



# “Home from Home”

Christine Taylor – Director/Manager

## 29 Withens Lane

Wallasey

Merseyside

CH44 1BB

Tel No: 0151 639 0202

Email: admin@ashhouse2.plus.com

Web: ashhousedaynursery.co.uk

“Home from Home -

Caring for Your Children”

# **ASH HOUSE NURSERY**, 29 WITHENS LANE, WALLASEY, WIRRAL, CH44 1BB

TEL No: 0151 639 0202

### **Registration Form**

Child’s Full Name .........................................................................................................................................

D.O.B ............................................ Sex ..........................

Address ........................................................................................................................................................

................................................................................................ Post Code.....................................................

Home Telephone Number ............................................................................................................................

Doctor’s Name and Address ........................................................................................................................

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Doctor’s Telephone Number ........................................................................................................................

Mother’s Full Name ....................................................................................................................................

Mrs, Miss, Ms, Other (please state) ………………………………………………………………………………

Mother’s Work Address and Telephone Number .........................................................................................

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Mother’s Mobile Telephone Number ............................................................................................................

Father’s Full Name and Title ........................................................................................................................

Father’s Work Address and Telephone Number ..........................................................................................

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Father’s Mobile Telephone Number .............................................................................................................

Name/s of Person/s Who Have Parental Responsibility for the Child Named Above

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Any Other Emergency Contact Names and Telephone Numbers (please state relationship to child)

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Name of Person/s Who Will Deliver and Collect Child .................................................................................

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Religion of Child if applicable ..................................................... Ethnic Origin ............................................

Please State Any Known Illness ...................................................................................................................

Please State Any Known Allergies ...............................................................................................................

Please State Any Special Dietary Needs .....................................................................................................

Sessions:

**Morning** - 7.30am – 1.00pm **Afternoon** - 1.00pm – 6.30pm **Full Day** - 7.30am – 6.30pm

Please tick sessions required:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | MONDAY | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| MORNING |  |  |  |  |  |
| AFTERNOON |  |  |  |  |  |
| **FULL DAY** |  |  |  |  |  |

On What Date Would You Like Your Child to Start? ......................................................................

Signed .................................................................. (Parent/Guardian) Date ...............................

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#### Office Use Only

Registration Paid: Cash £................................... Receipt No .......................................

Cheque £ .............................. Cheque No ........................................

Date: .....................................................

# **ASH HOUSE NURSERY**, 29 WITHENS LANE, WALLASEY, WIRRAL, CH44 1BB

TEL No & FAX No: 0151 639 0202

Terms & Conditions

A Registration Charge of £50 will secure a place at Ash House, starting date to be confirmed by Managers. This charge will be refunded on leaving if giving 1 month’s notice and will not be refunded in any other circumstances.

Fees are payable on the first day of attendance and then monthly, strictly in advance by the 1st day of every month and will be reviewed annually in July.

Failure to pay by this agreed date will cause inconvenience and subsequent costs for Ash House and will therefore incur a £5.00 Late Payment Charge and a £1.00 charge per day for each day the payment is overdue. If the bank returns a cheque to us unpaid, it will be deemed to be a late payment and the above charges will apply until a replacement payment is received at the Nursery. Bank charges (currently £5 per returned cheque) will also be added to your account.

If any 2 payments are late your child’s place at Ash House may be jeopardised at the discretion of the Managers.

Full fees are payable when a child is absent. There is no swapping of missed sessions and any pre-arranged additional sessions must be paid for on the day.

The Nursery is open Monday to Friday from 7.30am to 6.30 pm. The Nursery will close on Bank Holidays (these dates will be displayed) and one week at Christmas. Full fees will be payable for all Bank Holidays.

For insurance purposes the Nursery will not open its doors until 7.30am. Children attending the morning session only, must be collected by 1.00pm and children attending the afternoon session must not be brought into the Nursery before 1.00pm. The Nursery closes at 6.30pm and parents/carers are requested to collect their child by 6.15pm, so they may dress them, collect their belongings and leave the premises by 6.30pm.

Parents must supply the Nursery with emergency contact telephone numbers and details of persons who will deliver and collect the child. It is the parents/carers responsibility to notify the Nursery of any change of address, telephone numbers or persons who will deliver/collect the child. It is the parent/carers responsibility to notify the Day Care staff of any allergies or dietary requirements.

All clothing and personal property must be clearly labelled with your child’s name. Parents are asked to provide a complete change of clothing, soft shoes or slippers for indoor wear and suitable footwear for those children who are likely to be taking part in outdoor play, disposable nappies and barrier cream if required and a hair brush. Articles are left at the Nursery at the owner’s risk and the Nursery cannot be held responsible for damaged items or clothing.

Any child sent home from the Nursery due to illness will not be re-admitted for at least 24 hours. If the child is prescribed antibiotics they will not be allowed to return to the Nursery for 48 hours. Should a child be prescribed medication, it is the responsibility of the parent/carer to notify the manager or key worker and to sign the necessary form consenting to the administering of such. All medicines must be clearly labelled with the child’s name and instructions for dosage. Parents/carers are asked to refer to the illness/communicable disease list supplied for your information on the minimum periods of exclusion from the Nursery.

Once children have been collected from their room by their parents/carers, the child’s safety is the sole responsibility of the parents/carers and the Nursery cannot accept responsibility for accidents or injuries.

Any Nursery Education Grant received at the Nursery for your child will be credited to your account and offset against fees.

Please take care when parking. The entrance to the Nursery Car Park must be kept clear at all times to ensure that should an emergency arise, vehicles may exit and enter without delay. People using the car park do so entirely at their own risk. The Nursery accepts no responsibility for injury, damage or loss to vehicles or personal property.

At least 1 month’s notice of leaving must be given in writing by parents. Ash House reserves the right to give 1 month’s notice for breach of any of these Terms and Conditions.

1. I give my permission for my child to receive any emergency medical treatment if necessary.
2. I agree to abide by the above terms and conditions.

Mother/Guardian’s Signature ............................................................... Date ................................

Please Print Name .........................................................................................................................

Father/Guardian’s Signature ……………………………………………. Date ……….……………...

Please Print Name …………………………………………..……………………………………………