

# Registration and Booking Form

Little Herons Nursery Registration Form  
Nursery Class, North Curry School, Greenway, North Curry TA3 6NQ  
01823 490 423 [littleheronsnursery@nc.huish.education](mailto:littleheronsnursery@nc.huish.education)



CHILDS DETAILS		
First Name and Middle Name:	Surname:	Known as:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Certificate seen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Home Address (Including post code):		
FAMILY DETAILS		
Parent/Carer Contact Details 1 (EMERGENCY CONTACT)		
Parent/Carer Full Name	Relationship to Child:	
Day Time/Work Tel:	Home Tel:	
Mobile:	Email:	
Full Home Address (if different to child's)		
Parental Responsibility for child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parent/Carer Contact Details 2 (EMERGENCY CONTACT)		
Parent Carer Full Name:	Relationship to Child:	
Day Time/Work Tel:	Home Tel:	
Mobile:	Email:	
Full Home Address (if different to child's)		
Parental Responsibility for child? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMERGENCY CONTACT DETAILS – IF PARENTS NOT AVAILABLE (MUST BE LOCAL)	
Contact 1	
Name:	Relationship to child:
Tel Numbers:	
Authorised to collect: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact 2	
Name:	Relationship to child:
Tel Numbers:	
Authorised to collect: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact 3	
Name:	Relationship to child:
Tel Numbers:	
Authorised to collect: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Password for Collection (if applicable):	

ABOUT YOUR CHILD
Does your child have previous experience of attending a childcare setting? If so please specify:
Is there any other information that we need to know about family situations? Court orders, contact details etc:
Does your child have any ongoing medical conditions? Is so please specify:
Do you have any external agencies involved with your child? If so please specify:
Does your child have any food allergies or intolerances? Is so please specify:
Has your child received all up to date immunisations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any special needs or disabilities? If so please specify:

**ABOUT YOUR CHILD CONTINUED**

**If your child is aged between 24 – 36 months, has a two year old progress check already been completed for your child? (please circle where appropriate):**

**Yes****No****Setting and date completed:**

As per requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24 – 36 months. We will ask you to be involved in completing the check and will discuss it with you.

**If your child is aged three years or over, does he or she have difficulty with any of the following? (please circle where appropriate):**

**Speaking and communicating****Yes****No****Listening and attending****Yes****No****Understanding simple instructions****Yes****No****Eating and drinking****Yes****No****Sitting and sharing a book****Yes****No****Walking and climbing****Yes****No****Rolling a ball****Yes****No****Holding a crayon****Yes****No****Socialising with adults and other children****Yes****No****Using the toilet****Yes****No****Putting on their shoes and socks****Yes****No****Any other concerns (please specify):****Are any of the following in place for your child? (please circle where appropriate)****SEN action plan****Yes****No****Education, Health and Care Plan****Yes****No****What support will he or she require in our setting**

DETAILS OF PROFESSIONALS		
Doctors Name and Practice Details:		
Health Visitors Name and Tel (If applicable):		
Is your child currently in the care of a local Authority? Is so please give details:		
Social Care Worker (If applicable):		
ETHNIC/CULTURAL BACKGROUND		
How would you describe your child's ethnicity or cultural background? (Please circle)		
<b>White</b>  British  Irish  Traveller of Irish Heritage  Any Other White Background	<b>Mixed</b>  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background	
<b>Asian or Asian British</b>  Indian  Pakistani  Bangladeshi  Any other Asian background	<b>Black or Black British</b>  Caribbean  African  Any other black background  <b>Any other background</b>	
Nationality:	Country of Birth:	
Religion:	First language (spoken at home):	
Bilingual Support plan needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
KEY PERSONS – INFORMATION FOR PARENTS		
Each child joining the setting will have a key person appointed to them. It will be the key persons responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.		
Your child's Key person will be:		
DECLARATION		
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.		
SIGNED:	PRINT NAME:	DATE:



**Little Herons Nursery**  
**Standard Activities/General Permission Form**

Childs name: .....

• **Short Trips – General Outings**

Your child may be taken out of our setting as part of the daily activities. The venues used are detailed here:

Visits to Willows and Wetlands Visitor Centre, Park, Allotment, Coffee Shop, Church, Village walks.

**I understand that:**

- Such activities will normally take place within the Nursery day, but that if occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.
- My specific permission will be sought for any external activities beyond those outlined above and which could involve commitment to extend journeys or times, expense or adventure activities.
- All reasonable care will be taken of my child in respect of the activity/visit.
- I must inform the Nursery of any medical condition or physical disabilities now and as and when they arise.

**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.

• **For inhalers/auto-injectors (e.g. Epipens) only**

I give permission for a named member of staff who has been appropriately trained to administer the inhaler/Epipen.

• **Nappy cream**

I give permission for nappy Cream (supplied by parent) to be administered to my child.

• **Sun cream**

I give permission for staff to apply sun cream (supplied by parent/s) to my child.

