# SODAC DAY CAR and NURSERY REGISTRATION FORM

| Date Completed          |                 |                           |             |                     |           |            |             |                     |
|-------------------------|-----------------|---------------------------|-------------|---------------------|-----------|------------|-------------|---------------------|
| Personal Deta           | <u>IIS</u>      |                           |             |                     |           |            |             |                     |
| Child's Full            |                 |                           | Da          | ate of              |           |            |             |                     |
| Name                    |                 |                           | Bi          |                     |           |            |             |                     |
| Known as                |                 |                           | Ma          | ale/Fe              | male      |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
| Parent/Carer Nam        | ne              |                           | Me          | obile l             | Number    |            |             |                     |
| Parent/Carer Nam        | -               |                           |             |                     | Number    |            |             |                     |
| Email Address           |                 |                           |             |                     |           |            |             |                     |
| Home Address            |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
| Postcode                |                 |                           |             |                     |           |            |             |                     |
| Home Telephone Number   |                 |                           |             |                     |           |            |             |                     |
| Number                  |                 |                           |             |                     |           |            |             |                     |
| Child's Religion        |                 |                           | Ethnic (    | Ethnic Group        |           |            |             |                     |
|                         |                 |                           |             | 1                   |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
| <b>Attendance De</b>    |                 |                           |             |                     |           |            |             |                     |
| Please fill in days     | and times       |                           |             |                     |           |            |             |                     |
| Start Date              |                 |                           |             |                     |           |            |             |                     |
| Start Date              | Monday          | Tuesday                   | Wednesda    | 9 <i>V</i> /        | Thursda   | V          | Friday      |                     |
| Full Day                | Wienday         | Tuesday                   | vv canesa:  | ау                  | Thursda   | . <u>y</u> | Titaay      |                     |
| 8.30 - 5.00             |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
| <b>Security Collect</b> | tion Details    | 3                         |             |                     |           |            |             |                     |
| We only allow aut       |                 | •                         |             |                     |           | •          | •           | •                   |
| giving us the detail    |                 | -                         | nd Nursery  | Schoo               | ol assume | that yo    | u give cons | sent for collection |
| of your child from      | the named su    | bstitutes below.          |             |                     |           |            |             |                     |
| G 11                    |                 |                           | 1 1 11 1    |                     |           | 1 3        | <b>.</b>    |                     |
| Collectors Name         |                 | Relationship to the child |             | Contact Telephone N |           | 10:        | Password    |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             | -                   |
|                         |                 |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
| <b>Invites and ca</b>   | rds:            |                           |             |                     |           |            |             |                     |
|                         |                 |                           |             |                     |           |            |             |                     |
| Due to confidenti       | •               |                           |             |                     |           |            |             |                     |
| their attendance s      | o could you p   | lease tick the rel        | evant box l | below               | then we   | can follo  | ow your wi  | ishes.              |
| I would like my c       | hild to receive | e any invites or a        | earde addro | ssed to             | o them    |            |             |                     |
| I would not like n      |                 | •                         |             |                     |           | n          |             |                     |

### **Health Declaration and Emergency Contact Details**

| In any case of emergency | do we have p | permission to | seek medical | advice for yo | ur child? |
|--------------------------|--------------|---------------|--------------|---------------|-----------|
| Please Tick              |              |               |              |               |           |

Do we have permission to disclose the nursery setting name when contacted at your workplace?

