be shared without my consent. I have read and understand the sharing of information policy.

Parent/carer signature Date

In the event that my child becomes ill and neither parents nor emergency contacts can be reached, I give permission for nursery staff to administer medication such as Calpol, *when dosage times/frequency can be established.

Parents/carer signature Date

I give permission for my child to receive emergency first aid treatment.

Parent/carer signature Date

If hospital attention is required, I give permission for my child to receive medical treatment by a qualified doctor and/or nurse. In the event that neither parents nor emergency contacts can be reached, I give permission for a member of staff to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary. I agree for emergency treatment to be sought in my absence on the understanding that I will be informed and will come to the hospital immediately.

Parent/carer signature Date