



The Light Academy

Education division of
 The Redeemed Christian Church of God, Covenant of Grace
 (Restoration of Hope through Christ)

Nursery REGISTRATION FORM

Child's Name: Date of Birth:

Preferred Name:

Gender: Male Female

Address:

.....Post Code:

Home Telephone Number..... Start Date:

Nationality..... Religion.....

Ethnicity..... Languages spoken.....

A

B

Mother's Name	Father's Name
Address	Address
Contact No(s)	Contact No(s)
Mobile number	Mobile number
Other number	Other number
Email address	Email address
Mother's Employer/Address	Father's Employer/Address
Employer's Tel No	Employer's Tel No

Name of person(s) who holds legal guardianship of child.....

Name of person(s) who has parental responsibility.....

Best contact in case of Emergency A / B (please circle)

Alternative Emergency Contact & Tel No:

Relationship to Child.....

Named Person(s) who may collect the child?

Name.....Relationship:

Name.....Relationship:

Name.....Relationship:.....

Password for those who can collect

HEALTH DECLARATION

Child's Name.....

Doctor's Name: Tel No.....

Doctor's Address:.....

.....

Vaccinations to Date:,

.....

Is your child taking any medication? Yes / No (please circle)

If yes, what medication?

.....

Please give details of any allergies or other medical conditions.....

.....

Additional comments:

.....

I have read and understood the contents of this form and the welcome pack. I agree to adhere to all TLA policies and procedures.

Signed Parent: **Date:**

Signed Management:.....

Date:

BOOKING FORM AND CONTRACTUAL AGREEMENT

Nursery Requirements: - 52 weeks a year excluding bank holidays** (Please X where applicable)

Days Required	Early bird starts 8am-1pm	Full day 8:00 – 6.00	Late 1pm-6pm	Breakfast and After School Clubs 7-8 am /6- 7pm	Transport	Hot Meal, Snacks/Drinks are served FREE
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

***Please note that special arrangements could be made for Bank holidays

****Please confirm: Term Time Y / N

All year-round Y / N

FEES

Fees	Early bird starts 8am-1pm	Full day 8:00 – 6.00	Late 1pm-6pm	*Breakfast and After School Clubs 7-8 am /6-7pm	Transport (max of 3miles) / day	Hot Meal, Snacks/Drinks are served FREE
Monday	£30	£50	£30	£5 per day	£10	FREE
Tuesday	£30	£50	£30	£5 per day	£10	FREE
Wednesday	£30	£50	£30	£5 per day	£10	FREE
Thursday	£30	£50	£30	£5 per day	£10	FREE
Friday	£30	£50	£30	£5 per day	£10	FREE

Hourly rate £6.50

Please circle as applicable:

All year (Same booked days)

*Please note that Breakfast and After School Clubs is an independent project coordinated by RCCG Covenant of Grace.

Funding information:

Do you receive free funding?

If yes...

What date does your funding start?

15/30 hours code

Parent/ carer D.O.B

Parent/ carer National insurance number

Any additional notes:

.....
.....

I hereby accept to abide by the days circled above and to also ensure payments are made on the 1st day of each month in advance. Variations will be requested when necessary and the setting is not obliged to approve the changes. However, the setting would not withhold approving any change subject to availability of spaces.

Signed Parent: **Date:**

Approval.

Signed Management:..... **Date:**

MEDICATION CONSENT FORM

I authorise The Light Academy to administer any prescribed medicines to my child at the agreed time as stated by the doctor. I understand that no medicine may be administered without the Medication Administration Form being completed in each individual instant.

Signed Parent:..... Date:.....

I authorise use of ad-hoc paracetamol products to control any pain or fever my child may have. I understand that if any medicines are administered, I will be contacted to advise.

Signed Parent:..... Date:.....

ALLERGIES NOTIFICATION DETAILS

My Child has the following allergies: -

.....
.....

If a reaction occurs, I am aware that I will be called immediately, and will be expected to collect my child for any necessary treatment.

Signed Parent:..... Date:.....

SUNCREAM CONSENT

I am happy for my child to have sunscreen applied by The Light Academy and I will supply the cream to be used. I will provide a bottle of sunscreen labelled with my child’s name for use at The Light Academy. If my child doesn’t have sun cream that day, I give my consent to use sun cream from The Light Academy, as they do not have any allergies to this.

Signed:.....Date:

This consent will remain valid whilst your child is in the care of The Light Academy.

DIETRY REQUIREMENTS

My Childhas special dietary requirements as follows:-

.....
.....

Signed Parent:.....

Date:.....

TRANSPORT

I hereby grant any person nominated by the Management of The Light Academy permission to collect my child from home/school or take on any outings using transport, whilst in their care. The transport used will be of sound condition, adequately insured and each child will wear a seat belt. I understand that I will receive a separate form indicating what trips are being operated, and the cost involved. I agree to pay for any additional trips in full no later than the day the trip is running. I also understand that The Light Academy takes full responsibility for all necessary risk assessments to be carried out accordingly.

Signed Parent:.....

Date:.....

PHOTOGRAPHS/ VIDEOS

I hereby agree that during the care of my child, the Management of The Light Academy or their nominee may take photographs / record videos of my child, for recording and observation and may also be used to promote the company. The photographs/ videos will be used for the purpose of advertising in a local paper, on the company website, our Interactive learning diary application and sites internal and external displays. They may also be used as evidence for staff training and for evidence required by OFSTED or to complete course work.

