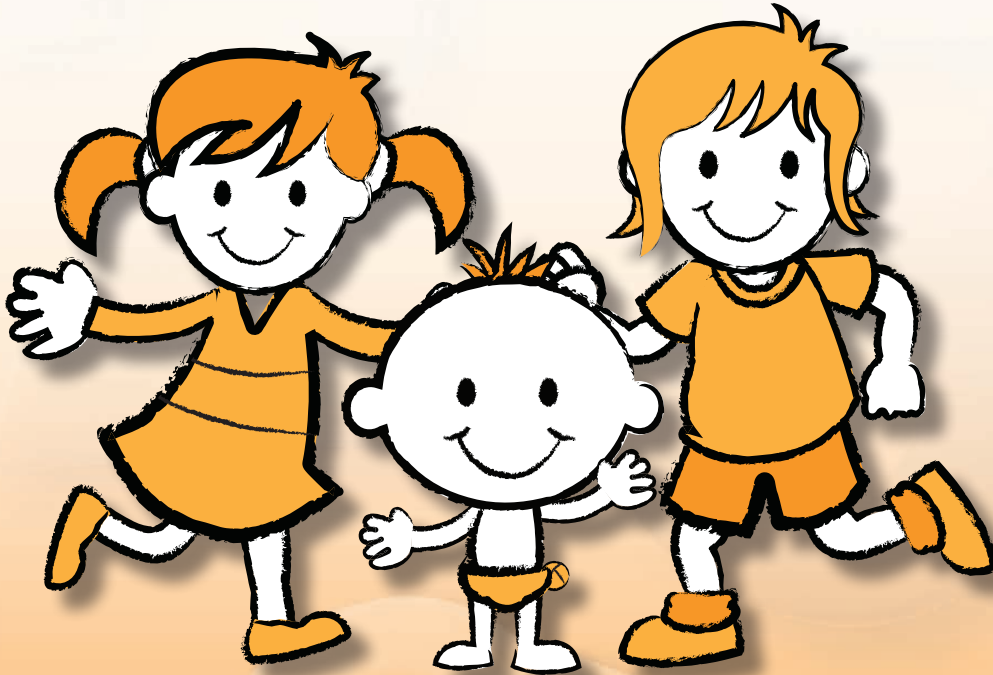




Early Learning Day Care Nurseries



## Registration Form

### AMPTHILL

23, Queens Road, Ampthill,  
Bedfordshire, MK45 2TD

Tel: 01525 840099

e-mail: [admin3@merrypoppets.co.uk](mailto:admin3@merrypoppets.co.uk)

No: EY550755

### HENLOW

Derwent Road, Henlow,  
Bedfordshire, SG16 6HE

Tel: 01462 850242 or 812470

e-mail: [admin7@merrypoppets.co.uk](mailto:admin7@merrypoppets.co.uk)

No: EY468971

### FLITWICK

15, The Avenue, Flitwick,  
Bedfordshire, MK45 1BP

Tel: 01525 715595

e-mail: [admin7@merrypoppets.co.uk](mailto:admin7@merrypoppets.co.uk)

No: EY463599

### WESTONING

Flitwick Road, Westoning,  
Bedfordshire, MK45 5AA

Tel: 01525 718241

e-mail: [admin3@merrypoppets.co.uk](mailto:admin3@merrypoppets.co.uk)

No: EY434658



[www.merrypoppets.co.uk](http://www.merrypoppets.co.uk)



Central Bedfordshire Council  
Working in partnership

# Registration Form

Please complete in black/blue ink and in BLOCK CAPITALS

Name of child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male ☐ Female ☐

Please provide estimated due date for unborn child \_\_\_\_\_

## Parents or Guardians full name and addresses

**Contact One** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other please specify \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

e-mail address home \_\_\_\_\_

e-mail address work \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Parental responsibility Yes ☐ No ☐

**Contact Two** Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other please specify \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

e-mail address home \_\_\_\_\_

e-mail address work \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Parental responsibility Yes ☐ No ☐

Please choose a nursery: Ampthill ☐ Flitwick ☐ Henlow ☐ Westoning ☐

# Registration Form CONTINUED

Requested date of time of FREE settle session  
(times to be arranged with setting closer to Start Date)

8am-1pm ☐ 1pm-6pm ☐

Additional date and time of settling in sessions to be invoiced (if applicable)

8am-1pm ☐

1pm-6pm ☐

Requested date of admission to Merry Poppets Nursery

Day

Month

Year

Please indicate session and times required:

Mon 8am-1pm ☐

1-6pm ☐

Tues 8am-1pm ☐

1-6pm ☐

Wed 8am-1pm ☐

1-6pm ☐

Thur 8am-1pm ☐

1-6pm ☐

Fri 8am-1pm ☐

1-6pm ☐

Do you require early drop off?

Yes ☐

No ☐

Total hours required

All year round - 52 weeks ☐

Term time only - 38 weeks ☐

(in line with the Central Bedfordshire Academic Calendar: <http://www.centralbedfordshire.gov.uk/school/term/dates.aspx>)

Religion

Mother tongue (language spoken at home)

Nationality

Ethnic group

Siblings - do you have a child that currently attends Merry Poppets Nursery?

