

# Bridges Nursery and Out of School Club

Head Office: -Windmill House, St Cuthbert's Road, Gateshead NE8 2EL

Telephone: 0191 477 3233 Fax: 0191 477 8302 Email: info@bridgesnursery.co.uk



## Reservation Form - NURSERY

### Child's details:

Surname:		Forenames:	
Known as:		Date of Birth:	
Gender: Male / Female	Ethnic Origin/Religion:		First Language:
Home address:			Postcode:
Entry Password:			
Password prompt question:			

### Parent/carer details

Relationship to child:			
Surname:		Forenames:	
Parental responsibility: Yes / No		Mobile number:	
Home telephone:		Work telephone:	
e-mail address:			
Home address:			Postcode:
Work address:			
Authorised to collect child: YES/No			Postcode:

### Parent/carer details

Relationship to child:			
Surname:		Forenames:	
Parental responsibility: Yes / No		Mobile number:	
Home telephone:		Work telephone:	
e-mail address:			
Home address:			Postcode:
Work address:			
Authorised to collect child: YES/NO			Postcode:

Bank account number:		Sort code:	
Bank address:		Postcode:	
Expected date of entry to nursery:		Sessions required:	

**\*PLEASE NOTE THAT IT IS NURSERY POLICY THAT WE REQUIRE ONE MONTH'S NOTICE IN WRITING IF YOUR CHILD IS TO LEAVE NURSERY, OR ONE MONTH'S FEES IN LIEU OF SUCH NOTICE.**

Signed:		Date:	
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## Entry Records

### Named adult authorised to collect child (If different from parent's details)

Full Name:	Relationship to child:
Parental responsibility: Yes / No	Mobile number:
Home telephone:	Work telephone:
e-mail address:	
Home address:	
	Postcode:

### Named adult authorised to collect child

Full Name:	Relationship to child:
Parental responsibility: Yes / No	Mobile number:
Home telephone:	Work telephone:
e-mail address:	
Home address:	
	Postcode:

### Named adult authorised to collect child

Full name:	Relationship to child:
Parental responsibility: Yes / No	Mobile number:
Home telephone:	Work telephone:
e-mail address:	
Home address:	
	Postcode:

### Emergency Contacts

#### Emergency contact 1

Full name:	Relationship to child:
Preferred telephone:	Second telephone:

#### Emergency contact 2

Full Name:	Relationship to child:
Preferred telephone:	Second telephone:

#### Emergency contact 3

Full name:	Relationship to child:
Preferred telephone:	Second telephone:

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## Health / welfare details

### Doctor

Doctors full name:

Address:

Postcode:

Telephone:

### Health Visitor

Health visitor's full name:

Address:

Postcode:

Telephone:

### Social Worker (social services)

Social workers full name:

Address:

Postcode:

Telephone:

### Any other professional or agency working with your child e.g. speech therapist/occupational therapist/paediatrican / hospital etc.

Full Name:

Address:

Postcode:

Telephone:

Reason:

### Early History

Does your child have any additional needs or disability?: (including premature birth or development needs)

*(please ask for further information from our office team if you are unsure of any of these sections)*

Does your child require any special access requirements? Yes / No

If yes please give details:

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Immunisation Record			
2-4 months old	Diphtheria, tetanus, whooping cough, polio and haemophilus influenza type b (Hib)	Yes	No
	Meningitis C	Yes	No
	Pneumococcal infection (PCV)	Yes	No
12-13 months old	Haemophilus influenza type b (hib) and meningitis C	Yes	No
	Measles, mumps and rubella (MMR)	Yes	No
	Pneumococcal infection (PCV)	Yes	No
3 years and 4 months to 5 years old	Diphtheria, tetanus, whooping cough and polio	Yes	No
	Measles, mumps and rubella (MMR)	Yes	No

## Procedure for Children with an Allergy

Does your child have any allergies? YES/NO If yes please explain type of allergy?

