



I have read and agree to the terms and conditions of placing my child at Orchard Day Nursery.

- I understand that I have to give one months notice in writing if I wish to remove my child from nursery. Failure to do so will result in the full fee being due for that period.
- I agree to put in writing any changes to my childs health, address or contact telephone numbers.
- I agree to notify the nursery of any change of person picking up my child, and understand that on no account will my child be able to leave the nursery otherwise
- I agree to follow the sickness and exclusion policy of Orchard Day Nursery.

.I give consent for my childDOB.....

- To leave the nursery for walks.
- To have sunscreen lotion provided by myself applied for outdoor activities when appropriate.
- To be photographed when at the nursery for wall displays.
- I give consent for the staff at Orchard Nursery to carry out first Aid if necessary on my child, and to obtain emergency medical treatment in the event of an accident or the sudden onset of illness.
- I agree to the monthly payment as stated below.
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Monthly fee payable by Standing Order	
Name of voucher supplier if applicable	
Voucher suppliers reference code.	

Parent's signature..... Date.....

Management signature..... Date.....

Start Date.....

Monday	Tuesday	Wednesday	Thursday	Friday
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Please tick which days your child will be attending.



Orchard Day Nursery Registration form

Date of registration Start Date.....

Childs Surname First Names

Date of Birth Gender M F

Religion/Ethnic Origin (or any associated needs).....

Address Tel number.....

Mothers Name Contact Tel

Fathers Name Contact Tel

Two Emergency Contacts.....

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Family Doctor and Tel

Address

Is your child fully vaccinated

Any previous serious illness / allergies.....

Any special dietary requirements.....

Any further information we should know about your child

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Parent Signed Date.....

Management signed.....Date.....