

Registration Form

Please Complete all Sections. Print / Write Clearly.

						Date of Birt	th
					Day	Month	Year
Child's First Name(s):							
Child's Surname:							
Gender	CI	hild's First Language:	:	Othe	r Langu	ages Spoke	en:
Ethnic Background:				Religion:			
Child's Home Address:							
Email Address:							
Full Name of	Parent 1:			Full Name of	Parent	2:	
Relation	ship:			Relation	ship:		
Occupa	tion:			Occupa	tion:		
	Co	ntact Telephone Num	nbers:				
Home:							
Work:							
Mobile:							
		Please tick as applica	able				
Who Has Parental Responsibility?	Parent 1:		Parent 2:		Other		
Please provide the name	of person(s) w	ho will collect your c	hild on a regular basi	s and your F	Passwo	rd:	
His / Her Tel No:			Mobile Tel No:				
Emergency (Contact Tel No (this should be either	a friend, neighbour o	r relative):			
Has yo	our child got sib	olings? (please provid	_	ges)			
1.			2.				
3.			4.				
Permission For:	Outings:	Photos in perpetuity:	Photos on web perpetuity:	site in		udent & Sta servations:	
	Yes / No	Yes / No	Yes / No		Ye	s / No	
Sign: Print: Date:							

Your Child's Medical Details

Has your child been immunised for the following: please tick 'Yes' or 'No'

Diphtheria	Yes	No			
Whooping Cough	Yes	No			
Polio	Yes	No			
MMR (measles, mumps, rubella)	Yes	No			
Is your child an asthma sufferer?	Yes	No			
Does your child take any medication for asthma?	Yes	No			
Does your child take medication for any other conditions? Please state what of	ondition and wl	nat medication.			
Has your child had their 2-year-old check-up?	YES /	NO			
Has your child got any birth marks?	YES /	NO			
If yes, please provide details here:					
Child's doctor or Health Practice:	Doctor's T	elephone No:			
Does your child have any food allergies? Please give details below.					
Are you in contact with any professionals such as a health visitor, speech therapist, physiotherapist etc? Please give details below.					
Do you give your permission for us to share information with health care prof	essionals?	res / No			

Attendance Options

Please tick preferred attendance options

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time (7:30am-6:30pm)					
Mornings (8:00am-1:00pm)					
Afternoons (1:00pm-6:00pm)					
What starting date do	you require?				

Declaration

I agree to be bound by the terms and conditions overleaf. I also give consent for this child to be given emergency treatment if required.

(Please sign and print your name clearly)

Please circle	your relation	nship to the chil	d:	
Mother	Father	Guardian	Other	(Please state)

Payment Details

For payment of £60 registration fee.

Bank Name: Natwest Bank

A/C Name: Petite Ambassadors Day Nursery

Bank Account No: 65 81 22 20

Sort Code: 60 - 02 - 12

Reference: Child's full name



Terms and Conditions

- 1. There is a non-returnable registration fee of £60.00.
- 2. A deposit of 4 weeks fees is payable 2 months before your start date (where possible). Once your deposit has been paid it will not be refunded if you decide, for any reason, not to take up the reserved place. The deposit goes into a holding account and will be credited to your last invoice providing all payments are up to date and the full 30-day notice has been given in writing. Days when we are closed for holiday are not included in the notice period.
- 3. Once a start date has been agreed deferment of your place will be at the discretion of the owner.
- 4. All fees are payable in advance by the 1st of each month. Details for payment are on the invoices which will be emailed to you unless otherwise requested. £25.00 is charged for late payments.
- 5. Extra hours or days will be charged at the full going rate. i.e. one full day, or any extra hours added to your child's usual attendance. Longer term additional days required, due to exceptional circumstances will be charged at a rate arranged by discretion of the owner.
- 6. No charge will be made for Petite Ambassadors' annual holiday closures but Bank holidays outside of these closures will be charged for.
- 7. We offer both the Universal 15 hours as well as the extra 15 for those eligible through HMRC. These hours are not completely free of charge as we levy an "additional services & hours" package.
- 8. There will be no refunds for absences, however caused.
- 9. We charge £30.00 for dishonoured cheques.
- 10. Fees are subject to periodic review. You will be given one month's notice of any changes to our charges.
- 11. Siblings: We make no additional registration charge if you would like more than one of your children to attend Petite Ambassadors.
- 12. We will only administer doctors' prescribed medicine, which will be written in the medicine book at all times and parents must sign. However, we will administer calpol when needed and with parents' consent. Antibiotics must have been taken for 48 hours before returning to nursery.
- 13. Please let us know in advance if your child is to be collected by someone else. The person picking up your child will need to have some form of identification on them saying who they are; or must use a pre-arranged password.
- 14. For regular collection, by someone other than you, a 'Parental Permission Form' will need to be signed in advance.

- 15. All food and drinks are included.
- 16. Parents must provide nappies/wipes/pull-ups/ other potty-training pants when necessary.
- 17. Petite Ambassadors closes for two days per year (with prior notice) for essential staff training as required by Ofsted. If the training day falls on a day when your child usually attends nursery, all fees are due as normal. If the nursery is forced to close due to adverse weather conditions or an emergency, all fees are due as normal.



Fees Contract

I hereby agree to the following:

- To pay the non-refundable registration fee of £60 when sending in a completed registration form. (Free registration for siblings).
- To pay the deposit of 4 weeks' fees two months in advance of my child's start date. I understand that the deposit will be kept in a holding account and applied to my last fee invoice providing all payments are up to date and the correct notice period has been given. A pro rata rate of refund will apply if insufficient notice has been given. If I decide not to start my child at the nursery after paying the deposit it will not be refundable.
- To give 4 weeks' notice in writing, either by letter or by email, when my child is leaving. Notice must be given on a weekday and days that the nursery is not open, due to bank and set annual holidays, are not included in the notice period.
- To pay the fee invoices in advance which will be issued on the $27_{th}/28_{th}$ of each month payable by the 1_{st} day of the following month via direct debits which will be activated at least a week before so that the funds reach the nursery bank account by the deadline of the 1_{st} .

 All references for payments will be my child's full name.
- Parents receiving the 15/30 free hours of childcare can expect to pay for consumables such as meals/snacks and in some cases for additional activities such as trips-out.

Print Name:
Signature:
Date:
Data Protection - I confirm that I have received a copy of your privacy notice and give my consent to be contacted by Petite Ambassadors for purposes pertaining to the care, education & protection of my child:

Date of Birth:

• To cancel any direct debits once my final invoice has been paid.

Name of Child:



Fees Structure for 2022/2023 academic year

Fees structure for children 0 - 3 years old

Hourly Rate	£15	
	Calendar Month	Weekly Equivalent
1 Day	£369.33	£85
1.5 Days	£552.50	£127.00
2 Days	£736.66	£170.00
2.5 Days	£920.83	£212.50
3 Days	£1,170.00	£255.00
3.5 Days	£1,287.17	£297.50
4 Days	£1,473.33	£340.00
4.5 Days	£1,657.50	£382.50
5 Days	£1,841.67	£425.00

Fees structure for children over 3 years old

Hourly Rate	£15	
	Calendar Month	Weekly Equivalent
1 Day	£346.67	£80
1.5 Days	£520.00	£120.00
2 Days	£693.33	£160.00
2.5 Days	£866.67	£200.00
3 Days	£1,040.00	£240.00
3.5 Days	£1,213.33	£280.00
4 Days	£1,386.67	£320.00
4.5 Days	£1,560.00	£360.00
5 Days	£1,722.33	£400.00