



# Farlington Day Nursery

376 Havant Road

Farlington

PO6 1NF

02392 351205

[farlingtondaynursery@rocketmail.com](mailto:farlingtondaynursery@rocketmail.com)

## Thank you for choosing Farlington Day Nursery

Please return the application form along with the £100 deposit to secure your child's space.

Don't forget to arrange your free 2 hour settling in visit before your start date.

Farlington Day Nursery was awarded 'OUTSTANDING' by Ofsted on 9<sup>th</sup> January 2014. To read our report visit

[www.ofsted.gov.uk](http://www.ofsted.gov.uk)

Our unique Reference Number is: **EY263787**





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## Application Form

Please complete and return to Farlington Day Nursery, 376 Havant Road, Farlington, Portsmouth, PO6 1NF, along with your £100 deposit (non refundable). Cheques are to be made payable to **Farlington Day Nursery**.

### Child's Details

|                 |                     |               |
|-----------------|---------------------|---------------|
| First name:     | Middle Name:        | Surname:      |
| To be known as: |                     |               |
| Home Address:   | Date of Birth:      | Male / Female |
|                 | Nationality:        |               |
|                 | Language(s) Spoken: |               |
| Postcode:       | Religion:           |               |

### Parent's Details

(Please note both fields must be completed if either parents home address is different to that of the child's)

| MOTHER / GUARDIAN                           | FATHER / GUARDIAN                           |
|---|---|
| Name  | Name:                                       |
| Home Address (if different to the child's): | Home Address (if different to the child's): |
| Postcode:                                   | Postcode:                                   |
| Home Tel No:                                | Home Tel No:                                |
| Mobile Tel No:                              | Mobile Tel No:                              |
| Work Address:                               | Work Address:                               |
| Postcode:                                   | Postcode:                                   |
| Work Tel No:                                | Work Tel No:                                |
| Contact Email Address:                      | Contact Email Address:                      |
| Parental responsibility held: YES / NO      | Parental responsibility held: YES / NO      |



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## **Emergency Contact Details**

(Please give details of **two other** adults we are able to contact in an emergency or for advice)

|                        |                        |
|------------------------|------------------------|
| Name                   | Name:                  |
| Relationship to child: | Relationship to child: |
| Address:               | Address:               |
| Postcode:              | Postcode:              |
| Contact Tel No:        | Contact Tel No:        |

## **Authorised persons to collect your child if different from above**

(ID OR password will be required)

|                        |                        |
|------------------------|------------------------|
| Name                   | Name:                  |
| Relationship to child: | Relationship to child: |
| Address:               | Address:               |

**Please supply signatures for all people (other than yourselves), authorised to collect your child. These will be matched to identification on occasions when staff are unsure of the identity of the person collecting.**

Password for use in emergency collection:

## **Outside Agencies**

|   |
|---|
| Are you or your family known to Social Care or have a named social worker: <b>YES / NO</b>                  |
| Name of Social Worker:  |
| Is your child working with any other professionals (Portage/Speech and Language/Dietitian): <b>YES / NO</b> |
| Name of professional:   |
| Any details you would like to share:  |



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## Medical details

|                                 |                |
|---------------------------------|----------------|
| Doctors name                    | Health visitor |
| Address of surgery:             |                |
| Telephone number:               |                |
| Vaccinations received:          |                |
| Any allergies (if known):       |                |
| Any dietary requirements:       |                |
| Additional medical information: |                |

I hereby give my consent for the staff at Farlington Day Nursery to administer liquid paracetamol, provided by myself, to my child if necessary.

I understand that I must inform the nursery on arrival if my child has been given a dosage of liquid paracetamol or any other medication in the last 24 hours.

|        |      |
|--------|------|
| Name   | Date |
| Signed |      |

In the event that my child is involved in a serious accident whilst at nursery, I expect the manager or a delegated member of staff, to contact me immediately. In the event that my child requires immediate medical treatment before I am able to be present, I hereby authorise the manager, or a delegated member of staff, to give consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid until I contact the manager to withdraw it.

|        |      |
|--------|------|
| Name   | Date |
| Signed |      |

I agree to the use of adhesive plasters: **YES / NO**

I agree to the use of nappy cream or teething gel: **YES / NO**

I object to the following medical procedures on religious or cultural beliefs:



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## Sessions

Proposed commencement date:

Please tick sessions required (as discussed with the Manager)

|                          | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------|--------|---------|-----------|----------|--------|
| Full Day: 7.30am-6pm     |        |         |           |          |        |
| AM Session: 9am-1pm      |        |         |           |          |        |
| PM Session: 1pm-5pm      |        |         |           |          |        |
| AM + Session: 7.30am-1pm |        |         |           |          |        |
| PM + Session: 1pm-6pm    |        |         |           |          |        |

