



Stepping Stones Nursery Admission Form

Child's details

Child's Surname	Known as
Forename	Nationality
Date of Birth	First language
Home Address	Ethnicity Religion
Postcode	Male / Female (circle as appropriate)
Previous nursery attended: Yes/No Name & Address of Setting :	Tel: Leaving date:

Parents/Carers Details

Primary carers - Name of Parents/Carers with whom the child normally lives:

Relationship to the child	Relationship to the child
D.O.B	D.O.B
Title	Title
Surname	Surname
Forenames	Forenames
Address	Address
Postcode	Postcode
Previous Address (if less than 3yrs at current address)	Previous Address (if less than 3yrs at current address)
Telephone No.	Telephone No.
Work Details/Telephone No.	Work Details/Telephone No.
Email address:	Email address:
First Language:	First Language:

Father/Mother's Details if not already given:

Father/Mother's Name:
Address:
Tel No:

Do both parents (as per birth certificate) have parental responsibility for the child? YES / NO *

* give details.....

*Legal document provided YES / NO



Authorised Persons to collect (other than parent/carers)

Title	Name (full)	Relationship to child	Address	Telephone No.	Emergency contact? Y/N	Allowed to visit or collect the child? Y/N

* Please provide a photograph of the above named persons (alternatively a description and ID will required on collection)

Password (required for collection of the child): _____

Details of any other members of the household (including sibling) continue overleaf if required

Name	DOB	Gender (M/F)	Relationship to child

Session Request (tick as required)

	Monday	Tuesday	Wednesday	Thursday	Friday
Am (8am – 1pm)					
Pm (1pm – 6pm)					
Breakfast 7.30 start					

EEE Funded: EYPP/ 2yr funding code/30 hours funding code

Start date:

(Please note that induction sessions will be booked prior to the actual start date – see welcome pack for more information)



Health Information

Details of any illnesses, conditions or disabilities:			
Allergies: If so, how does your child react to these?			
Dietary requirements:			
Name of family doctor		Name of practice	
Address		Telephone No.	
Name of health visitor		Name of practice	
Telephone No.		Two year old check	
Childs birth weight:		Childs place of birth:	
Name of dentist		Name of practice	
Address		Telephone No.	
		YES / NO	

Immunisations

My child has had the following immunisations, please tick all those that are relevant:			
Diphtheria	HIB	Measles (separate vaccine)	Mumps (separate vaccine)
Rubella (separate vaccine)	Meningitis C	MMR	Polio
Tetanus	Whooping Cough (Pertussis)	Other (please specify)	Other (please specify)

My child has had the following childhood illnesses / diseases, please tick all those that are relevant:				
Chicken Pox	Measles	Mumps	Hand, foot and mouth	Whooping cough
Impetigo	Other (please specify)	Other (please specify)	Other (please specify)	Other (please specify)
If there is a history of the following family illnesses/ conditions/ disabilities, please tick and add relationship to the child to the relevant boxes.				
Tuberculosis	Convulsions	Eczema	Asthma	Diabetes
Heart Condition	Other (please specify)	Other (please specify)	Other (please specify)	Other (please specify)



Involvement of other professionals

Are there any other professionals involved with your child? E.g. Social services, Speech therapy, SEN, etc.
If so, please provide details below:

Do you require the support of any professionals at this present time?

Do you or any family member require the support of any other professionals? E.g. Family support, behaviour management, speech & language, depression, drug or alcohol abuse.
If so, please provide details below:

Permissions

Please read and refer to the Stepping Stones Privacy Statement with regards to how we collect and store personal information. It is an Ofsted and an Early Years Foundation Stage Statutory Framework requirement for us to hold certain information. There are other things we need consent for. Please read through the permissions carefully and agree YES/NO

Medical treatment

I give consent for qualified first aid staff to perform first aid procedures on my child should this be necessary.

YES/NO Sign: _____ Date: __/__/____

My child is allergic to specific medical sundries e.g. plaster, latex gloves etc

YES*/NO Sign: _____ Date: __/__/____

*If YES please specify _____

I give consent for the Nursery to act in the best interests of my child in the event of a medical emergency, this includes taking the child to the hospital should this be necessary. (Please note in the event that **no one can be contacted in the event of an emergency**, the Nursery Manager will allow other trained professionals i.e. medical staff or local GP to make decisions in the best interest of your child)

YES/NO Sign: _____ Date: __/__/____

I give consent for the Nursery to administer prescribed medication (upon completion of a medication form).

