



# REGISTRATION FORM

web: [www.heavenlydaynursery.co.uk](http://www.heavenlydaynursery.co.uk)

email Treorchy: [hdntreorchy@yahoo.com](mailto:hdntreorchy@yahoo.com)

email Iscoed: [hdniscoed@yahoo.com](mailto:hdniscoed@yahoo.com)

REGISTRATION NUMBERS:

TREORCHY W070001067 EST: 07.02.2008

ISCOED W110000297 EST: 29.12.2010

**PLEASE CHOOSE WHICH NURSERY YOU REQUIRE. \***

TREORCHY 8 HERMON ST CF426PW

TONYPANDY ISCOED GRANGE TCE. CF402HT

**The information requested by Management on this form may constitute personal and health information under the Data Protection Act 1998 and the General Data Protection Regulation 2018. Management will only collect personal and health information specifically for the purpose of providing a quality childcare service and in accordance with the Regulatory framework of operating a children's service. Our GDPR Notice is available on request or via our web page.**

Your data will be processed by Management of Heavenly Day Nursery, for the specific purposes of administering your registration. Information collected from you may be used to monitor and record usage, work and training status, financial declarations, additional needs, ages genders and ethnicities as well as a source to assist with our quality assurance scheme. Nursery Practitioners will only use information for the safety and well-being of the children. No information will be shared with any other agency or persons unless legally requested. We will ensure that all personal information is held securely, treated confidentially and used within our nursery.

Please note a debt collection agency will be given the details and contact numbers of all adults responsible for payments, should there be failure of payments for 3 or more months without agreements being set up with Management.

**A RETENTION FEE OF £25.00 IS REQUIRED TO SECURE YOUR CHILD'S PLACE. THIS IS NON-REFUNDABLE UNLESS WE FAIL TO HONOUR THE SPACE. (BANK DETAILS BELOW FOR REQUIRED NURSERY)**

**RETENTION FEE \***

PAID NATWEST (ISCOED)

PAID BARCLAYS (TREORCHY)

**Child's Information**

**First name \***

**Last name \***

**DOB \***

**Street address \***

**Street address line 2**

**TOWN \***

**POST CODE \***

**Male or female?**

Female

Male

**RELIGION**

**NATIONALITY**

**LANGUAGE SPOKEN AT HOME \***

**NAME OF PREFERED SCHOOL**

**SECRET PASSWORD \***

**PREFERRED START DATE \***



Month    Day    Year

**SESSIONS/HOURS AND COSTS**

Nursery and Holiday Club hours and costs are identical

**FULL DAY            £47.50**

ANY TIME BETWEEN 7.30 am and 6.00pm

**HALF DAYS            £33.00**

ANY TIME BETWEEN 7.30am and 12.45pm (morning session)  
TIME BETWEEN 12.45pm and 6.00pm (afternoon session)

ANY

**Please tick requirements \***

- FULL DAY
- HALF DAY MORNING
- HALF DAY AFTERNOON
- WRAP AROUND
- RCT 15/30 FUNDED HOURS

**Please choose sessions required**

FULL DAY    HALF DAY (AM)    HALF DAY (PM)    EXTRA HOUR    NOT REQUIRED

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

**METHODS OF PAYMENT**

BANK TRANSFER, STANDING ORDER, VOUCHER / GOVERNMENT SCHEMES AND CASH.  
BANK METHODS ARE PREFERRED. FOR BANK DETAILS PLEASE SEE USEFUL INFORMATION.

**Parent's Information**

**Parent's/Guardian's name (1) \***

Name to appear on Invoices/Receipts

**Parent's/Guardian's name (2)**

**Contact Number \***

**Contact Number**

**Place of work**

**Place of work**

**Email address \***

example@example.com

**Email address**

example@example.com

**Emergency Contact 1**

In the event of an emergency, please contact:

**First name \***

**Last name \***

**Primary phone number \***

**Secondary phone number**

**Emergency Contact 2**

In the event of an emergency, please contact:

**First name \*****Last name \*****Primary phone number \*****Secondary phone number****Other people authorised to pick up your child from nursery****First name****Last name****First name****Last name****Medical information**

**Doctor \***

**Phone Number \***

**Health Visitor \***

**Phone Number \***

**Other Agencies**

**If yes please complete the following.**

NAME AND CONTACT NUMBER

**Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.**

## **MEDICATION**

PLEASE COMPLETE

**Does your child require regular prescribed medication ? \***

YES

NO

SOMETIMES

**Is your child asthmatic \***

YES

NO

NOT SURE

**Does your child have specific dietary needs \***

YES

NO

**If YES please give details**

**Does your Child have any additional needs or on-going disability \***

Physical Condition

Behavioural Condition

Emotional Condition

Gifted/Talented

Speech

Hearing

Eyesight

Autism

Learning

None

**Has your child had any of the following? \***

Measles

Mumps

Anaphylaxis

Convulsions

Rubella (German Measles)