## For office use

|               |            |  |
|---------------|------------|--|
| Deposit date: | Logged on: |  |
| By whom:      | Initials   |  |
|               | Updated:   |  |
|               |            |  |
|               |            |  |
|               |            |  |
|               |            |  |



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## Nursery Permission

Please read, complete and sign the following:

|  |
|--|
| I agree for photos to be taken by Nursery staff to be used within the nursery environment: <b>YES / NO</b>   |
| I agree to the use of face paints: <b>YES / NO</b>   |
| I agree to my child having contact with nursery pets i.e. Rabbits, gerbils, goldfish, reptiles and guinea pigs (all under supervision): <b>YES / NO</b>  |
| I agree for my child to participate in outings within the local community i.e. the park/local shops: <b>YES / NO</b>   |
| I agree to the staff applying Sun Cream: <b>YES / NO</b>   |
| I agree to inform you of any changes to the addresses or contact numbers detailed on this application form: <b>YES / NO</b>  |
| Should there be any changes in family circumstances (including a court order or injunction against a parent); I will inform you of the necessary details: <b>YES / NO</b><br><i>I understand that unless I present the nursery with evidence showing a parent named as having parental responsibility no longer does, we are legally unable to refuse them access, unless the staff has safeguarding concerns.</i> |
| I give permission for my child's image to be seen in photographs which may feature in another child's learning journey: <b>YES / NO</b>  |

|                      |                       |
|----------------------|-----------------------|
| Parent Signature:    | Management Signature: |
| Name:                | Staff name:           |
| Date:                | Date:                 |
| Additional comments: |                       |



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## Nursery Parent Agreement

Please read, complete and sign the following:

This agreement has been made between **Farlington Day Nursery** and .....

I understand **Farlington Day Nursery** is open 51 weeks of a year approx. (excluding Bank Holiday) and will be closed over both the Christmas period and for Bank holidays, no fees will be charged for these closures: **YES / NO**

I understand the following with regards to session times: Children cannot be accepted before 07.30, children attending a morning session cannot be accepted before 8.55am, afternoon session children cannot be accepted before 12.55pm and the latest they may be collected is 6.00pm: **YES / NO**

I understand nursery cannot accept any child who is unwell; *a child who has been suffering from vomiting and /or diarrhoea should be kept at home until at least 24 hours after the symptoms have disappeared. If you are in any doubt about whether your child should come in to nursery please telephone and we will be pleased to discuss the matter with you:* **YES / NO**

I understand a child cannot be collected from the nursery by anyone who is unfamiliar to the staff unless the manager has been informed or permission has been given on the application form (proof of I.D required). (Please note that you are to inform us of any changes to the authorised persons immediately.): **YES / NO**

I will inform the nursery if my child will be absent (023 92351 205): **YES / NO**

I will discourage my child from bringing in sweets, chewing gum, etc. or any valuables such as money, jewellery etc. in to nursery: **YES / NO**

In sunny weather I will send a named sun hat for my child (this can be kept at nursery), Your child should also arrive at nursery with sun lotion already applied and if your child stays for a full day please bring in a named sun lotion to be reapplied (this again can be kept at nursery): **YES / NO**

I agree to dress my child suitably allowing them to take part in nursery activities such as water and sand play, painting, sticking etc. (Aprons are worn but guarantee cannot be given for total coverage!): **YES / NO**

I will respect the nursery neighbours and fellow parents when dropping off/collecting my child. Parking sensibly, considerately, avoiding obstruction to neighbours driveways and making a quick drop off or collection if I am blocking someone in on the drive: **YES / NO**

I understand the nursery staff will make every effort to ensure my child's wellbeing. However I know nursery cannot accept any responsibility for any medical problems that may arise i.e. childhood infections: **YES / NO**



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## Nursery Parent Agreement (continued)

|  |
|--|
| I understand nursery reserve the right to ask a child to be removed from nursery: <b>YES / NO</b>  |
| Should my child come to nursery with a bump or mark, I understand I will be asked to complete an existing injury form. (This is due to Ofsted regulations; we are not in any way questioning your care as a parent.):<br><b>YES / NO</b>   |
| I too will assist the nursery in encouraging healthy eating as shown in the healthy eating policy. As a parent I am also aware of other children's possible allergies/dietary requirements and will refrain from providing nut's or nut products such as peanut butter for my child: <b>YES / NO</b> |
| I understand nursery do not operate term-time only spaces: <b>YES / NO</b>   |

### I agree to the above agreement, signed:

|                   |                       |
|-------------------|-----------------------|
| Parent Signature: | Management Signature: |
| Name:             | Staff name:           |
| Date:             | Date:                 |





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## Parental Payment Agreement

This agreement has been made between **Farlington Day Nursery** and .....

