



# Child Registration Form - Oaklea Montessori St Johns



Please complete all sections of this form, sign and date it where indicated and return to the address below along with a £40 Registration fee to secure your place.

**Oaklea Montessori CIC, St Johns Church Community Centre, St Johns Close, Colchester, CO4 0HP**

Please can we request that registration fees are paid by bank transfer. Our bank details are as follows:

Bank Name: Co-Operative Bank

Account Name: Oaklea Montessori CIC

Sort Code: 08-92-99

Account Number: 65326619

Some data we ask for is required by the Department for Children, Schools & Families and we do need this information to ensure we care for your child as you would wish us to.

**Please take care to provide all the details we require.**

**If you do not, sadly we will not be able to process your application as quickly as we would like to.**

### Your Child's Details

Full Legal Name			
Preferred Name (If different from above)			
Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth (DD/MM/YYYY)	__/__/__
Birth Certificate Number		Checked by (Staff member)	
Child's Home Address (proof of address required)	House Name/Number		
	Street		
	Town		
	County		
	Postcode		
Home Telephone Number		Other Home Telephone Number	
Religion (optional)		Ethnic Origin (optional)	
Language Spoken at Home			
Name of Adult(s) Child Resides With			

**To keep your child safe, we cannot release your child unless the person you have authorised can provide us with the password**

Your Child's Password	
-----------------------	--

### Collection Of Your Child / Emergency Contacts (Parents/Guardians and at least 2 others)

Full Name				
Relationship to Child				
Mobile Number				
Landline Number				
Parental Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised to Collect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Requested Sessions

Preferred Start Date			
Please tick your requirements:	<input type="checkbox"/> Term-Time Only	<input type="checkbox"/> All Year - 50 weeks/year	

For families that are eligible for 30 hours FEEE, we will need to see evidence of your eligibility.

If you are eligible for Government funding, our core hour sessions may be free of charge. Any wrap-around care outside the core hours will always be chargeable. Please refer to our website for all current charges. The core hour options are as follows:

9am - 12pm                      1pm - 4pm                      9am-3pm

Please state your preferred times in the table below (e.g. 8am-12pm or 1pm-5pm, etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					

For Office Use Only	CN	Ack Ltr	WP	Po Addr.	Con Rec'd	BC	BP	PZ	Occ.	M&G + KP



# Child Registration Form - Oaklea Montessori St Johns



### Your Obligations

**This section is important because you are entering into a contract with us.**  
We want to set out here as clearly as possible what you are agreeing to by sending us this form.  
Please ensure that you read and understand your obligations before you sign and return.

1. I have paid a registration fee of £40 by bank transfer in order to secure a place on the waiting list for my child. I understand that such a place on the waiting list does not guarantee that a place will be available for my child.
2. I understand that half of the registration fee will be returned to me at my request, only when my child leaves to attend Primary School. (Please tick the relevant box in the Provider/Parent Agreement section)
3. I understand that Oaklea Montessori will confirm to me in writing that my child's name has been added to the waiting list.
4. As and when my child is offered a place at Oaklea Montessori, I agree to provide 4 week's written notice of any changes to or cancellation of my child's sessions. I understand that I will be liable to pay any fees or charges for sessions or services during this notice period whether my child attends those sessions or not.
5. I agree to pay all applicable fees and charges monthly in advance.
6. I understand and agree that there will be no reductions in fees or charges payable by me for any sessions not attended through sickness, holidays, occasional days off, or other absences, including when the nursery is not operating for reasons of Bank Holidays, annual or forced closures. Meal charges may be deducted where a minimum of five working day's notice is provided.

