

**REGISTRATION FORM**

Please return to:

Meadow Brook Playcare, Seaman Avenue,

Saxmundham, Suffolk, IP17 1DZ

Tel: 01728 604768

Email: [office@meadowbrookplaycare.co.uk](mailto:office@meadowbrookplaycare.co.uk)

**CHILDS DETAILS** Boy  Girl  Unknown 

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested sessions:

Registration Date:  Start Date:

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

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARENT / GUARDIAN DETAILS

**PARENT / GUARDIAN** **PARENT / GUARDIAN**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salutation: Mr Mrs MS Dr Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salutation: Mr Mrs MS Dr Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NUMBERS**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:

Email Address:

Conditions of Admission read:

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| **Office use only:**  Invoice printed/emailed…………………………….  Converted on Parenta:……………………………...  Payment received………………………………… |

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**Conditions of Admission**

1. A non-refundable registration fee of £25.00 is due to the nursery at time of registration (Unless already registered within the nursery or using only the government free allocation)
2. A minimum of one month’s written notice, with signed acknowledgement from a member of nursery management, must be given when your child is leaving the nursery or a reduction of hours via letter or email.
3. You agree to adhere to the policies and procedures in place at Meadow Brook Playcare and all items stated in this registration form.
4. You are aware that Meadow Brook`s opening hours are 8am-6pm Monday to Friday, with the exception of bank holidays. We are open for 50 weeks of the year closing for 1 week at Christmas and New Year and 1 week at Easter.
5. You acknowledge that Full fees are payable for sickness, holidays and any other absences that occur, excluding the weeks where we closed.
6. Our Invoices are sent out on the 1st of the month and must be paid within 4 weeks of date of invoice to which they refer, by cash, cheque or direct debit. Where a payment hasn’t been made by the 1st of the following month, a £10 charge will be incurred and added to the following month’s invoice
7. Any extra sessions that you require will be added to the following month’s invoice.
8. Continued non-payment of fees may result in us requesting that you remove your child from nursery.
9. Fees are reviewed annually by the Manager and Committee, we reserve the right to alter these with one months’ notice.
10. You understand that Meadow Brook Playcare are obliged to report any instances where we believe a child is being neglected or abused to the relevant authorities.
11. Meadow Brook Playcare specifically request that your child does not bring their own toys to nursery/ preschool. If they do bring toys in, Meadow Brook Playcare accept no responsibility for loss or damage to these items.
12. You confirm that the information that you have provided is accurate and true. You understand and agree to the terms and conditions set out in this document and authorise Meadow Brook Playcare to claim free entitlement funding on behalf of your child.
13. You agree that the information that you have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable the provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.