Yes ☐

No ☐

Name

Date of Birth

Setting

Is this a child of a Merry Poppets employee?

Yes ☐

No ☐

Are the parents military personnel?

Yes ☐

No ☐

If yes then please provide proof of military occupation

Any other information that might prove helpful to us e.g. diet, allergies etc.

Please state:

Signed

Date

# Medical Form

Please complete in black/blue ink and in BLOCK CAPITALS

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Condition \_\_\_\_\_

Please state severity of condition (i.e. Risk of Anaphylactic shock etc)

In case of an allergy what should the child not have contact with? (Please be precise)

Should the nursery be provided with any medicines or equipment for the condition? Yes No

In the event of attention being required what action should be taken? i.e. Immediate Medical Assistance / Hospital / Epie Pen?

Please give details of relevant information

## Doctor's Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Please give details of relevant information

Signed \_\_\_\_\_ Date \_\_\_\_\_

### The Nursery will:

- Provide a caring, safe and stimulating environment
- Set a high standard of achievement and behaviour
- Inform parents through newsletters and meetings
- Respond to concerns as promptly as possible
- Be open and welcoming and offer opportunities for involvement in the nursery.

### The Parent/s or Guardian/s will:

- Ensure that my child attends nursery regularly and on time
- Attend meetings when necessary
- Let the Nursery know of any concerns or problems that might affect my child's behaviour
- Make the Nursery aware of any concerns they have.

### Office use only:

Nursery Deputy Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Contact Information

Please complete in black/blue ink and in BLOCK CAPITALS

<b>Contact One</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other please specify
Full name					
Address					
Postcode					
e-mail address home	<input type="text"/>				
e-mail address work	<input type="text"/>				
Home phone	<input type="text"/>	Work phone	<input type="text"/>		
Mobile phone number	<input type="text"/>				
Parental responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Relationship to Child					
Additional information					

<b>Contact Two</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other please specify
Full name					
Address					
Postcode					
e-mail address home	<input type="text"/>				
e-mail address work	<input type="text"/>				
Home phone	<input type="text"/>	Work phone	<input type="text"/>		
Mobile phone number	<input type="text"/>				
Parental responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Relationship to Child					
Additional information					

# Emergency Contact Information CONTINUED

Please complete in black/blue ink and in BLOCK CAPITALS

<b>Contact Three</b>		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other please specify
Full name						
Address						
Postcode						
e-mail address home						
e-mail address work						
Home phone		Work phone				
Mobile phone number						
Parental responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Relationship to Child						
Additional information						

<b>Contact Four</b>		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other please specify
Full name						
Address						
Postcode						
e-mail address home						
e-mail address work						
Home phone		Work phone				
Mobile phone number						
Parental responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Relationship to Child						
Additional information						

# Emergency Contact Information

 CONTINUED

Please complete in black/blue ink and in BLOCK CAPITALS

<b>Contact Five</b>		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other please specify
Full name						
Address						
Postcode						
e-mail address home	<input type="text"/>					
e-mail address work	<input type="text"/>					
Home phone	<input type="text"/>	Work phone	<input type="text"/>			
Mobile phone number	<input type="text"/>					
Parental responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Relationship to Child						
Additional information						

# Conditions of Entry

- I have read and agree to the terms and conditions
- I am aware and agree to the essentials charge on funded hours
- Fees are strictly payable in advance on or before 1st of each month before child care is given
- Please check with the administration department that you have the current rates for this year
- Children will not be handed to anyone other than the parents unless previously notified
- Children are encouraged not to play with their own toys at nursery as they could be lost or damaged
- Parents must abide by any reasonable nursery requests to ensure the safety of their child
- Please see our current charging policy for our minimum requirement per week
- Unless authorised it is strictly prohibited for parents, guardians or any person to take photographs of the nursery premises, Merry Poppets staff or the children in our care. This is a safe guarding directive for our children.



**Please Note:** Parents are asked to refrain from using their mobile phones whilst on the nursery premises. This is a safe guarding duty for our children and an Ofsted directive.

I, being the Father/Mother/Guardian of the above child, request a place for my Son/Daughter at Merry Poppets Nursery from:

Day   Month   Year

I understand places are allocated in order of application and therefore if a place is not available in the period requested I will be offered a place as soon as possible thereafter. I agree to abide by the conditions of entry above.

- ☐ I have transferred £91.00 non-refundable payment to Merry Poppets Nursery Limited as my registration fee.
- ☐ I have transferred £300.00 non-refundable holding fee required by Merry Poppets Nursery Ltd to hold a place for my child 8 weeks or more in advance. This holding fee is deductible from your fees when your child starts their nursery placement. If you do not utilize this placement this holding fee is non-refundable.
- ☐ I have transferred £80.00 retainer fee to hold a place for my child, who will be attending nursery on the **government free funded hours** only, 8 weeks or more in advance. This will be refunded at the end of your child's contract. If you do not utilize this placement this holding fee is non-refundable.

☐ I have paid by BACS (or automatic bank transfer)

Phone/email administration office for relevant bank details if paying by BACS

☐ I have read and agree to the terms and conditions

Signed (Parent/Guardian)

Date

Office use only: Registration fee paid Nursery Deputy initials

Yes ☐

Nursery Deputy Manager Surname