

**St Bees Little Learners Nursery**  
**Initial application to join**

In order to register your child at the nursery a £50 deposit is required to be paid in advance, to secure your child's place, this will be refunded within your first nursery bill. Please either send by BACS to HSBC, Account number: 91462083 sort code: 40-46-26 Account name: St Bees Little Learners Nursery or by cheque to be made payable to St Bees Little Learners Nursery.

Name of Child:		DOB:	
Name(s) and address(es) of parent(s) making the application:			
Postcode:		Postcode:	
Email:		Email:	
Telephone:		Telephone:	

I/We would like		to start attending at this setting	
as soon as possible; or from			(date)

We would like our child to attend on the following days/sessions:			
Monday	From:		To:
Tuesday	From:		To:
Wednesday	From:		To:
Thursday	From:		To:
Friday	From:		To:

Nursery open from 7.30am – 6.30pm.

If days/hours vary each week please let us know and we will endeavour to accommodate, one months' notice required.

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)	

St Bees Little Learners Nursery will reply to you to inform you when a place is available

Please return this by email to [mailbox@stbeeslittlelearners.co.uk](mailto:mailbox@stbeeslittlelearners.co.uk)

Or by post

St Bees Little Learners Nursery  
Wood Lane  
St Bees School  
St Bees  
Cumbria  
CA27 0DS

**St Bees Little Learners Nursery**  
**Registration Form**

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**Basic Details**

Name of Child:		DOB:	
Name know as(if different):		Gender (male/female):	
Name of parent(s) with whom the child lives with:			
1			
Does this parent have parental responsibility? Yes/No			
2			
Does this parent have parental responsibility? Yes/No			
Address:			
Telephone		Mobile:	
Name of parent with whom the child does NOT live with:			
Does this parent have parental responsibility? Yes/No			
Address:			
Telephone		Mobile:	
Does this parent have legal access to the child? Yes/No			

**Emergency contact details**

Parent 1 - work/day contact number:			
Parent 2 - work/day contact number:			
Any other emergency contact numbers:			
Name			
Telephone		Mobile	
Name			
Telephone		Mobile	

**Persons authorised to collect the child (must be over 16 years of age)**

Name:		Relationship to child:	
Telephone		Mobile	
Name:		Relationship to child:	
Telephone		Mobile	

**Personal details of child**

<b>Consent for Your Child's Photo to be used for Nursery Displays and in Advertising</b> We hereby give permission for our child's photo to be used in advertising such as St Bees Little Learners Nursery Website, Facebook, local newspapers etc.	Yes (x)		No (x)	
<b>Consent for applying sun cream</b> We hereby give permission for St Bees Little Learners Nursery to apply sun cream to our child.	Yes (x)		No (x)	
<b>Consent to apply nappy cream</b> We hereby give permission for St Bees Little Learners Nursery to apply nappy cream to our child if necessary	Yes (x)		No (x)	
<b>Consent to administer medication</b> We hereby give permission for staff to administer prescribed medication or calpol provided by the parent/carer with written consent.	Yes (x)		No (x)	
<b>Consent for milk at snack time</b> We receive free milk for each child over 1, please confirm if you are happy for your child to have this at morning/afternoon snack time	Yes (x)		No (x)	
<b>Consent for taking your child out of Nursery</b> We hereby give permission for St Bees Little Learners Nursery to take our child off the premises to go for a walk to the beach, to the shops, to the park or library etc	Yes (x)		No (x)	
<b>Consent for your child using the computer and internet (supervised)</b> We hereby give permission for St Bees Little Learners Nursery 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.	Yes (x)		No (x)	
Parent 1 name		Signature		
Parent 2 name		Signature		

Does your child have any special dietary needs or preferences?	
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?	
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?	
Does your child have any special needs or disabilities? Details	

Are any of the following in place for the child:	Yes (x)		No (x)	
Early Years Action?	Yes (x)		No (x)	
Early Years Action Plus?	Yes (x)		No (x)	
Statement of special educational need	Yes (x)		No (x)	
What special support will he/she require in our setting?				
What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.				

Names of professionals involved with the child				
Name 1:		Role:		
Agency:		Telephone:		
Name 2:		Role:		
Agency:		Telephone:		
Name 3:		Role:		
Agency:		Telephone:		
Do you have a health visitor?		Yes (x)		No (x)
Details:				
Do your family have a social care worker for any reason?		Yes (x)		No (x)
Based at:		Telephone:		
What is the reason for the involvement of the social care department with your family?				

NB If the child has a child 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.

Please return the completed form to [mailbox@stbeeslittlelearners.co.uk](mailto:mailbox@stbeeslittlelearners.co.uk) or by post to

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**All about me:**

My Name:		My date of birth:	
My family and friends:			
My mum is called		I call her	
My dad is called		I call him	
My brothers and sisters are:			
Name		Date of Birth	
My grandparents are:			
Name		I call them...	
Other members of the family who I see often are:			
Name		I call them...	
I am used to spending time away from mum/dad	Y (x)		N (x)
If yes, Who with?		Where?	
My friends are:			
I will arrive with and be collected by:			

Please note that we will not let your child go with anyone who is not listed without your written consent.