YES/NO Sign: _____ Date: __/__/____

I give consent for my child to be given Calpol if he/she has a very high temperature, **and an authorised adult cannot be contacted to collect them from nursery.** (this will only be given after the child has been in our care for more than 4 hrs)

YES/NO Sign: _____ Date: __/__/____

I consent Stepping Stones Senior Practitioners to administer a dose of Emergency Piriton should my child have an allergic reaction whilst in their care.

YES/NO Sign: _____ Date: __/__/____

I give consent for the Nursery to apply sun cream (provided by parent/carer) to my child: **(sun cream must be provided to allow your child to participate in our outdoor activities during spring and summer terms)**

YES/NO Sign: _____ Date: __/__/____

I give consent for Nursery staff to apply teething gels/nappy cream (provided by parent/ carer):

YES/NO Sign: _____ Date: __/__/____



Outings

I give consent for my child to be taken off site for short walks or to the park as part of Nursery activities. I understand that any offsite walk will have a ratio according to the outings and visits policy.

YES/NO Sign: _____ Date: __/__/__

I give consent for my child to travel on public transport.

YES/NO Sign: _____ Date: __/__/__

Photographs

I give consent for photographs to be taken of my child for nursery display and record keeping purposes (Individual learning Journals)

YES/NO Sign: _____ Date: __/__/__

I give consent for photographs to be taken of my child **with other children** for nursery display and to be used in another child's learning journal.

YES/NO Sign: _____ Date: __/__/__

I give consent for my child's first name to appear in another child's learning journal.

YES/NO Sign: _____ Date: __/__/__

I give consent for photographs to be taken of my child for advertising purposes (E.g. Nursery Brochures & leaflets, Nursery website & Social media e.g. facebook & twitter)

YES/NO Sign: _____ Date: __/__/__

Sharing Information

I give consent for Stepping Stones Nursery to disclose information about my child to relevant agencies/professional (e.g speech therapist, area senco, child's new care providers/school), in regards to my child's personal development/welfare:

YES/NO Sign: _____ Date: __/__/__

I give consent for staff to carry out and record observations of my child for the purpose of developmental assessment:

YES/NO Sign: _____ Date: __/__/__

I give consent for other agencies such as Ofsted, Area Senco, and Health Visitors, Early Years, Local Authority, etc to carry out and record observations of my child for the purpose of developmental assessment:

YES/NO Sign: _____ Date: __/__/__

I am happy for you to hold information regarding my family's race, ethnic origin and religious or philosophical beliefs.

YES/NO Sign: _____ Date: __/__/__



Documents required on admission

Documents received	Date Received	Management/Staff signature
Birth Certificate		
Immunisation Book (red health book)		
Professionals information (SEN statements, Doctors letters etc)		
Court Documents (if restrictions in collecting the child applies/parent responsibility)		
Proof of primary carers address (within 3 mths)		
Proof of I.D- (Valid Passport or Driving licence)		
Registration Fee		
EEE funding eligibility code		

Documents and information given to you by the nursery:

- A copy of the Nursery's terms and conditions
- A room information sheet and an 'All about me' booklet- please fill with your child if appropriate and return it to us on induction
- A copy of the most recent nursery newsletter
- Parents guide to EYFS
- Nursery's responsibilities explained regarding Child Protection
- Nursery's medication policy explained including exclusion policy
- Location of parent's information board
- Location of Nursery policies and procedures
- Where your child's belongings will be kept while at Nursery
- Location of comments and suggestions about the Nursery
- Details of how to complain if there is something you are not happy with

Your Child Key person will be.....

Payment agreement

✓	Please select your preferred payment option from the options below:	Amount (£)	Date of payment (monthly)
	Standing Order		
	Employee Vouchers - details.....		
	Cash		
	Third party – details.....		

All documents and information as detailed above has been provided by the nursery.

