

# Noah's Ark Day Nursery Child's Information Pack

## Child's details

Child's first name \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen Yes  No

## Family details

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

### **Contact details 1** (including emergency information):

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Parent date of birth \_\_\_\_\_

National insurance number \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

### **Contact details 2** (including emergency information):

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Parent date of birth \_\_\_\_\_

National insurance number \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

What are the contact arrangements that we need to be aware of?

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

**Person 1 – Name** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Person 2 - Name** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Password** for the collection of child by authorised persons \_\_\_\_\_

*Please list immunisations your child has received*

**Details of professionals involved with your child**

*GP*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

*Health Visitor (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

*Social Care Worker (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

*Any other professional who has regular contact with the child*

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## General parental permissions

### ***Emergency treatment declaration***

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the manager or authorised deputy for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### ***Nappy cream***

I give permission for nappy cream to be administered to \_\_\_\_\_  
when required, in accordance with manufacturer's instructions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### ***Outings***

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

*(outings may be walking or in our mini buses to explore the local community, they may be without notice depending on staff ratios)*

### ***Suncream***

I give permission for staff to administer hypoallergenic suncream to \_\_\_\_\_  
when necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### ***Photographs***

Please state below if you are happy with photographs containing your child to be taken and displayed in the following places.

**Nursery display boards** yes/no

**Social media** yes/no

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

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**Policies and procedures**

I have been provided with details of nursery policies and procedures. (The policies and procedures can be found on our website, and a paper copy is in the nursery reception).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



Noah's Ark Day Nursery, Bursledon Community Centre,  
Lowford Centre, Portsmouth Road, Lowford, Southampton SO31 8ES  
Tel: 07958 981528      Email: [enquiries@noahsarkearlyyears.co.uk](mailto:enquiries@noahsarkearlyyears.co.uk)  
[www.noahsarkearlyyears.co.uk](http://www.noahsarkearlyyears.co.uk)

*'A caring, fun and stimulating environment for children to learn through play'*

## **Terms and Conditions**

### Securing a place for your child

You child's place at Noah's Ark Day Nursery can only be confirmed upon receipt of a completed registration form AND either a £50 non-refundable deposit\* for non-funded places or a completed funding form for funded places. Please note that if you are requiring a place that involves both funded and non-funded hours both a £50 non-refundable deposit\* and completed funding form is required.

\* The £50 is a deposit and not a booking or registration fee and will be deducted off your second invoice (if full payment of the first invoice is received on time).

### Opening hours

Noah's Ark Day Nursery is open for 51 weeks a year, Monday to Friday 730am – 6pm. We are closed for one week between Christmas and New Year. We also close on Bank Holidays, Election Days and 2 staff training days a year. You will not be invoiced for any of these closure days.

There is no reduction in fees for non-attendance such as family holidays and sickness. The Nursery cannot accept a child who is obviously unwell. (Please refer to our Sickness Policy). Please consult the manager in case of absence due to long term illness.

Unfortunately, we are unable to open outside the 730am to 6pm hours so it is essential that children are dropped off and collected on time. A late collection fee is charged as applicable.

## Payments

All fees are payable monthly in advance. The preferred method of payment is on-line bank transfer or standing order.

Bank details as follows:

Sort code: 20.30.89

Account number: 23411923

Please reference using your child's name

Invoices will be sent out via email around the 24<sup>th</sup> of each month to be paid by the 1<sup>st</sup> of the month.

Should an invoice remain unpaid, a reminder will be sent in writing and procedures followed according to our payments policy.

Any additional hours taken during the month will be added to the next month's invoice.

Fees are reviewed annually for September. We will inform you of any changes with at least one month's notice.

A cancellation period of 1 month's notice is required or payment in lieu to withdraw a child from the Nursery.

## Premises

Noah's Ark Day Nursery operates within the Cedar room of the Lowford Centre. The company accepts no responsibility for injury, damage or loss to persons, vehicles or property in the car park or the other areas of the building (except for your child when he/she is registered in our care).