Chicken Pox



- Epilepsy
- Severe Nose Bleeds
- Re-curing ear infections
- Re-curing eye infections
- Hepatitis
- Diabetes
- Coronavirus
- None

**Are your child's immunisations up to date? \***

- BCG
- DIPHTHERIA
- HIB
- MMR
- MENINGITIS C
- POPIOMYELITIS
- TETANUS
- WHOOPING COUGH
- NONE

**ALLERGIES**

PLEASE COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

**ALLERGIES**

**IS ALLERGIC    MAY NOT BE EXPOSED    NOT SURE    IS NOT ALLERGIC**

**BEE STINGS**

**CATS**

**CELERY**

**CITRUS FRUITS**

**CORN**

**COWS MILK**

**CRUSTACEANS**

**DOGS**

**DUST**

**EGG WHITES**

**EGG YOLK**

**FISH**

**GLUTON**

**LATEX**

**LUPIN**

**MILK**

**MOLLUSCS**

**MOULD SPORES**

**MUSTARD**

**NUTS**

**OATS**

**OTHER ANIMALS**

**OTHER DAIRY**

**OTHER FRUITS**

**OTHER GRAINS**

**OTHER SEEDS**

**PEANUTS**

**PENICILLIN**

**POLLEN**

**POULTRY**

**RED MEAT**

**SESAME**

**SOYA**

**SULPHATES**

**WASP STINGS**

**WHEAT**

**YEAST**

YOGHURT

OTHER

## ROUTINES / PREFERENCES

To ensure your child's day in nursery is an entirely happy one, it will be important for us to have as much information as we can in respect of their normal home routines. Please tell us as much as you can about them

**LIKES** - for example, favourite food/snack, toys, songs etc

**DISLIKES** - for example does not like certain foods/textures, noises etc

**ROUTINES/PATTERNS** - for example feeding, sleep, comforters

**SLEEP PREFERENCES** - for example in a cot, pushchair, bouncer, sleeping bag, cuddled etc.

**TOILETING** - for example on potty, toilet, alone, accompanied etc

**DRINKS PREFERENCE** - for example milk, water. Please note we do not provide squash unless it is requested by parent/carer

## PERMISSIONS

EMERGENCY CONSENT

I agree to the registered person in Heavenly Day Nursery, Deputy in Charge or Nominated Person taking the necessary steps to ensure my child receives the best and most appropriate care, attention and treatment should the be an emergency or accident in the setting or while

my child is on an authorised outing.

I understand that the nursery will make every effort to inform me of any emergency or accident as soon as possible after the event and understand that they may have to accompany my child to hospital. The nominated adult will ensure that all my child's personal records will be available for medical staff.

\*

YES I AGREE

NO I DISAGREE

**Date \***



Month Day Year

If you do not agree with the above, the Registered Person, Person in Charge will discuss this with you and do their best to accomodate your particular wishes.

## EMERGENCY ACCIDENT/TREATMENT

If your child has a serious accident or injury the Manager and/or senior member of staff will assess the situation. If your child needs to go to hospital an ambulance will be called. Parent/Carers will be contacted, in the event that you are unable to be contacted in time a qualified member of staff will accompany your child to the hospital. They will ensure they carry your child's personal information with them. Arrangements will be made to meet Parent/Carer or emergency contact at the hospital. Should your child require emergency medical treatment before contacts arrive it is vital that you complete the permission form below.

**Name \***

First Name Last Name

**Date \***



Month Day Year

## MEDICATION

I give consent for my child to receive the medication below, if necessary, in my absence. Staff are only authorised to give one dose in an emergency. If your child is unwell or has a temperature they must be collected as soon as possible.

**Please specify those that you consent to \***

- CALPOL
- PARACETAMOL
- PIRITON
- METANIUM CREAM
- BEPANTHEM CREAM
- SUDACREM
- BONJELA

**Children will not be allowed entry to nursery if they have required any of the following medicines that may mask a temperature before arriving:-  
Calpol, Paracetamol, Ibuprofen**

Please sign below to authorise your agreement of the above.

