



MEDICATION CONSENT

Please tick below to state you agree to the following:

- I will inform the nursery of my child being given any medicines on the day of attending nursery.
- I give consent for a member of Pinocchio's team to apply sunscreen.
- I give my consent for my child to participate in the toothbrushing programme.

Please note, the only medication that would be administered by the nursery team must be prescribed by a doctor and individual medical forms signed by the parent/guardian in advance Pinocchio's Nursery reserves the right to refuse the right to administer medication that requires specific training, without prior training for this.

Parent's signature: Date:



MEDICAL TREATMENT CONSENT

Should your child become unwell whilst at Pinocchio's we require your consent to treat them.

I do I do not give an employee trained in first aid consent to treat my child.

I do I do not give a doctor or other medical professional consent to treat my child.

* I understand that Pinocchio's will contact me immediately in this event.

Parent's signature: Date:



PHOTOGRAPHIC CONSENT

I do I do not give permission for us to take photographs/videos of your child to be used within the nursery setting. (i.e. displays)

I do I do not give permission for us to take photographs/videos of your child to be used in newspapers/ brochures/posters, etc.

I do I do not give permission for us to take photographs/videos of your child to be used on social media and Pinocchio's website.

I do I do not give permission for us to take photographs/videos of your child for learning journals.

Please note, inspectors require evidence of the activities we offer the children in our care. Photographs may be used in the nursery in the normal publicity of good work/a positive nursery ethos.

Parent's signature: Date:



OUTINGS/TRIPS CONSENT

I do I do not give my consent for my child to be taken on local walks.

I do I do not give my consent for my child to be taken on outings/trips in the nursery minibus.

Please note, permission will be requested in advance of any other trips.

Parent's signature: Date:



PERSONAL DATA

I give Pinocchio's Children's Nurseries permission to store and process relevant personal data. (i.e. email address etc.)

Parent's signature: Date:



ADDITIONAL INFORMATION

1. Has your child attended play group or nursery in the past? (If so please give details)

2. Please say how you first heard of the nursery. Was it from local reputation, friend, advert, or other? (Please give details)

3. Please mention here the names of any other members of the family attending the nursery or any other connection with the nursery.

4. Please state your reason(s) for choosing Pinocchio's Nursery for your childcare?

5. Are you waiting for availability at another Pinocchio's nursery, if yes which nursery would you like a placement? Please state reason for the transfer?

PAYMENT METHOD:

- Tax Free Childcare Direct Debit Direct Banking Debit/Credit Card



AGREEMENT

We would ask that it is the parents' responsibility to keep the information contained on this registration form up to date, especially emergency contact details and any allergy/medical details.

NOTICE PERIOD: One full calendar month's notice must be given if you are leaving or reducing sessions permanently.

NURSERY FEES (non Grant Funded hours):

Fees are payable in advance on the 1st day of the month, by Direct Debit/Tax Free Childcare or other approved payment methods. For third party payments, we need written confirmation that funding has been granted before the child starts at the nursery. The parents are ultimately responsible for all payments. Should non-payment continue past one full month, your child will be excluded from the nursery until your account has been paid in full. Failure to comply may result in notice being served and your child's placement being cancelled.

I agree to abide by the terms and conditions and policies and procedures of Pinocchio's Nursery which I have read and fully understand.

Signed: Date:

Print name: Relationship to child:

OFFICE USE ONLY

Registration received: Direct Debit Received:

Fee received: Trial Dates:

Place confirmed date: Start Date:

Waiting list date: Welcome pack issued:

Input into nursery administrations system (tick when complete) on (date)



Children's Nurseries LTD



For more information please visit:

www.pinocchiosnursery.co.uk



PINOCCHIO'S REGISTRATION FORM

Placement Type: *please tick as appropriate

- Grant Funded only, No payment Required Parents responsible for fees (for sessions not covered by grant funding)

* All sessions include freshly prepared meals, baby formula milk or organic cows milk, nappies and baby care items.