Signed		Date	___/___/___
Print Name			

### Your Child's Parents/Guardians - Please indicate who is the Bill Payer by ticking the relevant box

Full Name				<input type="checkbox"/> I am the Bill Payer
Relationship to child				
Address	<input type="checkbox"/> Same as Child	<input type="checkbox"/> Different to Child, Please specify		
	Postcode		Occupation	
Landline Telephone Number		Mobile Telephone Number		
Work Telephone Number		Other Telephone Number		
Email Address **				

Full Name				<input type="checkbox"/> I am the Bill Payer
Relationship to child				
Address	<input type="checkbox"/> Same as Child	<input type="checkbox"/> Different to Child, Please specify		
	Postcode		Occupation	
Landline Telephone Number		Mobile Telephone Number		
Work Telephone Number		Other Telephone Number		
Email Address **				

\*\* Please note, these are important. The parent or guardian detailed as the Bill Payer will receive invoices and communications to their email address only unless specified.

### Other Nurseries & School Details

Please provide details of any other nurseries, pre-schools or child minders your child attends or has attended previously.

Name(s) of Provider(s)	Contact Number

Please let us know when you expect your child to start school (approximate date)	
--	--



# Child Registration Form - Oaklea Montessori St Johns



## Consent Form

Please sign each section of this form.

It is important and necessary that we have your explicit consent in each case. Thank You.

Child's Full Legal Name			
<b>Emergency</b>			
In the event of an emergency, I give my consent to the senior staff member to access emergency medical advice and attention by health practioners. Such health practioners may administer emergency medication as required whilst in the care of the nursery. This includes anaesthetic.			
Signed		Date	
Print Name		Relationship to Child	
<b>Photographs</b>			
I give my consent to my child being photographed whilst at nursery. All photographs will be given to parents as part of a record of their child's activities at nursery. I understand that they will not be used outside the nursery unless I give my further consent.			
Signed		Date	
Print Name		Relationship to Child	
<b>Outings</b>			
I give my consent for my child to go on outings (e.g. for walks, to the local primary school etc.) with nursery staff. Nursery mobile phones, first aid staff and equipment will always be in attendance. I understand that trips further afield will not take place unless I give my further consent.			
Signed		Date	
Print Name		Relationship to Child	
<b>Sudocream</b>			
I consent to members of nursery staff applying sudocream to my child when, in the opinion of staff members, it is required.			
Signed		Date	
Print Name		Relationship to Child	
<b>Sun Protection</b>			
I consent to members of nursery staff applying sun cream protection to my child when, in the opinion of such staff members, such protection is in the child's best interest.			
Signed		Date	
Print Name		Relationship to Child	
<b>Information</b>			
I consent to Oaklea Montessori CIC sharing information regarding my child with other nurseries, pre-schools, or child minders they attend and primary school when my child transfers to school.			
Signed		Date	
Print Name		Relationship to Child	
<b>Photographs for other purposes</b>			
I give my consent for photographs of my child to be used by Oaklea Montessori CIC. These photographs will be visible in the public domain via Facebook, our website, publicity materials, or press releases, but such photographs will only be used in accordance with applicable guidance and conditions.			
Signed		Date	
Print Name		Relationship to Child	
<b>Information for other purposes</b>			
I consent to Oaklea Montessori CIC sharing information regarding my child with healthcare professionals, for example, speech and language therapists and health visitors.			
Signed		Date	
Print Name		Relationship to Child	
<b>Data Privacy</b>			
Oaklea Montessori CIC takes your privacy seriously and will only use your information to manage your account and provide tailored care to your child. From time to time, we will need to contact you via phone, email and the ParentZone app to provide you with nursery updates, share newsletters and bulletins, and send your invoices. We will input your data into a system called Connect Childcare which helps us manage our nursery smoothly. Your data is held in secure data centres and can only be accessed by authorised personnel. Personal information will ONLY be shared with relevant authorities (for example, Essex County Council, Ofsted etc.). Signing here confirms that you have read and understood the above statement and give us consent to contact you regarding relevant matters.			
Signed		Date	
Print Name		Relationship to Child	



# Child Registration Form - Oaklea Montessori St Johns



## Your Child's Doctor/Dentist/Health Visitor

Name of Child's Doctor		Contact Number	
Doctor's Address			
Name of Child's Dentist		Contact Number	
Dentist's Address			
Child's Health Visitor		Contact Number	
Has your child received a 2 year check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of who carried out the check..	