## **OBSERVATIONS**

As part of our commitment to provide for the individual needs of your child, we will observe all areas of development, and in partnership with you, record the progress in those areas in order to plan appropriate activities within the nursery. The observations and records will be available for inspection by Care Inspectorate Wales (CIW), otherwise they will be confidential and available only to you and those nursery staff involved in planning the early learning for your child. The nursery offers training placements for childcare students who, in order to complete assignments will be asked to observe play. Individual students will be asked to gain your written permission to carry out such observations.

## **PHOTOGRAPHS**

Any photographs taken of your child by nursery staff will be used in displays/activities, but will not be taken off the premises. From time to time photographers and local press may come to nursery by appointment only, but you will be informed beforehand. Please consider both of the above Observations and Photographs and complete permissions below.

## **PERMISSIONS**

I (parent/carer) do/do not give permission for the following:

**For nursery staff and childcare students to observe my child \***

YES

NO

**For photographs to be taken and displayed within the nursery \***

YES

NO

**For photographs of my child to be used in nursery publicity material, e.g. brochure, posters, flyers \***

YES

NO

**For photographs to be displayed on nursery FACE BOOK, \***

YES

NO

**For photographs to be displayed on nursery WEB page \***

YES

NO

**For photographs to be given to local press for example ST.. David's \***

YES

NO

**For my child to be named in press and publicity materials. \***

YES

NO

**Photographs to be sent to parent via email \***

YES

NO

**Date \***



Month Day Year

## PERMISSION TO TAKE CHILDREN OFF PREMISES

As part of our early learning planning, we will arrange local visits and walks in our neighbourhood to support the children's knowledge, understanding and experience. For example, they can learn about different kinds of food and cooking ingredients during a trip to the supermarket, or collecting objects of interest to make a collage or table display during a walk to the park. For your child to take part in such activities we require your permission. All outings away from nursery will be assessed to identify risks and measures will be put in place to ensure the safety of all adults and children. Ratio's will be higher than normal, and most routes will be well away from the main roads. Staff will follow all policies and procedures for all outings.

**Permission for my child to take part in trips off nursery premises \***

YES

NO

**Date \***



Month Day Year

## NURSERY AGREEMENT

WE AS A NURSERY AGREE TO:

Recognise and value you the parents as the most knowledgeable people regarding your child. We therefore ask that you share any relevant information with us so that we can offer the best extension of your childcare.

We ask you to make payments of fees promptly when they are due, as the running of the nursery is heavily dependent on them.

We require you to help us keep accurate and up to date essential records on your child by informing us immediately of any changes to addresses, phone numbers or emails.

We ask you to inform nursery as soon as possible of non attendance. Please book holidays in advance so that the 50% discount can be added to your account.

We will always ensure that we employ appropriate experienced and qualified staff and work within all regulations and guidelines laid down by Care Inspectorate Wales (CIW) and any other statutory regulation bodies.

We will always keep you informed of your child's progress and information will be shared with you on a daily basis. We will send newsletters and updates via ParentMail to your email.

We welcome your feedback, both positive and negative as this will help us to monitor our performance as seen through parent and children's eyes. This will also assist with any changes that may be necessary for us continuously improve the quality of care we deliver.

Suggestion/Monitoring forms will be emailed to you occasionally to allow us to review and compile a Quality review annually.

We will provide ongoing training for staff to ensure their continuous development, skills and knowledge are up to date and relevant to our constantly evolving childcare profession



We will inform you immediately of outbreaks of contagious diseases such as Covid-19 or similar that could affect the operational plan of nursery and to ensure your safety.

You will **NOT** incur charges if the nursery has to close for any threats or pandemics.

All our documents such as Policies/Procedures, Operational Plan, Statement of purpose, Prospectus, GDPR, suggestion forms, questionnaires etc will be available on our web page [www.heavenlydaynursery.co.uk](http://www.heavenlydaynursery.co.uk) or can be requested from staff.

## PARENT/CARER AGREEMENT

PLEASE READ CAREFULLY

1. A pre- registration form along with £25.00 retention fee must be completed;
2. Full registration forms must be completed before your child starts nursery;
3. On receipt of your confirmation to commence nursery, you will be invoiced from the agreed start date;
4. Should your space not be taken up, you will not be refunded the retention fee. This will only be refundable if nursery fails to supply your space;
5. Fees must be paid monthly/weekly in advance to avoid late fee costs;
6. Fees can be made via Bank Transfer, Standing Order, Voucher and Government schemes;
7. Extra fees accrued throughout the month, e.g. extra days/late collections will be invoiced the following month;
8. Fees will not be refunded for any periods of sickness or days absent from nursery, unless agreed by the manager for hospitalisation, serious illness (2 or more overnight stays in hospital)
9. The nursery reserves the right to refuse admission of a sick or infectious child and to request that if your child becomes ill during the day, they are collected as soon as possible;
10. **No child will be allowed entry if they have had medication before attending, that masks a temperature;**
11. We will not swap days of attendance. If there is room for your child to do extra sessions we will let you know;
12. Should you be arriving late or not attending, please contact us as soon as possible so that we can make the necessary adjustments;
13. Four weeks notice is required to decrease your days or remove your child from nursery;

## I as a parent/carer agree to:

Please complete all the following statements.