CHILD'S DETAILS

First name: Proposed start date:

Middle name: Due date:

Known as (name): Date of Birth:

Surname: Child sex: Male Female

Position in Family: Hair Colour: Religion:

Language Spoken: Nationality: Ethnic Origin:

I have supplied a copy of: Birth Certificate Passport Passport / birth certificate number

Intended medium of education (eg English, Welsh, Gaelic): Attach child's photo here: (optional)

PHOTO



CONTACT DETAILS

Home Address:

Town: County: Post Code:

Home Telephone: Family email:

Preferred method of contact for nursery correspondence: (e.g. newsletters, invoices, trips etc) E-mail Hand out

	Eskbank Nursery: T: 0131 654 2914 E: eskbank@pinocchiosnursery.co.uk A: Newbattle Road, Eskbank, Midlothian EH22 3AU
	Gilmerton Nursery: T: 0131 664 3276 E: gilmerton@pinocchiosnursery.co.uk A: 6 Ferniehill Road, Gilmerton, Edinburgh EH17 7AB
	Heriot-Watt Nursery: T: 0131 451 5236 E: heriot-watt@pinocchiosnursery.co.uk A: First Gait, Heriot-Watt University, Edinburgh EH14 4AS
	Lasswade Nursery: T: 0131 654 2914 E: lasswade@pinocchiosnursery.co.uk A: School Green, Lasswade, Midlothian, EH18 1NB
	Penicuik Nursery: T: 01968 679 007 E: penicuik@pinocchiosnursery.co.uk A: Eastfield drive, Penicuik, Midlothian, EH26 8BA

Pinocchio's Children's Nurseries. Registered Address: School Green, Lasswade, Midlothian EH18 1NB. Registered in Scotland SC218455

FAMILY DETAILS

<p>Father/Carer</p> <p>Title, Name: <input style="width: 90%;" type="text"/></p> <p>Mobile Phone No: <input style="width: 90%;" type="text"/></p> <p>Home Address: <input style="width: 90%;" type="text"/></p> <p>Post Code: <input style="width: 90%;" type="text"/></p> <p>Employer's name: <input style="width: 90%;" type="text"/></p> <p>Work address: <input style="width: 90%;" type="text"/></p> <p>Post Code: <input style="width: 90%;" type="text"/></p> <p>Work Telephone: <input style="width: 90%;" type="text"/></p> <p>Work Email: <input style="width: 90%;" type="text"/></p>	<p>Mother/Carer</p> <p>Title, Name: <input style="width: 90%;" type="text"/></p> <p>Mobile Phone No: <input style="width: 90%;" type="text"/></p> <p>Home Address: <input style="width: 90%;" type="text"/></p> <p>Post Code: <input style="width: 90%;" type="text"/></p> <p>Employer's name: <input style="width: 90%;" type="text"/></p> <p>Work address: <input style="width: 90%;" type="text"/></p> <p>Post Code: <input style="width: 90%;" type="text"/></p> <p>Work Telephone: <input style="width: 90%;" type="text"/></p> <p>Work Email: <input style="width: 90%;" type="text"/></p>
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<p>Father's/Carers Responsibilities:</p> <p><input type="checkbox"/> Parental responsibility <input type="checkbox"/> Collect Child from Nursery</p> <p><input type="checkbox"/> Payment of Fees <input type="checkbox"/> Contact in Emergency</p>	<p>Mother's/Carers Responsibilities:</p> <p><input type="checkbox"/> Parental responsibility <input type="checkbox"/> Collect Child from Nursery</p> <p><input type="checkbox"/> Payment of Fees <input type="checkbox"/> Contact in Emergency</p>
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EMERGENCY CONTACTS

Should the need to contact you in an emergency arise, please indicate who should be contacted in the first instance.