(if no sun cream provided I give permission for staff to apply Little Herons sun cream – Nivea factor 50)

• **Face paint**

I give permission for my child to be allowed to wear face paints.

• **Animals**

We occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed.

Please state below any known allergies or aversion (name of child)

has to animals:

I agree to all of the above

☐

Full name of Parent/Carer:.....

Signature of Parent/Carer:.....

Date:.....

**Little Herons Nursery**  
**Consent form for the recording and use of images and sound**

**Photography / Observations** – *I agree / disagree (please delete)* with Little Herons taking photos of our child for displays & observation purposes & occasional advertising of nursery in local press/website. Also, during the sessions your child attends they will be observed by the nursery staff to ensure their development needs are being met by the setting.

Please tick the boxes below to confirm your specific consent for –

<b>Photographs in the prospectus and other promotional publications</b>	<input type="checkbox"/>
<b>Photographs for North Curry/Little Herons website</b>	<input type="checkbox"/>
<b>The nursery can use your child's first name to appear with the any image on the website/media/social media</b>	<input type="checkbox"/>
<b>The nursery can publish sound recordings of nursery activities that include Your child</b>	<input type="checkbox"/>
<b>The nursery can publish video of nursery activities that include your child</b>	<input type="checkbox"/>
<b>Photographs for media (newspapers)</b>	<input type="checkbox"/>
<b>Photographs for Little Herons and North Curry school social media pages (Facebook, Instagram and Twitter) <u>Public Account</u></b>	<input type="checkbox"/>

**Parent photographs** – I agree not to post photographs of children in the nursery on Facebook or any other social networking site even if permission was given to take the photo.

Name of Child.....

Signed.....

Relationship to child.....

Dated.....



## Little Herons Nursery Contract

Our nursery offers supporting services, as outlined in our Prospectus. **However, parents/carers are in the first instance the most important educators of their young children. The work of the nursery cannot be fully effective unless the nursery and the parents/carers work together in the child's interest.**

We ask you please to read and sign the contract below as an expression of this shared commitment.

**Parents/Carers Participation** – I will join in the life of the nursery for as long as our child attends. I would be particularly interested in: (Please Circle)

Making / Mending equipment

Help Fundraising with FONCS

**Parent/Carer Contact Details** – I agree to keep the nursery informed of changes to our telephone/ mobile number and change of address details.

**Shared Record keeping** – I will contribute to our child's development record produced jointly by parents / carers working with the staff to identify & meet our child's educational, personal, social needs & to implement decisions taken in the interest of our child.

**Fees** – I will pay for fees in the amounts & the time specified by the nursery. I will pay for our child's sessions booked, whether our child attends or not. I will also give 6 weeks notice if we wish to decrease and/or end our child's sessions. If notice is not given, I agree to pay 6 weeks fees based on our child's last week of sessions booked. I understand that additional services (Forest School etc) will incur additional fees and I agree to pay if my child attends on these days.

**Deposit** – I will pay a £200 nonrefundable deposit to Little Herons. Payment will be required via Family. If your child is fully funded no deposit will be required. The deposit will be taken off your first and future invoices.

**Funding** – I will supply a copy of my child's Birth Certificate or Passport as required by the Local Authority to apply for Early Years Entitlement (EYE) funding.

**Punctuality** – I will not be late in arriving at the start or collecting our child at the end of the session. If an occasion does arise I will contact the nursery. I understand that the nursery reserves the right to charge for late collection of a child at the rate specified in the nursery Fees Policy.

**Sickness** – I agree not to bring our child to the nursery at least 48 hours after the last occurrence of sickness or diarrhoea. I agree not to bring our child into the nursery if they have been diagnosed with a contagious illness (e.g. Chicken pox, slap-cheek or any other illness which could affect pregnant women).

**Absences** – If your child is going to be absent during a session, for any reason, please could you telephone us on **01823 490 423**. This can be done before session time as a message can be left that will be picked up by staff before the beginning of the day.

Name of child.....

Signed.....

Relationship to child.....

Date.....



## Booking Form

Child's Name.....

Term (Please Circle):          Spring 2025                      Summer 2025                      Autumn 2024

Sessions Required:

Please circle/tick the sessions you wish to book and whether you would require Breakfast and/or Tea

Monday	Tuesday	Wednesday	Thursday	Friday
08.00 – 13.00	08.00 – 13.00	08.00 – 13.00	08.00 – 13.00	08.00 – 13.00
13.00 – 18.00	13.00 – 18.00	13.00 – 18.00	13.00 – 18.00	13.00 – 18.00
08.00 – 18.00	08.00 – 18.00	08.00 – 18.00	08.00 – 18.00	08.00 – 18.00
Breakfast Tea	Breakfast Tea	Breakfast Tea	Breakfast Tea	Breakfast Tea

**You are welcome to drop off and collect your child at any time throughout your child's booked session, but please note you will still be charged for the full booked session.**

### Fees:

	Morning Session (08:00 – 13:00) 5 hours	Afternoon Session (13:00 – 18:00) 5 hours	All day session (08:00 – 18:00) 10 hours	Breakfast	Lunch	Tea
6 months – 2 years (£7.50 an hour)	£37.50	£37.50	£75	£1.70	£2.50 (Hot school lunch term time only)	£2.20
2 year olds (£7.00 an hour)	£35.00	£35.00	£70			
3 – 4 Year old (£6.45 an hour)	£32.25	£32.25	£64.50			

**Please note: A nonrefundable deposit of £200 is required unless your child is fully funded. Your deposit will be taken off your first and future invoices.**

Start date.....

