

# REGISTRATION FORM & PARENTAL AGREEMENT

## Bright Kids At Studley

Tel: 01527 852165 email: brightkidsstudley@supanet.com



Millennium Bright Kid Company Limited  
Briarwood, The Slough, Studley  
Warwickshire B80 7EN

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<br>State times if known | AFTERNOON<br>State times if known | FULL DAY<br>State times if known | Tick for<br>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. I agree to my child being taken direct 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.

2. I understand that my child will not be admitted to Nursery (or 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.

3. I agree to my child going on outings outside of the Nursery 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 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.

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 2hour 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 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. 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.

6. 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. I also understand that there is a Nursery Holiday Voucher Discount Scheme, which has its own terms applied and details of which I can obtain from the Manager.

7. I 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 and infant suspension paracetamol. 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 agree to the use of individually wrapped sterile adhesives (plasters) unless I have already indicated an allergy to these above. I agree to supply named sunscreen suitable for my child, and give permission for its application, and a named sunhat to facilitate outdoor play in the summer months.

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

9. 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.

10. I agree to my child being photographed & videoed for the purposes of company business, publicity or promotion e.g. video diaries, website promotion, press releases. I will inform the Nursery in writing if I do not agree to videos & photos.

11. 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.

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 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: \_\_\_\_\_ DATED: \_\_\_\_\_  
(On behalf of Bright Kids)

Term and Conditions are subject to change without prior notice. E&OE





*"play is fun,  
but its hard work too"*

Lesley Abbot (1994)  
Early Years Consultant

*"Quality is never an accident  
it is always the result of intelligent effort"*

John Ruskin  
(1819-1900)

*"Ensuring the future is brighter & healthier for our kids"*

Bright Kids  
2005



Winner  
Warwickshire  
Employer of Choice  
Awards 2007



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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 Cleobury Mortimer  
The Old Police Station  
Lower Street  
Cleobury Mortimer  
Shropshire  
DY14 8AF  
Tel:01299 271368

At Northfield  
18-20 Norman Road  
Northfield  
Birmingham  
B31 2EW  
Tel:0121 475 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