**Parent Section**

Has he/she attended an early years setting previously	Y (x)		N (x)	
Is he/she currently attended another early years setting	Y (x)		N (x)	
If yes, Where at?		How long/ how often?		
How well did he/she settle?				

**Eating and drinking**

My favourite food and snacks are:				
Some things I am not able to eat or drink are:				
I can feed myself (X)		I need a little help to feed myself (x)		I need lots of help (x)

**Self Help**

I can put these clothes on myself:				
I wear a nappy (X)		I wear pants (x)		I use a potty (x)
I use the toilet (X)		I go to the toilet myself (x)		I need reminding to go to the toilet (x)
Anything else that is helpful to know:				

**Communication**

I communicate by...				
Speaking (X)		Signing (x)		Sounds (x)
Pictures (X)		Physical gestures (x)		
Sometimes I struggle with these words and sounds:				
Seeing & Listening...				
I can hear well (X)		I have some problems with my hearing (X)		
I can see well (X)		I have some problems with my sight (X)		
Further information if needed:				

My favourite things are...					
Toy		Games		Book	
TV Programme or DVD		Food		Comforter	
Other things I like to do:					
Things I am frightened of or don't like:					
More about myself I want you to know (medication, allergies):					

**Babies/toddlers only**

What can you do...					
Rollover (X)		Sit up unaided (x)		Crawl (x)	
Pull up to stand (X)		Physical gestures, hand movements (x)		First steps unaided (x)	
Baby conversation (X)		Understand simple words (x)		Make marks on paper (x)	
Identify body features – nose, eyes (X)		Walk around furniture (x)		Stand on own (x)	
Sit and plan and explore toys with hands (X)		Pick up a toy (x)		Repeat words (x)	
Push and pull things (X)		Clap our hands (x)		Stack building bricks (x)	
Do you have milk during the day, how often, bottle or beaker?					
Where do you sit to eat your meals? How much food are you eating?					
How do you sleep during the day? Where, when?					

This is usually how I spend my week and with whom...			
	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please make sure you include naps, where the child usually has these and any other details for each day.

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## **Preparation for starting Nursery**

All our nursery policies are printed and available on site

Please ensure you contact us before your start date to confirm we have you booked in and your expected day/time.

During the settling in period you will receive 1 hour free taster session, additional hours will be charged at our standard rate of £5 per hour. You will receive an invoice for this on your first start day or before. You can pay by cash, bank transfer, cheque, or childcare vouchers.

All parents will receive an invoice before the start of the month for the month ahead, we require payment before the week of nursery, you can pay weekly or monthly as long as you pay in advanced.

Please check the invoice ASAP and any changes needed must be given before the start of the month so we can organise staff.

Additional days may be added on, subject to availability at short notice.

You will be charged for your child being absent due to illness.

You will be charged if you drop off early or pick up your child late.

If you intend to leave the nursery we require 1 months' notice to be given.

Our contact telephone numbers are 07840458870 or 01946 828047

## **Starting at nursery**

Each child has their own box for their belongings in the cloakroom – you can leave nappies, coats, wellies etc. here if you would like too

We have snack in the morning and the afternoon – please provide a healthy snack for you child, we receive free milk so will offer this at snack time if you are happy for your child to have this.

We have lunch at 12 – 12.30, if you child is in during this time please provide a healthy lunch. We have got the facilities to warm up food if needed.

We go outside every day so if you could bring some outdoor clothing- wellies, waterproofs, warm clothes etc.

If you child is in nappies please bring these or your child.

Water will be available at all times during the day, if you child needs a beaker please provide this each day – we will fill it up with water

Please label all clothing, food, nappies, dummies, beakers etc

Any other questions please don't hesitate to contact us

Thank You St Bees Little Learners Nursery

## Tapestry – Online Learning Journal

We use this to record children's observations and record each child's progress. When an observation takes place (sometimes once a day per child, sometimes once a week), the site will automatically email you a notification, you are then asked to logon to the website (or app) and view the observation. You are also encouraged to comment back for us to see and are also able to put your own observations onto your child's profile, which can give us an insight to what your child is like at home, as well as nursery. We will complete a progress check on your child and create a report at least three times a year, which will be available for you to see online. Anyone who does not have access to the internet we can print out reports and observations.

## Tapestry Parental Consent form

### **Agreed guidelines for accessing and using Tapestry 'Online Learning Journeys'**

As a parent I will...

**Not** publish any of my child's observations, photographs or videos on any social media site

**Keep** the login details within my trusted family

I agree to the guidelines:

Name of parent/carer: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name of Child \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

If you wish to **add** another parent/carer email to you child's account please add the information below

Name of parent/carer: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name of Child \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_