The nursery reserves the right to amend these agreements. Parent/Carers will be given one months notice of any such changes.

### **READ ALL INFORMATION \***

YES

NO

### **SIGN ALL RELEVANT DOCUMENTATION \***

YES

NO

### **MAKE PAYMENTS PROMPTLY \***

YES

NO

### **WORK IN PARTNERSHIP WITH NURSERY TO PROMOTE AND SUPPORT MY CHILD'S LEARNING \***

YES

NO

**ENSURE MY CHILD IS COLLECTED ON TIME \***

YES

NO

**PROVIDE AT LEAST TWO EMERGENCY CONTACT NUMBERS \***

YES

NO

**INFORM NURSERY OF ANY SPECIFIC DIETARY NEEDS FOR MY CHILD \***

YES

NO

**INFORM NURSERY OF ANY ALLERGIES MY CHILD MAY HAVE \***

YES

NO

**NOTIFY NURSERY IF MY CHILD IS NOT ATTENDING \***

YES

NO

**COMPLETE HOME TASKS WHEN REQUIRED \***

YES

NO

WILL NEED HELP

WILL NEED RESOURCES FROM NURSERY

**INFORM NURSERY IF MY CHILD OR FAMILY HAS HAD CONTACT WITH VIRUSES OR CONTAGIOUS DISEASES \***

YES

NO

**KEEP MY CHILD AT HOME IF THEY ARE UNWELL, OR REQUIRE FEVER MEDICATION SUCH AS CALPOL PRIOR TO ATTENDING \***

YES

NO

**NURSERY PLACES WILL ONLY BE HELD OPEN FOR A PERIOD OF 2 WEEKS WITHOUT CONTACT, UNLESS A RETENTION FEE OF ONE FULL DAY HAS BEEN PAID FOR EACH WEEK OF ABSENCE \***

AGREE

DISAGREE

**THERE WILL BE A SURCHARGE OF £20.00 PER 15 MINUTES OUTSIDE NURSERY HOURS. \***

AGREE

DISAGREE

**Date \***



Month   Day   Year

**INFECTION PREVENTION GUIDELINES \***

- Read and agree
- Read and disagree
- Have not read

**DATA PROTECTION PRINCIPLES \***

- Read and agree
- Read and disagree
- Have not read

**QUESTIONNAIRE \***

- Completed and returned
- Have not completed

**POLICIES AND PROCEDURES \***

- Aware of and accessed
- Not aware and cannot access

**STATEMENT OF PURPOSE \***

- Aware of and accessed
- Not aware and cannot access

**OPERATIONAL PLAN \***

- Aware of and accessed
- Not aware and cannot access

**Date \***



Month   Day   Year

## USEFUL INFORMATION

## TREORCHY NURSERY

### EMAIL

hdntreorchy@yahoo.com

babyroom1@yahoo.com

waddlers1@yahoo.com

toddlershdn@yahoo.com

kimhdntreorchy@yahoo.com (Deputy)

### TELEPHONE NUMBERS

01443777771

07529247835 (BABY ROOM)

07410690610 (WADDLER ROOM)

07529247836 (TODDLER ROOM)

### BANK DETAILS HEAVENLY DAY NURSERY

BARCLAYS

SORT CODE 20-68-76

ACCOUNT NUMBER 40161543

Paypal.me/hdntreorchy

## USEFUL INFORMATION

## ISCOED NURSERY

### EMAIL

hdniscoed@yahoo.com

kellyhdniscoed@yahoo.com (Manager)

sianhdniscoed@yahoo.com (Deputy)

### TELEPHONE NUMBERS

01443436609

07410690608

**BANK DETAILS HEAVENLY DAY NURSERY**

NAT WEST

SORT CODE 54-21-36

ACCOUNT NUMBER 28045734

**CARE INSPECTORATE WALES  
MERTHYR TYDFIL**

**RHYDYCAR BUSINESS PARK  
CF48 1UZ**

TELEPHONE: 0300 7900126 EMAIL: [ciw@gov.wales](mailto:ciw@gov.wales)

**Tags**

Todo

In Progress

Done