Please complete this form in BLOCK capitals and return to the Nursery and Pre-School Department, Riverston School, 63-69 Eltham Road, London SE12 8UF

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Surname:** |       | **Child’s First name/s:** |       |
| **Date of birth:** |       | **Gender:** | Male / Female | **Proposed date of entry:** |  |
| **Child’s Address:** | Postcode:  |
| **Ethnicity:****(Please tick)** | □ African □ Asian or Asian British□ Bangladeshi□ Black or Black British□ Caribbean□ Chinese□ Gypsy/Roma□ Indian□ Irish□ Mixed – White and Black Caribbean | □ Pakistani□ Traveller of Irish heritage□ White – British□ White and Asian□ White and Black African□ Any other Asian Background□ Any other Black background □ Any other ethnic background□ Any other mixed background□ Any other white background |
| **Language spoken at home:** |  |
| **Religion:** |  |
| **Father’s Full name:** |  | **Mother’s Full name:** |       |
| **Father’s date of birth:** |       | **Mother’s date of birth:** |  |
| **Father’s National Insurance number:** |  | **Mother’s National Insurance number:** |  |
| **Father’s home address (if different from child):** |       | **Mother’s home address (if different from child):** |  |
| Postcode: | Postcode:  |
| **Home telephone number:** |  | **Home telephone number:** |  |
| **Mobile number:** |  | **Mobile number:** |       |
| **Home email:** |  | **Home email:** |       |
| **Work telephone number:** |  | **Work telephone number:** |       |
| **Occupation:** |  | **Occupation:** |       |
| **Name and address of the person the child lives with, if different from above**: | Name, and relationship to child:Address:Postcode: |
| **Name and address of person to whom accounts for fees should be sent if different from previous page:**  |
| **Name:** |  | **Telephone number:** |  |
| **Address:** | Postcode:  |

I/We the undersigned parent agree to pay the amounts due and in the case of default of any such payment agreement, I/We accept responsibility for all third party costs and any interest incurred.

|  |  |  |  |
| --- | --- | --- | --- |
| **Father’s Signature:**  |       | **Mother’s Signature:** |  |

In case we are not able to contact the parents please provide the details of three emergency contacts:

|  |  |  |
| --- | --- | --- |
| **Name** | **Telephone Number** | **Relationship to Child** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Name of Doctor, GP, or Health****Visitor:** |  |
| **Telephone Number:** |  |
| **Address of Surgery:** | Postcode: |

|  |
| --- |
| **Please tick if the following immunisations are up to date:** |
| **Diphtheria/Tetanus** | Yes | No | **Polio** | Yes | No |
| **Measles, Mumps,****Rubella** | Yes | No | **Meningitis C** | Yes | No |

|  |
| --- |
| **Please give details of any allergies or special dietary needs:**  |
|  |

|  |
| --- |
| **Please give details of any disabilities or on-going health issues:** |
|  |

|  |
| --- |
| **Please give details of any learning difficulties**: please tick and give details -  |
| No learning difficulties | Early Years Action/School Action | Early Years Action Plus/School Action Plus | Statement |

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| **Registration fee received** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days** | **Mon** | **Tue** | **We** | **Thu** | **Fri** |
|  |  |  |  |  |  |

 |
| **Acknowledged** |  |

|  |
| --- |
| **F/T** |

 |

|  |
| --- |
| **T/T** |

 |
| **Interview date** |  | **Room Allocated** |  |
| **Place accepted** |  | **Other Information****Password:** |  |
| **Acceptance fee received** |  |  |  |
| **Settling Date** |  | **Start Date:** |  |

Terms and Conditions of Admission

Early Years Department

These Terms and Conditions form a binding contract and must be agreed prior to a child being accepted into the Nursery or Pre-school.