| Do we | nave per | imission to disclose | the harsery setting | g name when com | ideted at your | workprace. |
|-------|----------|----------------------|---------------------|-----------------|----------------|------------|
| YES   | NO       | ]                    |                     |                 |                |            |

| Parent/Carers                               | Work details | S        |               |   |                  |
|---|--------------|----------|---------------|---|------------------|
| Mothers/Carers Work address                 |              |          |               |   | Phone Number     |
|   |              |          |               |   |                  |
|   |              |          |               |   |                  |
|   |              |          |               |   |                  |
| Fathers/Carers \                            | Work address |          |               |   | Phone Number     |
| Taulets/Carets                              | WOIK address |          |               |   | 1 Holle Nulliber |
|   |              |          |               |   |                  |
|   |              |          |               |   |                  |
|   |              |          |               |   |                  |
| One other Emer                              | gency contac | t name & | address       |   | Phone Number     |
|   |              |          |               |   |                  |
|   |              |          |               |   |                  |
|   |              |          |               |   | I                |
| Doctors Name                                |              |          | Talanhana Na  |   |                  |
| Doctors runne                               |              |          | Telephone No: |   |                  |
| Doctors                                     |              |          |               | ' |                  |
| Address                                     |              |          |               |   |                  |
|   |              |          |               |   |                  |
|   | D ( 1        |          |               |   |                  |
|   | Postcode:    |          |               |   |                  |
|   |              |          |               |   |                  |
| Details of any                              |              |          |               |   |                  |
| Known allergies                             | S            |          |               |   |                  |
|   |              |          |               |   |                  |
| Is your child up to date with immunisations |              |          |               |   |                  |
|   | ions         |          |               |   |                  |
| Details of any current/ongoing              |              |          |               |   |                  |
| Prescribed med                              |              |          |               |   |                  |
| Any specific die                            |              |          |               |   |                  |
| requirements? Please                        |              |          |               |   |                  |

| Any other Information you wish to add about your child |  |
|--|--|
| add about your child                                   |  |

state:

#### GENERAL TERMS AND CONDITIONS OF REGISTRATION

- SODAC expect parents/carers to notify the Nursery of any change in registration details, including telephone numbers, and provide necessary information requested concerning their child's care.
- SODAC have made me aware of the location, at the entrance, of their Policies and Procedures. I understand I can request a copy at anytime, a small charge may apply.
- Parents/Carers are asked to accept that SODAC Day Care and Nursery will **NOT** use physical punishment in the discipline of their child but will follow our policies and procedures.
- Parents/Carers are requested to notify us of any accident or injury suffered by the child since the last attended session which will then be recorded (please see child protection policy.)
- Written consent will be required each time prescribed medication is to be administered by staff. Calpol can be administered if parents/ carers have given prior written consent or in emergencies verbal consent over the phone. All medication including calpol must be provided by the parent/carer and labelled with their child's name.
- Any parent/carer who is listed on the child's birth certificate will be allowed to collect their child from SODAC unless we have confirmation of an injunction by the courts. Regardless of parental responsibility we will need to be informed if someone apart from the main carer is collecting a child. If we do not have confirmation of this we will ask the person collecting to wait in the lobby until we have informed the main carer on our registration form.
- The Registration Form gives SODAC Day Nursery consent, if signed, to take your child on routine outings from the Nursery e.g. Park, Walk in the woods, Library etc. but a specific letter will be sent out to all parents/carers, in advance, to give specific consent for organised trips.
- The Registration Form gives SODAC Day Nursery consent, if signed, for a member of nursery staff to transport your child to hospital or doctors surgery in the case of an emergency.
- The nursery will NOT accept children who are suffering from any contagious disease (see policies) or who have had diarrhoea or vomiting within the previous 48 hours.
- A deposit of one weeks fee is payable on the day of booking your child a place at SODAC and will be refunded on your first months invoice. Any discrepancies on invoices may be rectified and charged for at a later date, if noticed by parents/carers please inform management immediately.
- All fees are invoiced one calendar month in advance, payment to be made by cheque payable to 'M. Bevan Ltd' or bank transfer and will be collected on 7th of every month. If the cheques are returned from the bank to us unpaid then parents/carers will incur relevant bank charges.
- Any extra sessions or hours will be added to the next months invoice.
- A surcharge of £10 will be made for any payments not received by the set day. If payment is still not received within the week following this date then a fine of £5 per day will be made until payment is received or the space at the nursery will be suspended until the account has been settled.
- Recurring overdue fees will result in the termination of registration without prior notice and action will be taken through a dept collection agency to recover any outstanding fees to the nursery.
- SODAC Day Nursery will adopt the policy that the fee structure will be reviewed July of every year.
- For late collection of children from the nursery a surcharge of £10 for up to every 15 minutes late will be incurred, with no exceptions, and added to the next invoice.
- If there are any absences, due to child or parent/carer illnesses or missed sessions, then the full contracted fee is still payable. Likewise, if the child is on holiday the full contracted fee is payable unless you have holidays due and have given a months notice.
- The children are entitled to 2 weeks holiday of your choice, we close for 1 week at Christmas and all the 8 bank holidays. Holidays run from April to April and are for contracted hours only. Any child who starts after April will have their holiday entitlement worked out on a pro rata basis.
- This agreement is subject to change in part or whole by SODAC Day Nursery with one months notice.
   All parents will be notified via letter within two weeks. SODAC Day Nursery will not be held liable for any unread notifications