Signed Parent:.....

Date:.....

Social Media Sites

I hereby agree to the use of my child photograph on Facebook and other social media sites

Please circle your option.

Accept

Decline

Signed Parent:.....

Date:.....

CHILD PROTECTION

As a parent/Carer, I understand the nursery’s responsibility to protect the welfare of all children in its care. I hereby give my consent for the nursery to contact the relevant authorities if there is a suspicion of child abuse involving my child. This includes situations where the nursery staff believe that immediate action is necessary to ensure my child’s safety, even if they have not been able to consult with me beforehand. I also agree to the child protection policy, which the TLA operates. I have read and understand the policy fully. (please see safeguarding and child protection policy)

Signed Parent:.....

Date:.....

GDPR DATA PROTECTION

The Light Academy’s GDPR data protection form can be located in our policies and procedures, and also on our company website <https://www.tlaedu.uk> or a copy can be requested from the office, while it is also enclosed in your welcome pack

I hereby acknowledge that I have read and understood the Nursery's privacy notice for Employees, Children and Parents.

Signed Parent:..... **Date:**.....

UNCOLLECTED CHILD POLICY

I understand and agree to the Uncollected child policy, and accept the consequences if I fail to collect my child, or arrange for an appropriate adult to collect my child. I am aware that this will be logged if there is no pre-agreed arrangement in place. However, a lateness that exceeds 5mins will be charged at a flat rate of £7.00

Signed Parent:..... **Date:**.....

EMERGENCY TREATMENT CONSENT

I hereby agree to the Management and staff of The Light Academy to administer any emergency treatment necessary for my child. This could also include contacting the emergency services, should the situation prevail, or transport to emergency care if we feel this would be the best option for your child. Please advise of any cultural or religious beliefs, should we need to contact the emergency services.

.....
.....

Signed Parent:..... **Date:**.....

I hereby give permission for plasters to be applied to my child if necessary. **YES/NO**

I hereby give permission for my child to use tooth brush and paste provided by the setting under supervision to brush the teeth. but we need to provide the tooth brush and supervise them. **YES/NO**

Do you give permission for your child to have face paint on occasions **YES/NO**

How did you hear about us?

This form once signed completes a contract between Parent/Carer and The Light Academy (The Redeemed Christian Church of God, Covenant of Grace, 25 Edgehill Road, Leicester LE4 9EA).

- Fees are to be paid in advance of childcare via bank transfer **The Redeemed Christian Church of God, Covenant of Grace** S/C – 60 60-06 A/C - 55359817
- Full payment booked session is due, regardless of drop off and pick up times. Your child must be dropped off and collected within the pre-booked hours to avoid additional charges, and to comply with ratios.
- Sessions booked but not attended are still chargeable. – e.g unexpected school closure, off due to sickness, holidays or occasional days off. From the time of booking a contracted day i.e. a Monday you are guaranteed this place for your child/ren every Monday. An invoice will be raised for each contracted day and the fee is payable in advance.

- No refunds or concessions due to late drop off, or early collection. All parents/carers are requested to make sure that their child/ren are collected by 6.00 p.m. The Light Academy are not insured to care for children after this time. All staff are paid up to 6.00 p.m. so please make sure you have collected by this time. If you are unavoidably delayed, please contact us ASAP. If a parent/carers is late to collect their child/ren a fee will be charged for each late collection (please see above)
- Refunds are not given for sickness, occasional days off, holidays or any other unexpected days off taken.
- Children who arrive late on trip days will not be given a refund of fees paid for the trip, or the daily session fee.
- A 4-week notice period with full pay must be given to terminate or amend your contract. If you require an additional contracted day we will try and accommodate you if possible. Please try and give as much notice as possible for any additional days required. A contracted day can only be swapped in exceptional circumstances please do not ask for days to be swapped continually. Please note a swapped day may be charged for in addition to the contracted day.
- If 2 payments are missed you will automatically be charged the late payment fee per week until your payment is up to date. 8% er annum pro-rata
- Monthly payment must be made on the 1st of each month.
- Only snack is included. Parents pay for breakfast, lunch and dinner.
- Whilst it is only in unprecedented circumstances that any of the settings should have to close due to circumstances out of our control, we will need to ask parents to make a payment of 25% of their childcare fees during this period. Any unexpected closure will be managed very carefully, with parents being kept informed of all necessary steps we may need to take.
- Please can you ensure your child arrives prior to **8.15am** to receive breakfast.
- If your child has any sickness or diarrhoea, they must stay away from the setting for 48hr from last episode.
- If your child becomes unwell within our care, we would ask that your child be collected within 1 hour of the phone call.
- We will be closed over the Christmas period, dates to be confirmed.

I have read and understand the policies and procedures of The Light Academy and hereby agree to undertake and adhere to the policies as written. I accept that by signing this form, I undertake to follow the policies and procedures in full, and failure to do so could result in escalation to the relevant authorities. The Light Academy reserves the right to amend and change any of the terms and conditions while this will be communicated to all the parents and guardians.

Signed Parent..... **Date**.....

Print Name: **Childs Name:**

Once signed by the management of TLA, this document becomes a contractual agreement between myself,and the management of The Light Academy.

Signed Management **Date:**