VICTORIA HOUSE APPLICATION FORM (Age 2+)

Please read both the Parents Information Booklet and the Terms & Conditions document, then complete this form and return it with your £40.00 registration fee (cheque payable to Victoria House Nursery).

(This registration fee covers initial administration costs and entitles you to a free shoe bag for your child)

FULL NAME OF CHILD...................................……………...................……………

CHILD'S DATE OF BIRTH..………..………...

YOUR NAME Mrs/Mr/Ms*...……………... **Mother/Father/Guardian***

YOUR ADDRESS …………………………………………………………………….…

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BILLING NAME AND ADDRESS …………………………………………………………

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FOR EACH DAY YOU WANT YOUR CHILD TO ATTEND PLEASE **CIRCLE THE SESSIONS REQUIRED**

(minimum 3 sessions on 3 different days per week)

	Full Day 8am to 6pm £45.00	Short Day 9am to 4pm £38.50	Morning 8am to 1pm £30.50	Afternoon 1.30pm to 6pm £25.75
Monday	Full Day	Short Day	Morning	Afternoon
Tuesday	Full Day	Short Day	Morning	Afternoon
Wednesday	Full Day	Short Day	Morning	Afternoon
Thursday	Full Day	Short Day	Morning	Afternoon
Friday	Full Day	Short Day	Morning	Afternoon

> **DATE YOU WISH YOUR CHILD TO START AT THE NURSERY**..................../............/.....................

Office use only:

> **DATE CHILD FINISHED ATTENDING THE NURSERY**..

MOTHER'S NAME…………………………………… FATHER'S NAME……………………………………

PLACE OF WORK………………………………… PLACE OF WORK……………………………………..
WORK ADDRESS…………………………………… WORK ADDRESS……………………………………

………………………………………. ………………………………………….

HOME PHONE…………………………………… HOME PHONE…………………………………..

WORK PHONE…………………………………… WORK PHONE…………………………………..

MOBILE…………………………………… MOBILE……………………………………………

EMAIL………………………………………….. EMAIL……………………………………………

(Newsletters and other general communication will normally be sent by email)

What is/will be your child's first language?..

Does/will your child speak any other languages?..

EMERGENCY CONTACTS

IT IS ESSENTIAL that you provide details of **at least** two friends/relatives who can be contacted during nursery hours if we are unable to contact you.

TELEPHONE NUMBER 1 ....NAME/RELATIONSHIP….......…….…....................................

TELEPHONE NUMBER 2....................................NAME/RELATIONSHIP………….....................................…....

These numbers will only be used in an emergency, and only if we cannot contact you.

WHO ELSE CAN COLLECT YOUR CHILD?

If anyone other than the parents (or the emergency contacts named above) is likely to collect your child at any time, please give their details here. Each named person must be over 16 years of age and must be prepared to provide appropriate photographic identification.

NAME……………………………………………… NAME…………………………………………

NAME……………………………………………… NAME…………………………………………

MEDICAL INFORMATION AND SPECIAL INSTRUCTIONS.

NAME OF CHILD'S DOCTOR…………………….…................... PHONE NO. ....……..

NAME OF CHILD'S HEALTH VISITOR....................................... PHONE NO. ……….......….……………

All children are provided with a morning and afternoon drink and a snack in addition to their packed lunch. PLEASE INDICATE IF YOUR CHILD SHOULD NOT BE GIVEN CERTAIN FOOD/DRINK, AND THE REASON – LIFESTYLE, HEALTH OR CULTURAL

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(Please note we cannot guarantee your child will never have access to any food you list here. If this might cause problems please speak with the Nursery Manager)

Special instructions (other allergies, asthma, eczema, phobias etc)

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BEHAVIOURAL, SOCIAL AND EMOTIONAL ISSUES

Please give details of any behavioural, social or emotional issues your child has or you may feel he/she may have.

