

# REGISTRATION FORM & PARENTAL AGREEMENT

## Bright Kids At Crabbs Cross

Tel: 01527 546028 email: brightkidsrabbsx@supanet.com



Millennium Bright Kid Company Limited  
The Limes, Evesham Road, Crabbs Cross,  
Redditch, Worcestershire B97 5JA

PLEASE USE CAPITALS & A BLACK OR BLUE PEN

### CHILD'S DETAILS

Child's Full Name: \_\_\_\_\_ EDD/Date of Birth: \_\_\_\_\_ Gender Girl  Unknown   
Boy

Preferred Start Date: \_\_\_\_\_ Religion: \_\_\_\_\_ First Language \_\_\_\_\_  
(if not English)

Ethnic Origin: (Not place of birth but broad ethnic group) \_\_\_\_\_

Where did you hear about Bright Kids: Children's Information Svs  Word of Mouth  Yellow Pages   
Bright Kids Leaflet  General Advert  which publication? \_\_\_\_\_ Other (please state) \_\_\_\_\_

### MEDICAL DETAILS

Doctors Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Health Visitor: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Are All Immunisations up to date: Yes  No   
If NO State exceptions: \_\_\_\_\_

Any Special Medical Notes/Allergies/Special  
Diets/Other medical requirements: \_\_\_\_\_

### CARE DETAILS: Tick all that apply

Nursery Care  Wraparound Care

Breakfast Club  After School Club

Holiday Club  NB Separate Booking Forms  
Exist for each school holiday

School Attended: \_\_\_\_\_

Please detail any Special Needs or other information  
we may need to care effectively for your child.  
Failure to inform us of any specific known needs may  
delay your child's future development and the help  
we can give.

Please indicate below Days/Hours required and enclose the relevant Registration Fee with your form £50 for  
Nursery or £40 for Out of School (see also Parental Agreement clause 4)

DAYS	MORNING State times if known	AFTERNOON State times if known	FULL DAY State times if known	Tick for HOT LUNCH
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

**PARENTS DETAILS**

We need to have the details of all persons who have Legal Contact & Parental Responsibility along with those who have permission to collect the child and who may be contacted in an emergency.

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Parental Responsibility Yes  No  Parental Responsibility Yes  No

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email address(es): \_\_\_\_\_  
\_\_\_\_\_

Employers Name & Address: \_\_\_\_\_ Employers Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name & Address of any other persons with Parental Responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No: \_\_\_\_\_

Name & Telephone Number of any other persons who have permission to collect your child regularly:  
Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Details of other appropriate adults who may be contacted in time of emergency if you are not available:

Name & Numbers: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

Please provide a password that may be used to authorise an emergency collection: \_\_\_\_\_

Details of any other children in the family and their dates of birth:  
Name Date of Birth Gender



## PARENTAL AGREEMENT

1. Late collection of your child will incur charges according to the prevailing fee schedule
2. I agree to give a minimum of one month's notice, or one month's fees in lieu of notice if, for any reason, my child is to leave the setting. I understand that under special circumstances the Chief Executive can waive this notice period.
3. I understand that fees are due in cases of illness or other absences from Nursery/Club with the exception of Bank Holidays and Christmas Week Closure (School Holidays & Teacher Training days in Club) where fees are not chargeable.
4. I agree to pay Nursery Fees and Out of School Club Fees monthly in advance on presentation of an invoice or as and when they are incurred. I understand that the Nursery Registration Fee of £50 (non-refundable unless a space cannot be found) entitles me to three 2 hour settling visits and the Club Registration Fee of £40 entitles me to one settling visit. I further agree to pay for cheques being returned unpaid (£6 first one, £10 thereafter) and to pay any and all Administration and Legal costs for recovery of outstanding monies, including debt collection fees and tracing fees if necessary. I understand and agree to pay a Late Payment Charge of £15 per invoice per month if payment is received more than 5 days late. I understand that persistent late or non-payment may result in the immediate loss of my child's place.
5. The setting reserves the right to increase the said fees at any time upon giving one calendar month's written notice of the proposed increase to the parent/guardian.
6. I understand that my child will not be admitted to Nursery (and will be separated from others in Club when collected from school) if s/he is not well and agree to keep them off for 36-48 hours from outbreaks of sickness and diarrhoea and in cases of conjunctivitis or eye discharge until antibiotic treatment has started. I agree to collect my child promptly when requested to do so.
7. I understand that my child's records will be held on a computerised database and that this is protected by the Data Protection Act 1984 & 1998 and that they will be used for no other purpose than company business. I understand that if I require a copy of this personal information I must make a request in writing. I agree to be contacted via email for the purposes of nursery or out of school club business.
8. I understand that the Safeguarding Vulnerable Groups Act 2006 places a duty on the staff to follow specific child protection procedures should any concerns be made and that there is a Safeguarding Children Policy available for me to view at any time.
9. If in the reasonable opinion of the setting manager or person of similar standing or authority it is considered that the continued presence of the child referred to herein is detrimental to the health, safety or well being of the child or other children in the setting or the setting practitioners or other staff so employed then the setting may serve notice to the parent/guardians or a request for the child to be immediately removed from the setting and the provision of one month's notice shall not apply.
10. Non-solicitation of staff
  - a. The parent/guardian of the child who is subject to this Registration Form, hereby agrees that during the term of this agreement and for the period of six months after its termination (howsoever terminated) that (s)he will not seek to employ, entice away or attempt to entice away from the employment of Millennium Bright Kid Company Ltd ('the Company') any person or persons employed by the Company at the date of termination of this agreement or any person or persons who were employed by the Company in the six months preceding the date of termination of the agreement.
  - b. If the parent/guardian shall breach clause 10(a) then (s)he shall indemnify the Company fully in respect of all and any costs, claims, damages and expenses incurred by the Company as a result of the aforementioned breach to include the cost of replacing the relevant member of staff to include, but not limited to agency fees, advertising costs, management time in interviewing and all such other costs reasonably and necessarily incurred by the Company in replacing the member of staff together with all legal fees and disbursements.
11. Acceptances
  - a. The above terms and conditions are considered to be fair and reasonable. In the event of any term found by a Court of Law to be unreasonable then the clause shall be removed but the agreement shall remain in full force and effect.
  - b. The parent/guardian has read and understands the Terms and Conditions contained and undertakes to be bound by the same.

