

Application Form

Child's Start Date: Child's First Name:			Gestation a	Gestation at Birth: Known as (if different)	
			Known as (
Legal Surname:			Previous Su	Previous Surname (if applicable)	
Date of Birth:		Sex: M/F Addres	ss:		
			Postcode: .		
Parent Name 1:		C	ontact Number(s):		
Parent Name 2 (if ap	plicable):	C	ontact Number(s):		
Email:					
1.		ardian. Must be no mo			
Daytime contact Nun	nber:				
2. Name:		Relationship	to the Child:		
Daytime contact Nun	nber:				
	or:t home:		Other Agency Involve	ment:en (if applicable):	
Mon	Tues	Wed	Thurs	Fri	
7.30am-8am	7.30am-8am	7.30am-8am	7.30am-8am	7.30am-8am	
8am-9am	8am-9am	8am-9am	8am-9am	8am-9am	
9am-12.30**	9am-12.30**	9am-12.30**	9am-12.30**	9am-12.30**	
12.30-1.30	12.30-1.30	12.30-1.30	12.30-1.30	12.30-1.30	
1.30-5.00**	1.30-5.00**	1.30-5.00**	1.30-5.00**	1.30-5.00**	
5.00-5.30	5.00-5.30	5.00-5.30	5.00-5.30	5.00-5.30	
Do you feel your child	d has any other add	are 9.30-15.30 x 3 days	Y/N If Yes please	e detail:	
·					
Known Allergies:					
Registration Fee of £ (£20 per session will		ssion booked paid invoice if no changes ar	e made)		
Staff Signature;			Date:		
How did you hear	about the nurse	ry?:			



Parental consents and agreements

Child Protection Statement

The children are our main priority and as such we have a duty to report suspected child abuse and neglect. If we have concerns we will follow the guidance issued by Aberdeenshire Council which is the basis for our Child Protection Policy.

You will find our Child Protection Policy on our closed Facebook Group as an attached file. It will also be sent to you through Blossom.

I/we agree for my child to go on routine outings with The Bright Beginnings Nursery staff. I understand these outings may include

Outings

trips to local libraries, parks, and other local places of interest and may include using public transport. Risk Assessments can be viewed on request. Signed: Date:..... **Photographs** I/we give consent to my child being photographed/filmed at nursery for training, educational, promotional or social reasons. Signed:

Facebook/Instagram/Twitter/Website

I/we give consent for photos taken of my child during nursery activities to be put on Bright Beginnings Ltd Facebook (open page), Facebook (closed group), Twitter, Instagram and nursery website. ***Delete as necessary***

Signed:	
Date:	

Date:.....

Medical treatment

I/we give permission for a plaster to be administered to my child's skin should the need arise. Yes/No

I/we understand that should my child require emergency medical advice or treatment in the event of an accident within nursery, Bright Beginnings Nursery staff will do everything possible to contact me. Should this not be possible, I/we give consent to the seeking of any emergency medical advice or treatment.

Signed:
Date:
Are you aware of any procedures that may be prohibited by religious or cultural beliefs? Yes/No If yes please detail:

Payments

I agree to pay all childcare fees for my child 1month in advance. I also understand that I must give 1 month's notice to terminate or change my contract with Bright Beginnings Nursery. I accept that I will be charged overdue fees (10% of balance per week) for any balances paid after the due date. I understand I can have 2 weeks fee free holiday a year where I can take my child out of p

child on time from nursery to ensure the correct staff to child ratios are 5 minutes I am late.	'
Signed:	Date:

Information sharing

When the time comes, your child's school requires information on your child. We feel it is important for your child that their teacher has as much information as possible.

I would like any information on my child shared with their school	
Signed:	Date: