

Registration Form and Parent Contract



Child's full name: _			
Preferred name:			
Date of Birth:			
Home Address: _			
_			
Post Code:			
	Please complete all parent/carer d	letails below.	
Parent/Carer with who	om the child lives: First Contact		
Name: Mr/Mrs/Miss		_Relationship:	
Mobile:			
Email address: _			
Occupation:			
Work Address:			
Tel No:		-	
Does	s this person have <u>legal contact</u> with the	child:	Yes / No
Does	s this person have <u>parental responsibility</u>	for the child:	Yes / No
Parent/Carer with who	om the child lives: <u>Second Contact</u>		
Name: Mr/Mrs/Miss		Relationship:	
Mobile: -		- ·	
Email address:			
Occupation:			
Work Address:			
Tel No:		-	
	s this person have <u>legal contact</u> with the	child:	Yes / No
	s this person have <u>parental responsibility</u>		

Parent/Carer with wh	nom the child does not live:
Name: Mr/Mrs/Miss	Relationship:
Address:	
Tel No:	Mobile:
Email address:	
Doe	es this person have <u>legal contact</u> with the child: Yes / No
Doe	es this person have <u>parental responsibility</u> for the child: Yes / No
Third Emergency Co	ntact
Please give details of you have given their d	a third person who can be contacted in your absence and ensure they are aware etails to the Nursery.
Name: Mr/Mrs/Miss	Relationship:
Address:	
Tel No:	Mobile:
Email address:	
Family Doctor	
Address:	
Telephone No:	
Birth Certificate - see	en by
Other proof (if not ce	rtificate)
Health Visitor Name:	
Telephone No:	
	ealth visitor for routine enquiries regarding your child's development. Please tick be consulted prior to any contact with the health visitor.



Parent Contract



Childs Nam	e	Starting Date at Busikids					
Day	s Booked	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Morning	8am -1pm						
Afternoo	n 1pm - 6pm						
	chool only						
Term	Time hours						
Breakfa	st Club 7.30 – 8am						
dates and se Suitable acti	named child has b essions in line with ivities, sleep and o all children of all	n our terms and care facilities, in	conditions.	·			
When attend provided.	ding all day, a mid	-morning snack	, full cooked lun	ch, mid- afternoor	n snack and tea	will be	
When attend	ding morning sess	sions, mid-morni	ng snack and fu	ıll cooked lunch w	ill be provided.		
When attend	ding afternoon ses	ssions, mid-after	rnoon snack and	d tea will be provid	ded.		
Drinks will b	e provided to all c	hildren through	out the day.				
Babies will r parent/guard	equire all their ow dian.	n milk preparati	ons and sterile l	pottles to be brou	ght in daily by the	е	
All nappies,	wipes and cream	s also need to b	e provided.				
	agree to comply mation Pack, on t					ds	
	e have read and u busikids.com or i			full copy can be fo	ound on the web	site	
I/we	agree to comply	with these.					
	give permission f activities. (Inform						
abov In a l pare A me In the emel	re-named child while-threatening en nts/carers. ember of staff will e case of an injury rgency, parents/ca	consent to any emergency medical treatment deemed necessary to be administered to the enamed child whilst under the care of Busikids Nursery. e-threatening emergency Busikids staff will call an ambulance then contact the s/carers. Therefore, the child to hospital if the parents are not in attendance, case of an injury sustained at nursery that requires medical attention but is not deemed an ency, parents/carers will be contacted and expected to collect their child in order to seek to medical treatment.					
	understand that r				without my/our o	consent,	

I/We agree to sharing information with sch attending/will attend, to provide continuity		hat the above	e-named cl	niid is
I/We consent to the collection and storage newsletters by email. Busikids will not sha				s and
Permissions			Yes	No
I/We give consent for photographs of my child to setting and in their learning journal on Parent Zor		ursery		
I/We give consent for photographs of my child to learning journal on Parent Zone (playing together		ner child's		
I/We give consent for photographs of my child to website and	be used for the Busi	kids		
promotional sites such as DayNurseries.co.uk				
I/We give consent for photographs of my child to social networking sites:		kids		
Instagra	m			
Other				
I/We give consent for my child to have face-paint	applied			
I/We give consent for Busikids staff to apply Nive required to my child.	a factor 50 sun crea	m as		
If no, I request that Busikids staff apply the sun of to allergy/sensitivity as instructed ere: -	ream supplied by m	/self, due		
I have enclosed / paid the £50 registration fee or (No charge for a fully funded place)	the £25 sibling disco	ounted fee.		
Busikids Bank Details for online payment: Sort Please use child's name as the reference.	Code: 40-42-18	Account No:	9178209	6
First Parent's signature:		Date:		
Print Name:				
Second Parent's signature:		Date		
Print Name:				
By signing this registration form and parent con the Parent Information Pack and the Busikids pri				

All information will be treated as confidential. Busikids will never share your email address with other companies.