All monthly fees will be paid to the nursery by either Standing order, Direct Debit, cash or cheque made payable to Farlington Day Nursery monthly in advance or before the first day of the month.

I understand that I am required to give at least four weeks written notice if I wish to withdraw my child from Nursery or make any changes to my sessions: **YES / NO**

I understand that all fees are payable 52 weeks of the year excluding Bank Holidays and Christmas closures. Any absences due to sickness or holiday and the four week notice period is chargeable: **YES / NO**

I understand my £100 deposit will be offset against my final invoice on completion of my four week notice and my child leaves the nursery: **YES / NO**

Once I have received an invoice fees are payable monthly in advance on or before the first day of the month. If I fail to settle my account within seven days of receiving the invoice I am liable to have my agreement with the nursery terminated. If I have not received an invoice I am to ask a member of the Management team. (Any extras will be charged for the following month.) : **YES / NO**

I am able to request a receipt for any payments made: **YES / NO**

I understand there are no reductions for odd days, holidays or absence due to sickness: **YES / NO**

I understand a charge of £5.00 per 5 minutes will be added to my invoice at the Manager's discretion should I make a late collection of my child: **YES / NO**

### I agree to the above agreement, signed:

|                   |                       |
|-------------------|-----------------------|
| Parent Signature: | Management Signature: |
| Name:             | Staff name:           |
| Date:             | Date:                 |





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## Facebook Group

Rachel has set up an official Facebook group for 'Farlington and Dolls house Nurseries' the group will only be accessible to parents and staff with Rachel as the administrator.

Farlington and Dollhouse Nurseries' is a private group and all the privacy settings have been made so that only people that Rachel accepts as 'friends' will be able to view the information.

Any parents that have left the nursery will be removed from the friends list and no longer have access to the group. This will be the same for any staff members that leave the nursery.

The group will be used to display information about upcoming events, updates on the nursery and displaying photo's of activities the children have been participating in.

Could you please complete the reply slip below as to whether you give us your permission to post photos of your child on the Facebook group.

|  |                        |
|--|------------------------|
| Child's Name:  |                        |
| I <b>DO/ DO NOT</b> give permission for any photographs containing my child to be posted on the 'Farlington and Dollhouse Nurseries' facebook group. |                        |
| Signed:  |                        |
| Date:  | Relationship to child: |



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## Tapestry 'Online Learning Journals'

Agreed guidelines for accessing and using Tapestry 'Online Learning Journeys'

As a parent I will...

- Not publish any group photograph's or videos containing other children on any social media site.
- Keep the login details within my trusted family.
- Speak to a member of management if I experience any difficulties accessing my child's Learning Journey.

**I GIVE/ DO NOT GIVE** permission for my child's image to be seen in photographs of group activities that will feature on another child's profile.

### **I agree to the above guidelines:**

|                |       |
|----------------|-------|
| Print name:    |       |
| Name of Child: |       |
| Signature:     | Date: |

### **In order for us to set up an account for you, we require the following information:**

|              |
|--------------|
| Parent name: |
| Email:       |

Login address: <https://eylj.org/login/>

If you would like anyone else to have access to your child's profile please write their name, relationship to your child and email address on the back of this form.



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## Inter-Agency Parental Consent Form



(To be filled in and held in setting's records)

|                             |
|-----------------------------|
| Name of child:              |
| Also known as:              |
| Date of Birth:              |
| Name of Parent or Guardian: |
| Relationship to Child:      |
| Address:                    |
| Home telephone number:      |
| Work telephone number:      |
| Mobile telephone number:    |

From time to time it may be necessary to share information regarding your child in order to offer the best support available from a range of agencies.

***'I give permission for information to be shared with relevant professionals, including: General Practitioners, Health Visitor, School, School Nurse, Educational Psychologist Service, Early Years Team (including advisory teachers, Nursery Education Grant Administrator), CAFÉ, Portage Service, Speech and Language Therapy service and the Ethnic Minority Achievement Service, and any other agency according to statutory requirements.'***

|         |                        |
|---------|------------------------|
| Signed: |                        |
| Date:   | Relationship to child: |

*NB: Portsmouth City Council as data controller will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you will be held on a database, and will on occasion be passed to third party agencies where there is a statutory requirement. Further details are outlined in the Privacy Notices which can be found by contacting your setting or online at: <http://www.portsmouth.gov.uk/learning/11877.html>*