Signed.....

Dated.....

***It is Little Herons policy to invoice for placement booked and not for the child's actual attendance.  
Little Herons requests six weeks notice for any decrease or end in session***



## Famly

Famly builds a very special record of a child's experiences, development and learning journey through their early years education. In Little Herons, we are using Famly to build this record as well as a tool to communicate with parents. Please see the attached link to find out more about Famly: Famly | The Early Childhood Platform

Research has shown that a joined up, holistic approach to learning with open channels of communication has many benefits to the child, parent and practitioner. We can benefit from the wealth of knowledge that you have about your child and use that knowledge to plan for and develop individual learning. Your child then benefits by having their specific needs met in a way that is consistent with their home life, which allows for a smoother transition and a sense of security in the setting. Hopefully, parents are made to feel at ease with leaving their child at Little Herons, and also feel they can ask us for help or advice if needed. It's a positive for all three parties, a win-win-win situation! Therefore, we encourage you to use Famly as a means of communicating with us; please feel free to share photos and information and message us if you have any questions, queries or concerns.

Our aim is to create a learning/play blog at the end of the school day that will include photos of all the children individually or as a group during play. If your child appears in a group photo you can like this photo and comment on it and this photo will then be saved into your child's personal account.

**Photo sharing is not permitted on social media and by signing up to Famly you have accepted these conditions.** Please note: Using Famly does not change the permissions you have already given us regarding social media.

This is a new system to all of us at Little Herons so please support us by using the app and feeding back as much information as you can, good or bad!

If you have any concerns or questions and cannot send these via Famly, please email [littleheronsnursery@nc.huish.education](mailto:littleheronsnursery@nc.huish.education).

The email address given on the registration form will be the email address used for Famly unless otherwise instructed.

Many thanks in advance for your support in this.

Name of Child.....

Parents signature.....

Parents name.....

Date.....

Service provided by:



## RE: NHS Supervised Tooth Brushing Programme

Dear Parent / Guardian,

Good news – Your school has been enrolled to provide daily supervised toothbrushing for your children during the school day.

This NHS scheme is brought to us by Big Brush Club and our aim is to get children in Reception and Nursery/ Pre-schools brushing during school time to help tackle tooth decay.

Developmentally, this is such an important age and we can really make a difference to children's long term oral health by committing to this simple and effective programme. Tooth decay is the most common disease in children and an average of 3 days of school per year are missed due to dental problems causing parents and carers to have time off work for appointments. This is easily preventable through the use of fluoride toothpaste and regular brushing.

Children will be supervised during the brushing sessions every day and will be under the guidance of trained 'Oral Health Champions'. Each child will receive their own toothbrush, which will be easily identifiable and will be stored in a safe storage system.

It is important children continue to brush their teeth at home, with a fluoride toothpaste. To support this, we are sending children home with their own pack which includes a toothbrush, toothpaste and information leaflet. We would greatly appreciate your support to encourage your children with their brushing in a positive way.

Visit our website ([www.bigbrushclub.co.uk](http://www.bigbrushclub.co.uk)) to learn more and view videos and apps that are useful in engaging your children and timing their brushing for 2 minutes.

**Allergies:** Please ensure you let the nursery or school know of any allergies or health issues your child may have which could mean they are unable to take part in the scheme.

**Consent:** to consent for your child to take part in the scheme, please fill in the attached form and return this to your child's school / teacher.

If you wish to discuss the scheme further or would like to know more about how to improve your child's oral hygiene, your Big Brush Club Facilitator can answer all your questions. Please get in touch via [info@bigbrushclub.co.uk](mailto:info@bigbrushclub.co.uk).

Yours Sincerely,

Justin Marney  
Managing Director



**Brushing together for healthy smiles**

Service provided by:



**AT HOME  
DENTAL**



# Consent Form

Please complete this form to ensure your child is included in the scheme and return to the school / class teacher.

☐

Yes, I give permission for my child to be a part of the daily toothbrushing programme.

☐

No, I do not want my child to be included in the daily toothbrushing programme.

☐

I give my consent for photographs of my child to be used by Big Brush Club to promote the Supervised Toothbrushing scheme.

Child's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

You do not need to answer this question, but if you have chosen **not** to participate in the scheme it would be helpful if you could please let us know why you would prefer that your child does not participate. This will help us to continue to improve the service that we provide.



**Brushing together for healthy smiles**