

Medical Details

Session	Mon	Tues	Wed	Thurs	Fri
Full Day					
Morning Only					
Afternoon Only					

Funded Session	Mon	Tues	Wed	Thurs	Fri
0 Sessions					
1 Session					
2 Sessions					

Funded Session	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Lunch					
Tea					

Do you require a place for term time only?

Yes

No

Permission to take children off the premises

As part of early learning planning, the nursery will arrange local visits and walks in the neighbourhood to support children's knowledge, understanding and experiences.

For example, they could learn about different kinds of food and cooking ingredients during a trip to the supermarket or local fruit shop, or collect objects of interest for a collage or table display during a walk in the park.

For your child to take part in such activities we require written permission from their parent(s)/carers.

All outings away from the nursery will be assessed to identify risks and measures will be put in place to ensure children, staff and assistants are safe during their time away from the nursery (please refer to our visits and outings policy).

Adult to child ratio's will be higher than normal on these occasions and we would welcome and appreciate any parents who would feel able to accompany us on short walks and trips.

Please that separate letters and permission slips will be sent out for visits and trips further afield.

Please consider the above and return the separate completed permission slip to the nursery manager or with your registration pack.

Observations and photographs

Name of child:

Date of birth:

I do Do not give permission for my child to take part in trips off the nursery premises.

I do Do not give permission for my child to travel in appropriately insured motor vehicles when necessary.

By checking this box, I the child's agree to the above.

Date:

Sharing information permission

At Smiles nursery the sharing of information is very important to ensure each child's well-being and safety. We work closely together with other professionals and multi agencies to help develop your child's learning and development.

Please sign below to give your permission for Smiles Nursery to share information with other professionals about your child's progress.

By checking this box, I give my permission for Smiles nursery to share information with other professionals around my child's development.

Child's name

Date

Relationship to child



Parental Contract

This contract is between

Smiles day nursery the principal address of which is Hereford centre, Hereford Terrace, Billingham, Stockton on tees, TS23 4AA and

Parent name:

Address:

Concerning the care of:

The Terms and conditions apply to this contract so please read them carefully before signing below. If you have any questions or queries, please speak to a member of management or staff.

By checking this box, I agree to abide by the terms and conditions of Smiles nursery which I have read and fully understand.

Date:

Name:

Child's Name:	Mon															
Current fees	£..... Per calendar month, payable by the 8th day of the month to which they relate.															
Charges for late collection of the child	£5.00. Per 15 minutes that you are late in collecting your child															
Notice required to terminate this contract	2% charge or suspension for late payment of fees															
Do you consent to our calling an ambulance in the event of an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Sessions required	<table border="0"> <tr> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td>Fri</td> </tr> <tr> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> <td>AM <input type="checkbox"/></td> </tr> <tr> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> <td>PM <input type="checkbox"/></td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
	Mon	Tues	Wed	Thurs	Fri											
AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>												
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>												

I/we understand that it is our responsibility to update the nursery with any changes to our child's details, i.e. home address, emergency contact numbers, vaccination record and so forth.

I/we understand that these conditions are not intended to be exhaustive and accept the policies and procedures of the nursery and support these terms and conditions.

By checking this box i the childs **agree to the information provided.**

Date

Signed for and on behalf of Smiles nursery:

Position in nursery:

Parental contract continued

Agreement for payment of fees.

Child's Name:

Parent's name:

Person(s) responsible for payment of fees.

Name:

Address:

Telephone

Day:

Evening:

Mobile:

By checking this box, I hereby agree to pay the fees for the above child on the date they fall due.

Name:

Date:

Preferred Payment Method:

Direct debit Cheque Cash Vouchers Credit card Funded

Got a question?

If you have any questions regarding this form please contact your local nursery on How to Contact Smiles:

Smiles Billingham
01642 803190

Smiles Norton
01642 030034

www.smilesnortheast.co.uk