## Your Child's Health and Dietary Requirements

Please ensure you complete each section.

Child's Past Illness (tick all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Hand, foot & Mouth <input type="checkbox"/> Other, Please specify below <input type="checkbox"/> Measles <input type="checkbox"/> Slapped Cheek <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox _____
On-going Health Problems (tick all that apply)	<input type="checkbox"/> Eczema <input type="checkbox"/> Diabetes, Type _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Other, Please specify _____
Major Illnesses/Operations	
Allergies	
Fears or Phobias	
Dietary Needs (tick all that apply)	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Pescatarian <input type="checkbox"/> Dairy Intolerant <input type="checkbox"/> Gluten Intolerant <input type="checkbox"/> Wheat Intolerant <input type="checkbox"/> Vegan <input type="checkbox"/> Halal Meat Only <input type="checkbox"/> Other, Please specify _____
Should your child <b>avoid</b> any of the following. Please tick if this a preference or advice from a Health Professional (if yes, please tick)	<input type="checkbox"/> Personal Preference <input type="checkbox"/> As advised by a Healthcare Professional
	<input type="checkbox"/> Cow's Milk <input type="checkbox"/> Peanuts <input type="checkbox"/> Wheat <input type="checkbox"/> Yoghurt <input type="checkbox"/> Eggs <input type="checkbox"/> Gluten <input type="checkbox"/> Other, Please specify _____
Further Special Dietary Requirements	
Special Needs	
Is your child being seen by any of the following (if yes, please tick)	<input type="checkbox"/> Speech Therapist <input type="checkbox"/> Children's Centre Staff <input type="checkbox"/> Social Worker <input type="checkbox"/> Other, Please specify _____
Any further information you would like us to know	

## Immunisation

Is your child up to date with their Immunisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please give details _____
--	---

Has your child been immunised against the following, please delete as appropriate:

Vaccination	8 wks.	12 wks.	16 wks.	1 yr.	3 yrs.
6 in 1' (Diphtheria, Hepatitis B, HIB, Polio, Tetanus, Whooping Cough)	Yes/No	Yes/No	Yes/No		
Rotavirus	Yes/No	Yes/No			
MenB	Yes/No		Yes/No	Yes/No	
PCV		Yes/No		Yes/No	
HIB/MenC				Yes/No	
MMR				Yes/No	Yes/No
4 in 1' pre school booster (Diphtheria, Tetanus, Polio, Whooping Cough)					Yes/No



# Child Registration Form - Oaklea Montessori St Johns



### Feedback

Please let us know where you heard about us.	<input type="checkbox"/> Social Media	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Friend/Family using our services, please specify _____
	<input type="checkbox"/> Search Engine	<input type="checkbox"/> Other, Please specify _____	

### Provider/Parent Agreement

**Provider/Parent Agreement**

All relevant Key Policies have been sent to you via email (if you have expressed an interest to us already) and are available to view on our website ([www.oakleamontessori.co.uk/news](http://www.oakleamontessori.co.uk/news)). These clearly set out the responsibilities and obligations of both nursery staff and parents/carers. In order to ensure that all parties are aware of these policies and procedures, we would ask you to tick the below boxes and sign as evidence of you acceptance to our terms.

- I have read and understood the conditions in the Welcome and Registration Documents
- I have read and understood the Payment Policy
- I have read and understood the Administering Medicines Policy
- I am familiar with the policy documents available on the Oaklea Website
- I understand that, as a parent/carer, I am required to apply directly to the Primary School of my choice and understand that there is no automatic referral from Oaklea Montessori CIC to any Primary School
- I agree to give four weeks written notice of intention to withdraw my child from nursery and understand that failure to do so will mean that I am liable for four weeks fees in lieu of notice.
- 

<b>Signed</b>		<b>Date</b>	
<b>Print Name</b>		<b>Relationship to Child</b>	

Authorised Signature for Oaklea Montessori CIC \_\_\_\_\_

Name of Authorised Person \_\_\_\_\_

Date \_\_\_\_\_