* The Registration Fee of **£50.00** must be paid when submitting an application. The process of acceptance will not continue if this fee is not paid. Once an offer is made a deposit of **£200.00** will be requested and this amount will be refunded upon request at the end of Upper Pre-School. Please note that the deposit is non-refundable if a child is withdrawn at any other time. If parents no longer wish their child to attend the Early Years Department, four weeks’ notice in writing is required. In this case, all outstanding fees must be paid, up to and including the leaving date.
* There will be no refunds or credits of fees if the child does not attend their normal sessions on a daily basis, and no alternative sessions will be offered to compensate.
* Fees will be reviewed each year and parents and guardians will be given one half term’s notice of the intention to increase fees.
* The Early Years Department is open for 50 weeks of the year with a week’s closure at both Christmas and Easter. The department is also closed on Bank Holidays and for staff INSET training for 5 days throughout the year. Further training may take place on an ad hoc basis and children will be asked to be collected at 12.00 noon on those days. Parents will be notified well in advance of these occasions.
* Fees are payable by standing order, cash, cheque, monthly in advance, on the first day of each month. As allowances have been built into the fees for sickness and holidays, fees are payable irrespective of whether your child is absent through sickness, holidays or any other reason.
* No children can be accepted into the Early Years Department before 8.00am and they remain the responsibility of the parent/carer until they are handed over to a member of staff. All children must be at the Nursery by 10.00am unless there are extenuating circumstances.
* Children must be collected promptly at the end of each day otherwise a late charge will be imposed. If for any reason a parent is unable to collect a child, they must notify the Early Years of the name of the person who will replace them and at what time they are due to arrive. We will arrange for a password to be given to that person to gain access. No child is allowed to leave the school with someone who is not known to us and without prior consent.
* At the discretion of the Nursery/Pre-school Manager, children who show signs of distress, high temperature, or other illnesses, will not be allowed into the department. If a child becomes ill during the day, the school will contact the parents or the named emergency contact by telephone and request that he or she is collected immediately from the Nursery or Pre-school.
* Parents are required to inform the Early Years of any changes to the details provided on the child’s registration form. e.g. change of address, telephone numbers, email address etc. Almost all of the children’s records will be forwarded on to the child new setting (nursery/school), when they leave Riverston (if a child is not moving on to a new setting, the company will retain their file. This will include documents such as registrations forms, medical forms, forest school form, consent forms etc.
* To reduce the spread of illness and infection, no child will be admitted to the Early Years if they are unwell. Parents must notify the staff if their child has an infectious disease and abide by the incubation period for all contagious illnesses. A list of these diseases is displayed for information in each room in the Nursery.
* The staff will only administer appropriately labelled, dated and prescribed medicines once a completed and signed medication authorisation form has been submitted to the Nursery/ Pre School Manager. A child who has been prescribed medication should be kept at home for the first 24 hours of the course.
* The school will address and resolve any behavioural problems with the cooperation of the parents, and we reserve the right to exclude any child whose behaviour is unacceptable to members of staff or represent a risk to other children. We share information with outside agencies where appropriate and this includes Children’s Services, GP’s, Health Professionals, and the Metropolitan Police.
* Parents and Carers should ensure that all clothing is labelled clearly with the child’s name. Whilst all due care and attention is taken to protect children’s clothing, we cannot accept responsibility for any loss or damages. Riverston School will not be responsible for any personal belongings that are brought on to the premises.
* If you require extra sessions the Early Years will be as flexible as possible to accommodate. The Early Years management must agree these changes and at least one weeks’ notice must be given if you wish to cancel these additional sessions otherwise fees will remain payable.
* Riverston is an inclusive setting and children with SEND will be assessed in order that we have the capacity to meet their needs. If we are unable to meet the needs of your child, we may have to withdraw the offer of the place.
* At Riverston we strive to ensure that the Early Years Department consistently promotes high standards of childcare. We welcome any suggestions and comments that parents/carers wish to contribute. If you feel it necessary to make a complaint, please contact the Head of Nursery & Pre-school.
* Should you miss a payment from a plan agreed with the bursar, your child’s place will be suspended until payments have been made. If your balance exceeds £1000 your child’s place will be suspended until fees are cleared.

These Terms and Conditions are supplementary to and in addition to the main Conditions of Admission for Riverston School which can be accessed through our website on the Admissions page at [www.riverstonschool.co.uk](http://www.riverstonschool.co.uk). A hard copy can be supplied on request.

We reserve the right to suspend or terminate a child’s place should any of the Terms and Conditions be breached or if we deem this action to be necessary in the interests of the other children.

**Declaration:**

I have read the school’s conditions for admission and undertake to conform to all the rules and regulations of the school as listed above and as stated in the general Admissions Policy of Riverston School. I/we agree to give one month’s/one term’s notice of withdrawal from the Early Years Department in writing, or pay one month’/one term’s fees in lieu of notice.

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s signature: |  | Mother’s signature: |  |
| Date: |  | Date: |  |

**Please bring the following documentation to school to be verified before your child starts in the Early Years Department:**

|  |  |  |
| --- | --- | --- |
| **Document** | **Document Number/Detail** | **Checked by/Signature** |
| **Passport** |  |  |
| **Birth Certificate** |  |  |
| **Utility Bill** |  |  |

**Permission Signatures**

**Child’s Full Name: ………………………………………………………………………………………….**

I/We give permission for our child to be taken to hospital in the event of an accident or emergency within the Early Years hours of care, whether that be on the premises or during a trip or outing. Permission is given for medication or treatment to be administered by a doctor in my absence. Both Parents to sign if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Please printname: |  |
| Signature: |  | Please printName: |  |

I/We give permission for any member of staff to take my child off the premises on local outings i.e. the library, shops or the park. Other types of outings will specifically be cleared by an official letter informing you about the trips.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Please printname: |  |
| Signature: |  | Please printName: |  |