First Emergency Contact Name:

Second Emergency Contact Name:

Other contacts/Authorised pick ups

1. Name: <input style="width: 90%;" type="text"/>	Relationship to Child: <input style="width: 90%;" type="text"/>	Contact No: <input style="width: 90%;" type="text"/>
2. Name: <input style="width: 90%;" type="text"/>	Relationship to Child: <input style="width: 90%;" type="text"/>	Contact No: <input style="width: 90%;" type="text"/>
3. Name: <input style="width: 90%;" type="text"/>	Relationship to Child: <input style="width: 90%;" type="text"/>	Contact No: <input style="width: 90%;" type="text"/>
4. Name: <input style="width: 90%;" type="text"/>	Relationship to Child: <input style="width: 90%;" type="text"/>	Contact No: <input style="width: 90%;" type="text"/>

FAMILY PASSWORD

We operate a family password system, in the instance of the usual person not being able to collect the child this password will be asked for. Parents/guardians must advise the nursery prior to the new person collecting the child. This password must remain confidential to the family/designated people responsible for collecting the child.

Please indicate your password

TYPE OF PLACEMENT

Pinocchio's 1140 hours options (for all 3-5 year olds and eligible two year olds)

Free government grant funded hours provided, no money required for deposit a or grant funded time at Pinocchios

All nurseries: Over 50 weeks / 22 hours and 45 minutes grant funding per week

Option 1: 2 days (8am - 5pm) and 1 day (8am to 12.45pm)

Option 2: 2 days (8am -5pm) and 1 afternoon (1pm - 5.45pm)

Option 3: 3 days (8am - 6pm) during school term time only

Option 4: 5 morning sessions (Monday to Friday)

Option 5: 5 afternoon sessions (Monday to Friday)

State which Option number you require:

All Session flexibility: Drop off up to 15 minutes after session starting (ie: 8.45-9am) and collection up to 15 minutes earlier than sessions finishing (ie: 3.05pm-3.20pm)

CHILDCARE SESSIONS

Grant funded sessions, extra hours paid by parents (optional)

	MON	TUES	WED	THUR	FRI
Drop Off	<input type="checkbox"/> 7.30-8am	<input type="checkbox"/> 7.30-8am	<input type="checkbox"/> 7.30-8am	<input type="checkbox"/> 7.30-8am	<input type="checkbox"/> 7.30-8am
Pick Up	<input type="checkbox"/> 5-6pm	<input type="checkbox"/> 5-6pm	<input type="checkbox"/> 5-6pm	<input type="checkbox"/> 5-6pm	<input type="checkbox"/> 5-6pm

Daycare (0-5yrs) Full sessions, not covered by grant funding) opening times 7.30am-6pm (Penicuik only 7.15am - 6pm)

	MON	TUES	WED	THUR	FRI	
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.30am-1pm
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-6 pm

MEDICAL DETAILS

IN THE INTERESTS OF HEALTH & SAFETY, PLEASE GIVE THE FOLLOWING DETAILS

<p>G.P.</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>Address of Surgery: <input style="width: 90%;" type="text"/></p> <p>Postcode: <input style="width: 90%;" type="text"/></p> <p>Telephone No: <input style="width: 90%;" type="text"/></p>	<p>HEALTH VISITOR</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>Address: <input style="width: 90%;" type="text"/></p> <p>Postcode: <input style="width: 90%;" type="text"/></p> <p>Telephone No: <input style="width: 90%;" type="text"/></p>
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OTHER AGENCY DETAILS

Name:

Address:

Postcode:

Telephone No:

Permission to contact your health visitor (only if necessary)

Yes No

Does your child have any long term needs regarding medication? (Please include signs/ symptoms/ name of medication/ how often your child requires it):

Any other details we should know about?

ADDITIONAL SUPPORT NEEDS

Details of any additional support needs/medical conditions your child has:

ILLNESS

Please give details of any childhood diseases

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Measles
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Polio	<input type="checkbox"/> Other _____
<input type="checkbox"/> German measles	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Other _____

IMMUNISATIONS

Please indicate if your child has received the following immunisations:

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Meningitis C	<input type="checkbox"/> Whooping Cough	Date of Immunisations:
<input type="checkbox"/> Hib	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR	<input style="width: 90%;" type="text"/>
		<input type="checkbox"/> Tetanus	