Symptoms/reaction:

Treatment:

Medication required

**I give my consent to my child receiving any medical treatment which is urgently necessary:**

Signed (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

**I give consent for the following to be applied to my child when necessary (please circle)**  
 Sun Cream Teething Gel Nappy Creams Adhesive Dressings face paints

Signed (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that any carer, who suspects that a child in his/her care may have been abused or neglected or has concerns about the safety of a child has a duty to report this to the Social Services Department.**

Signed (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

**I give consent for information about my child to be shared with other relevant professional, included but not limited to the nursery's designated linked health visitor.**

Signed (parent/carer) \_\_\_\_\_ Date: \_\_\_\_\_

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## All about your child

Child's Name:

D.O.B:

Start date:

General Information about your child. Please answer these questions in as much detail as possible. This will help us to get to know your child and help him/her to settle in quickly.

What is the usual language spoken at home?

Are any milk feeds to be given to your child during the day? At what times?

What type of milk does your child drink? (breast, formula, fresh, organic etc)

What does your child like to drink? At what times? And what do they drink from?

What are your child's favourite foods?

Does your child have any daytime sleeps? At what times?

How does your child sleep? Does your child have a comforter?

What are your child's toileting requirements? (we will work with parents to toilet train children)

What does your child like to do? (toys, games, outings, activities, places etc.)

What are your child's favourite songs and games?

Is there anything special that you feel we should know about your child?

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## Your Child's Routines

Please give details of your child's typical daily routine, including mealtimes, sleep times, active times and quiet times.

7:00am 7:30am	
8:00am 8:30am	
9:00am 9:30am	
10:00am 10:30am	
11:00am 11:30am	
12:00am 12:30am	
1:00pm 1:30pm	
2:00pm 2:30pm	
3:00pm 3:30pm	
4:00pm 4:30pm	
5:00pm 5:30pm	
6:00pm 6:30pm	

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## Parental Consents

While your child is in our care we aim to provide him/her with lots of experiences for learning. We do not exclude any child from participating fully in all aspects of nursery life, therefore we request consent for the following:-

### Comfort Policy

We believe that all children need to feel safe, secure and happy. This involves being responsive to children's needs, whilst maintaining professionalism. This may include giving children comfort, **cuddles** and kisses on occasions where it is appropriate. Comfort will be given when sought by children, in view of other children, staff and parents.

I trust this acceptable to you.	Agree	Disagree
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### Photographic/Image Consent

Photographs of the children are taken regularly within the nursery to be used for display work, as evidence of providing activities and most importantly to allow parents to see their child/children enjoying their time at nursery. We would like your permission to photograph /film your child

My child's photograph/image can be taken within the nursery	Agree	Disagree
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My child's photograph can be taken as part of the annual photograph day	Agree	Disagree
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My child's photograph/image can be taken for possible inclusion in our publications, websites/facebook and other publicity material.	Agree	Disagree
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### Transporting children

We would like your permission to transport your child to and from Bridges nursery

My child can be transported by car/public transport/taxi to and from Bridges (as required)	Agree	Disagree
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### Sleep time Policy

Children under 3 years are encouraged to have a rest during the day. Nursery is a busy day and will often tire children out.

It is the policy of Bridges Nursery School, to lay children to sleep, either in a Cot, a 'Z' bed, floor cushion, sleep mattress, or lay back pushchair. I trust this acceptable to you.	Agree	Disagree
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### Administration of Medicines

Medication will only be administered by a fully first aid trained senior member of staff or a member of management.

I give my consent for my child to be administered Calpol as an emergency response to lower a temperature. ( <b>this should be supplied from home</b> )	Agree	Disagree
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I understand that at all other times I will complete a medical form in advance and only prescribed medications can be administered	Agree	Disagree
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## Out of school visits/activities

I hereby agree to my son/daughter participating in recognised activities/outings on and off site.

I understand that:-

I will be informed of the dates and nature of the activities prior to them taking place and will consequently have an opportunity to revoke this general consent, if in a particular situation, I wish to do so. **(outings Form will be completed each day)**

Such activities will not often extend beyond the nursery day, however if occasionally they are likely to do so, adequate advance notice will be given so that I can decide whether or not to consent to this and if so, make appropriate arrangements for my child's safe return home.

My permission will be sought for any out-of-nursery activities - which could involve extra expense, extended journeys or times or hazards. (Full risk assessments will be carried out)

All reasonable care will be taken of my child in respect of the activity/visit.

My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity.

Any medical condition or physical disabilities will be notified to the nursery/out of school club as and when they arise.