Parent / Carer sign: _____ Print Name: _____

Date: __/__/__



Marketing Information

To assist us in our marketing strategies, please select from the menu below how you have heard about Stepping Stones Nursery		Your suggestions for future strategies
<input type="checkbox"/>	Word of mouth	
<input type="checkbox"/>	Posters/Banners	
<input type="checkbox"/>	Website	
<input type="checkbox"/>	Search Engines (please specify _____)	
<input type="checkbox"/>	Local Press	
<input type="checkbox"/>	Local Radio	
<input type="checkbox"/>	Other (please specify _____)	

Declaration

I would like to reserve a place for my child at Stepping Stones Nursery and have provided all documentation as stated above. I have also paid a non refundable registration fee of £30 (if applicable) in order to secure a place. Please note that by reserving this place you are committed to one month's nursery fees, as a place for your child will be held at the nursery.

The information provided on this admissions form is a true statement of my circumstance. I understand that if I give false information it will put any placement offered at risk, and Stepping Stones Nursery reserves the right to withdraw the place if this occurs.

I have been given the documents and information as stated by the nursery and have read and understood in full the terms and conditions of the contract agreement, and I hereby agree to adhere to its contents

Name of Parent/ Carer (print name in full): _____

Signature: _____

Date: __/__/____

Office Use Only

Date Received.....

Registration Fee.....Method of payment

Room Allocation.....

Sessions booked

Birth certificate:..... Red Book/ Immunisations:.....

Proof of ID:.....Proof of address:.....

Management/ Room Leader Signature.....Date:.....

Added to;

Room list:.....

Invoice raised :.....

Filed :.....



Induction Check List

Documents	Date Received	Parents/Carers Signature	Staff Signature who carried out induction
A copy of the nursery terms & conditions			
All about me booklet			
Baseline Booklet			
A copy of recent Newsletter			
Parents guide to the EYFS			
Location of Parents information Board			
Nursery responsibilities to Child Protection			
Medication Policy explained			
Location of Nursery Policies & Procedures			
Where your child's belongings will go			
Location of comments & suggestion box			
Details of how to complain if there is something you are not happy with			
You have read and agreed to the nursery Data Protection Statement.			



Data Protection Privacy Statement

Sharing information with others

At Stepping Stones Nursery, it is necessary for us to collect personal information about you and your child. Sometimes we have to confirm or share information with other organisations. If we need to do this, we will make it clear to you on the forms you complete giving us the information, however there are certain circumstances when we share information with parent's consent and there are also circumstances when we are obliged to share information without parental consent. Please refer to our Safeguarding and Child Protection Policy.

In some cases, a third-party organisation, such as a funding body, will require you to sign an agreement to allow your information to be shared e.g. on a funding form. Please read all paperwork thoroughly before signing, so that you know exactly how your information will be used. Please see our Parental Declaration Form.

Information

We will ensure that the information about you is accurate and up to date when we collect through our Admission Procedure or when we use it. You can help us with this by keeping us informed of any changes to the information we hold about you. Please see our Admission Policy.

Information security

We will keep information about you and your child secure. We will protect your information against unauthorised change, damage, loss or theft. All information collected on paper forms is kept locked away in filing cabinets within the office. Our computer and tablets are password protected.

Keeping information

We will hold information about you and your child only for as long as the law says. After this, we will dispose of it securely. Please see our Retention and Disposal of Data Policy.

Openness

We will tell you what kinds of information we hold and what we do with it within our Policies and Procedures.

Access and correctness

Information held is available for you to access upon request. Any incorrect information will be corrected.

In general

We will comply with the Data Protection Act 1998 and any subsequent legislation on information handling and privacy. We will do this through our Data Protection Policy. We will assist you with any queries that you may have with the Data Protection Act 1998, the Human Rights Act 1998 or the Freedom of Information Act 2000. If we cannot help you, we will give you advice on where to write to get the information you may need.

Our Commitment

We will only collect information that is necessary for what we do through our Admission Policy. We will be fair in the way we collect information about you and your child.

Where practicable, we will collect information directly from you, if we collect information about you from a third party, we will inform you know that we have done this whenever possible.

Types of information we collect

Yours and your child's full names; Your child's date of birth; Your address; Your contact numbers and those of your emergency contacts; Your email address; Your child's medical conditions this is completed through our Admissions policy and your National insurance number (EEE Funding purposes only)

While your child is with us we store information regarding:

Their ongoing progress and development, photographs of them, Accident, Incidents, Existing injury records and medication records.