This agreement must be signed by all persons with Parental Responsibility and/or those who are accepting responsibility for paying fees. Your childcare may only commence once payment of the first invoice, or a minimum of one month's fees has been made.

**I have read and understood the Parental Agreement and I agree to be bound by it and any other relevant booking terms and conditions that are issued from time to time.**

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Parent/Legal Guardian)

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Parent/Legal Guardian)

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATED: \_\_\_\_\_  
(On behalf of Bright Kids) Term and Conditions are subject to change without prior notice. E&OE



## Parental Permissions

**Emergency Medical Treatment**

I/We hereby give permission for my child to be taken directly to hospital, or being seen by the nearest doctor for emergency treatment. I authorise Bright Kids staff to sign any written form of consent by the Medical authorities if I am unable to consent to treatment and my child's life is considered to be in danger by the Doctors.



**Consent for taking your child's photo**

I/We hereby give permission for Bright Kids staff to take photos of our child to use within the nursery for displays, art work, observations and record keeping, etc...



**Consent for Your Child's Photo to be used in Advertising, Promotions and Events**

I/We hereby give permission for my child to be photographed & videoed for the purposes of company business, publicity or promotion e.g. video/dvd diaries, website promotion, press releases. I will inform the Nursery in writing if I do not agree to videos, dvd's & photos.



**Consent for applying sun cream**

I/We hereby agree to supply named sunscreen suitable for my child, and give permission for its application, and will provide a named sunhat to facilitate outdoor play in the summer months.



OR

I/We hereby give permission for Bright Kids to apply IN HOUSE sun cream to our child and to pay the annual charge levied, and will provide a named sunhat to facilitate outdoor play in the summer months.



**Consent to apply skin creams**

I/We hereby give permission for Bright Kids to apply supplied nappy cream or other creams I may supply such as zinc and castor oil or aqueous cream to our child if necessary



**Consent for Face paint**

I/We give consent for my child to have their face painted, unless I have indicated an allergy above.



**Consent to administer medication**

I/We agree to the administration of prescribed medicines in the correct dosage by a qualified Nursery Nurse or Playworker, with a witness present. I give permission for the administration of other supplied medicines including teething gel, infant suspension paracetamol and ibuprofen . I shall complete a Medicine Form in all instances and will not hold the Nursery or its staff liable if I or my representative give incorrect information.



I/We agree to the use of individually wrapped sterile adhesives (plasters) unless I have already indicated an allergy to these above.



**Consent for taking your child out of Nursery**

I/We agree to my child going on outings outside of the Nursery/Club and understand that they will always be accompanied by the appropriate number of staff. I understand these outings may include the use of public transport or company or staff vehicles. I agree also to my child going on the Annual Nursery Outing and agree to pay fees as usual if I choose for them not to go.



**Consent for contacting your child's other carers or settings and/or school**

I/We hereby give permission for Bright Kids to contact my child's other carers or settings and/or 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)**

I/We hereby give permission for Bright Kids 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.



**Consent to undertake Observations & Learning Stories for Development purposes**

I/We agree to staff and students undertaking development observations on my child. I understand and agree that these may be used to consult with outside agencies should there be any developmental need.



SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Parent/Legal Guardian)

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Parent/Legal Guardian)



At Studley  
Briarwood,  
The Slough  
Studley  
Warwickshire  
B80 7EN  
Tel:01527 852165

At Crabbs Cross  
The Limes  
Evesham Road  
Crabbs Cross  
Redditch  
Worcestershire  
B97 5JA  
Tel:01527 546028

At Northfield  
18-20 Norman Road  
Northfield  
Birmingham  
B31 2EW  
Tel:0121475 4788

At Studley Infants  
Studley Community Infants  
High Street  
Studley  
Warwickshire  
B80 7HJ  
Tel:07958 658932

At Harry Taylor  
The Harry Taylor First  
School  
Evesham Road  
Crabbs Cross  
Redditch  
Worcestershire  
B97 5JH  
Tel:07949 030080

At Wigwam  
Wychall Primary School  
Middle Field Road  
Northfield  
Birmingham  
B31 3EH  
Tel:07932086311

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