All children will be covered by the nursery insurance

Signed:

## Other information or parental requests

Please use this space provided below to give us any other information that supports us to provide the best possible individual care for your child (e.g. routines, diets, personal circumstances etc)

## Identification child/parent

To meet current legislation and Ofsted directives we are required to request and receive recognised identification of your child. This can include either a valid passport or a birth certificate.

Please issue this to our office team. **(The information below is essential for 2,3 & 4 year funding)**

I have issued identification for my child (copy taken)

Yes

No

Parent's National insurance number:

Parent's D.O.B

MOTHER / FATHER



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## Nursery Contract

<b>Childs name:</b>	<b>D.O.B</b>
<b>Address:</b>	
<b>Sessions required:</b>	<b>Date Commencing:</b>
<ol style="list-style-type: none"> <li>1. TERMS: Fees are payable monthly in advance on the 1<sup>st</sup> of the month, calculated as follows; weekly rate multiplied by 52 weeks and divided by 12 months.</li> <li>2. No reduction in fee can be made for absence.</li> <li>3. <b>One month's written notice must be given on the 1st day of the month only, before the termination of the contract. One month's notice from the 1<sup>st</sup> of the month must be given on all changes to contract.</b></li> <li>4. All full day and afternoon children must be collected by 6.00pm and morning children by 1.00pm. Nursery closes at 6pm and we ask that all parents collect their child/children before this time.</li> <li>5. Failure to commence after the contract is signed with place reserved, will result in one months notice fee being due immediately.</li> <li>6. The nursery closes for one week over Christmas and New Year, and also all Bank Holidays during the year. Full fees are to be paid whilst the Nursery is closed during these periods.</li> <li>7. A holding fee equal to one week's fee will be paid on entry to the Nursery. This will be returned at the termination of the child's period at Nursery.</li> <li>8. I give consent for my child to receive Emergency Medical Attention if required.</li> <li>9. I give consent for my child to leave Nursery premises for outings which are properly supervised.</li> <li>10. Child Protection Information-Parents/Carers/Guardians should be aware that the nursery has a child protection policy. The nursery will take any reasonable action to ensure the safety of the children in its care. In cases where the nursery has reason to be concerned that a child may be subject to ill treatment, neglect or other forms of abuse staff have NO ALTERNATIVE but to follow LSCB (Local Safeguarding Children's Board) procedures. We will also follow company policies and inform the relevant external agencies.</li> <li>11. I give consent for information about my child to be shared with other relevant professionals, including the nursery's designated linked health visitor.</li> <li>12. Any parent or authorised adult collecting your child, who in the opinion of the manager or person in charge, is under the influence of alcohol/drugs, will not be allowed to collect and social services will be contacted.</li> <li>13. Parents/Carers/Guardians should be aware that we hold information such as personal details, attendance records, and medical information etc, and in doing so we have to comply with the Data Protection Act. We will not give out this information to anyone outside of the Bridges Nursery, without your consent, unless the law allows us to do so</li> <li>14. Under no circumstances will I approach a member of staff with the view to employing them. If such a situation occurs I will be liable to pay the nursery compensation/agency fee of 5,000 pounds.</li> <li>15. I give consent for my child to be photographed at nursery as part of activities/events / outings.</li> <li>16. The health and safety of everyone is paramount to us and in the event of adverse weather conditions, which are beyond our control, the Nursery may be unable to open or may close early. We do not offer refunds or credits in this instance.</li> <li>17. The Bridges Nursery has the right to terminate this contract with or without one month's written notice.</li> </ol>	
<b>I/We have read the above information and understand the contents of the contract I/We are entering into with the Bridges Nursery.</b>	
<b>Signed:</b>	<b>Parent/Guardian</b>
<b>Signed:</b>	<b>Parent/Guardian</b>
<b>Signed: (Manager)</b>	<b>Date:</b>

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## Parent/Carer checklist

Please supply the following items for your child when starting nursery.

- Nappies
- Wipes or cotton wool
- Nappy cream (if required)
- Full set of spare clothes
- Labelled blanket for sleep time
- Bottles and milk (for babies only)
- Labelled cup for mealtimes
- Dummy or comforter (if used)
  
- Labelled Toothpaste and toothbrush (older children only)
- Sun cream and sun hat (during Spring/Summer months only)
- Warm coat, hat and gloves (during Autumn/Winter months only)
- Wellington boots (older children needed all year round)
- Large A4 ring binder file

Please note this list is not exhaustive

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