

The very best in childcare
learning and fun



Registration Form

Child's Name:

Date of Birth: / /

Pennies Day Nursery

www.pennies.co.uk

PLEASE NOTE: Only one child's details to be entered on this application form.
Please ask if you require additional forms.

Registration Form



Please fill out form in BLOCK CAPITALS.
(please tick for relevant nursery)

Day Nursery: Newnham Court: Hockers Lane: Mark Cross: **1**

Child's Full Name:

Date of Birth: / / Age of Child: Sex of Child: Boy Girl

Religion/Faith of Child:

Home Address:
 Postcode:

Details of parent/ carer with whom the child lives **2**

Mrs Mr Miss Ms

Relationship to Child:

Home Telephone: Mobile:

Work Telephone: Email Address:

Place of Work:

Does this parent have parental responsibility? (See Overleaf) Yes No (please tick)

Mrs Mr Miss Ms

Relationship to Child:

Home Telephone: Mobile:

Work Telephone: Email Address:

Place of Work:

Home Address:
 Postcode:

Does this parent have parental responsibility? (See Overleaf) Yes No (please tick)

Name of parent with whom the child does not live:

Mrs Mr Miss Ms

Relationship to Child:

Home Telephone: Mobile:

Work Telephone:

Email Address:

Home Address:
 Postcode:

Does this parent have parental responsibility? (See Overleaf) Yes No (please tick)

Does this parent have legal access to the child? Yes No (please tick)

Does your child attend: Another setting Grandparent/s Childminder

Mrs Mr Miss Ms

Home Telephone:

Work Telephone:

Email Address:

Home Address:
 Postcode:

Health Visitor Name:

Based at:

Address:
 Postcode:

Work Telephone: Mobile:

Email Address:

G.P. Name:

Based at:

Address:
 Postcode:

Work Telephone: Mobile:

Personal details of child:

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Does your child have any special dietary needs or preferences? Yes (briefly describe below)/ No (Please tick)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/ she is in our setting?

What language(s) is/ are spoken at home:

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes No (Please tick)

Details:

Does your child have any special needs or disabilities? Yes No (Please tick)

Details:

Does your child have a Healthcare Plan? Yes No (Please tick)

What special support will he/she require in our setting?

Names of professionals involved with child:

Name 1: Role:

Agency: Telephone:

Name 2: Role:

Agency: Telephone:

Name 3: Role:

Agency: Telephone:

Does your family have a social care worker for any reason? Yes No (Please tick)

Name: Based at:

Tel:

What is the reason for the involvement of the social care department with your family

NB If the child has a protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

Parental Responsibility

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A mother automatically has parental responsibility for her child from birth. However, the conditions for fathers gaining parental responsibility vary throughout the UK.

In England and Wales, if the parents of a child are married to each other at the time of the birth, or if they have jointly adopted a child, then they both have parental responsibility.

This is not automatically the case for unmarried parents. According to current law, a mother always has parental responsibility for her child. A father, however, has this responsibility only if he is married to the mother when the child is born, or has acquired legal responsibility for his child through one of these three routes.

- (from 1 December 2003) by jointly registering the birth of the child with the mother
- By a parental responsibility agreement with the mother
- By a parental responsibility order, made by a court

A local authority may gain parental responsibility for a child if he/ she is placed in their care.

Please read the list below carefully and mark to all that apply:

Child's Name:

The following has legal, parental responsibility for my child: Please tick here:

is the child's biological mother (automatic)
(Print Name)

is married to the child's mother AND is the biological father
(Print Name)

is the child's father but is not married to the mother, but jointly registered the birth of our child; which means I automatically have parental responsibility
(Print Name)

has a Residence Order made in their favour by the Court (for Shared or Sole Residence)
(Print Name)

has acquired parental responsibility through legal adoption
(Print Name)

has a Parental Responsibility Order granted by the court*
(Print Name)

*

- Biological fathers can get parental responsibility by signing a Parental Responsibility Agreement with the child's mother if she will agree to this. A separate agreement is needed for each child.
- Step-parents can acquire parental responsibility by entering into a formal Parental Responsibility Agreement with the mother and all other parties who have parental responsibility for the children.
- People other than parents can acquire parental responsibility if they are appointed a guardian in a parent's will and if those with parental responsibility for the child have died.
- You will be granted parental responsibility if a Special Guardianship Order is made in your favour.