### IMPORTANT: One month's notice is required, in writing, if you wish to withdraw your child from the nursery.

| Child's Name                 | .Date |
|------------------------------|-------|
| Parents/Carers Name (Print)  |       |
| Parents/Carers Name (Print). |       |

SODAC Day Care and Nursery School, Kasiba-Kabutala, Kisoga Parish, Kyegonza Sub-County –Gomba District. P.O.Box 25572, Kampala (U), Tel: +256 773579298

| <u>Permissions</u>   | Yes | No |
|--|-----|----|
| Consent for taking your child's photo We hereby give permission for SODAC Day Nursery to take photos of our child to use within the nursery for displays, art work etc   |     |    |
| Consent for Your Child's Photo to be used in  Advertising  We hereby give permission for our child's photo to be used in advertising such as Bo Peep's Website, local newspapers etc.  |     |    |
| Consent for applying sun cream We hereby give permission for SODAC Day Nursery to apply sun cream to our child.  |     |    |
| Consent to apply nappy cream  We hereby give permission for SODAC Day Nursery to apply nappy cream to our child if necessary   |     |    |
| Consent to administer medication  We hereby give permission for staff to administer prescribed medication or calpol provided by the parent/carer with written consent.   |     |    |
| Consent for taking your child out of Nursery We hereby give permission for SODAC Day Nursery to take our child off the premises to go for a walk in the woods, to the shops, to the park or library etc  |     |    |
| Consent for contacting your child's playgroup or school  We hereby give permission for SODAC Day Nursery to contact my child's playgroup and school to discuss their developmental progress. This will be undertaken to assist my child to reach their full potential.   |     |    |
| Consent for your child using the computer and internet  (supervised)  We hereby give permission for SODAC Day Nursery to allow our child access to the nursery's computer and internet facilities, with supervision from nursery practitioners. I understand that all internet sites will be suitable for the age range of the children in the room. |     |    |

| Child's Name   | Date   |
|--|--|
| Mothers/Carers Name (Print)  |  |
|  | us get to know your child<br>en to the room leaders)         |
| Childs Name:   | D.0.B:   |
| • What does your child enjoy playing with?   |  |
| <ul> <li>Does your child have any names for signification us to use?</li> </ul>          | cant people (e.g. grandparents) or pets which you would like |
| Is there any particular likes or dislike that y  | our child has?   |
| Are there any ways in which your child mi  | ght need particular help/ support from a member of staff?    |
| <ul> <li>Does your child wear nappies? If so what s<br/>they need the toilet?</li> </ul> | ize? If toilet trained, how does your child let you know if  |
| • Does your child have any know allergies?   |  |
| Any other relevant information?  |  |

## Thank you for sharing this information with us to help us get to know your child

Registration form – Updated 15/02/16