Preferred Start Date: / /

Preferred Sessions <small>(Please tick)</small>	Monday	Tuesday	Wednesday	Thursday	Friday
Morning - 7.30am to 1.00pm					
Afternoon - 1.00pm to 6.30pm					

IMPORTANT

A deposit of 50% of one month's fees payable to be included with the registration documents. Only upon receipt of this will the place be confirmed (subject to availability). The amount will be refunded by direct payment into your bank account the month after your child has left, as long as all fees and any extra charges have been settled.

NEW STARTERS

For new starters the deposit will only be refunded if a minimum of three months notice is given in writing that the place is no longer required. If starting within 3 months the place must be cancelled in writing within 14 days after the place has been confirmed for the deposit to be refunded.

I wish to apply for Nursery care on the days and sessions indicated above. I have read and agree to abide by Pennies Day Nurseries Team and Conditions and I agree to pay all fees as required. I agree to pay a deposit of 50% of one month's fees.

Parent/Carer 1 Signature: _____ Date: / /

Parent/Carer 2 Signature: _____ Date: / /

By signing this above document you agree to be bound by the Terms and Conditions of Pennies Day Nursery Limited

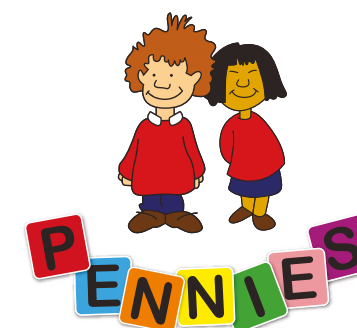
THIS APPLICATION IS PROVISIONAL AND NOT GUARANTEED UNTIL CONFIRMED IN WRITING

For office use only

Deposit Paid:	£	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Transfer
	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Sibling Discount Applicable:	<input type="checkbox"/> 10%	
Agreed Start Date:	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1st Confirmation Letter Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd Confirmation Letter Returned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Attendance List:	<input type="checkbox"/>	
Entered into Parenta:	<input type="checkbox"/>	
Room Leader Informed:	<input type="checkbox"/>	



Instruction to your Bank or Building Society to pay by Direct Debit



Pennies Day Nursery Limited
Newnham Court Shopping Village
Bearsted Road
Maidstone
Kent
ME14 5LH

Originator's Identification Number

6 4 8 9 4 4

Name(s) of Account Holder(s):

Bank/Building Society Account number:

Branch Sort Code:

Name and full postal address of your Bank or Building Society:

To: The Manager	Bank/Building Society:
Address:	
Postcode:	

Reference Number:

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Pennies Day Nursery Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Pennies Day Nurseries Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Further Information

We thank you for your interest in Pennies. Please use the area below to give further information about your child, circumstance or anything you feel Pennies should know. Thank you.

If you would like to ask questions or make a comment please contact us on:

Telephone: Newnham Court - 01622 737733 Hockers Lane - 01622 630207 Mark Cross - 01892 852187	Email: newnhamcourt@pennies.co.uk info@pennies.co.uk markcross@pennies.co.uk
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Parent Check List

Method of payment: Cash Bank Transfer Visa Mastercard

Bank Transfer details: Pennies Day Nursery Ltd, Sort code (80-20-19) Account No. 06036088
(Please use your child's name as reference)

Acknowledge receipt of Terms and Conditions: Yes No

Direct Debit form enclosed: Yes No

Signature: _____ Date: / /