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PREVIOUS CHILDCARE EXPERIENCE

Has your child been attending another Nursery?   **YES / NO**

If yes, please give name of previous Nursery ……………………………………………………………………

Reason for leaving previous Nursery…………………………………………………………………………..

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IMMUNISATIONS TO DATE

Since September 2011 we have updated our immunisation policy at Victoria House Nursery. It is now our policy that all children registered in Nursery fully comply with the IOM Government's recommended inoculation schedule, including the MMR vaccination. Please confirm that your child has been inoculated by completing the details below.

Due Date	Diseases Protected Against	Date Received
Age 2 months	Diptheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib)	…………………..
Age 3 months	Diptheria, tetanus, pertussis, polio & Hib	…………………..
Age 3 months	Meningococcal Group C disease (MenC)	…………………..
Age 4 months	Diptheria, tetanus, pertussis, polio & Hib	…………………..
Age 4 months	MenC	…………………..
Age 4 months	Pneumococcal disease	…………………..
Between 12 & 13 Months	Hib/MenC	…………………..
Between 12 & 13 months	Pneumococcal disease	…………………..
Between 12 & 13 months	Measles, Mumps & Rubella (German Measles)	…………………..
3 years 4 months	Diptheria, tetanus, pertussis & polio	…………………..
3 years 4 months	Measles, Mumps & Rubella (German Measles)	…………………..

Please Note   **A child who has not been vaccinated at the appropriate times will not be accepted into Nursery**

Has your child had any other immunisations?..

Please give details

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I confirm that my child has been inoculated as detailed above and that I will continue to have him/her inoculated in line with the IOM Government's recommended inoculation schedule, including the MMR vaccination

Signed (parent/guardian)………………………………………………   Date………………..

AUTHORISATIONS:

I authorise Victoria House to authorise any emergency medical treatment to my child. Every possible effort will be made to contact a parent before this authorisation is brought into effect.

Signed:…………………………………………Signed:……………………………………………………..

I accept the exclusion periods set out in the DHSS guidelines for Communicable Diseases in Schools, Nurseries and Workplaces.

Signed:…………………………………………Signed:……………………………………………………..

I permit students from the Isle of Man College to make written and photographic observations on my child in line with the Nursery policy on use of photographic equipment. No reference will be made to your child's full name.

Signed:…………………………………………Signed:……………………………………………………..

I give my permission for Victoria House to take photographs of my child for

- Nursery display, and record keeping purposes.
- Nursery newsletters.
- Publication in the local press.
- Nursery Website/Facebook page.

(delete as appropriate)

Signed:…………………………………………Signed:……………………………………………………..

I give my permission for Victoria House to take my child on outings from Nursery

- On foot – e.g. walks to the park, local supermarket, TT Grandstand, glens, beach etc.
- In a taxi
- On a bus/coach

(delete as appropriate)

Signed:…………………………………………Signed:……………………………………………………..

I give my permission for Victoria House to apply Nursery supplied sunscreen to my child as and when necessary.

(If your child has allergies or needs specific sun cream, please put the details on the second page of this application and you will need to supply named sun cream during the summer months.

Signed:…………………………………………Signed:……………………………………………………..

I give my permission for Victoria House staff to let my child socialise on occasion with other children in Nursery who may be of different age groups, older or younger.

Signed:…………………………………………Signed:……………………………………………………..

It would be in the best interest of your child if you could give us any information in relation to any medical conditions your child may have or any other needs relating to their social and emotional development.
Any information you can give us in relation to your religious beliefs and culture and how you wish us to support your child in any way please indicate below.
Thank you for your support

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DECLARATION

I WISH TO APPLY FOR ADMISSION OF THE ABOVE NAMED CHILD AT VICTORIA HOUSE. I HAVE READ AND UNDERSTOOD BOTH THE INFORMATION PACK BOOKLET AND THE TERMS AND CONDITIONS. I HEREBY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS AND BY ANY UPDATES TO THE TERMS AND CONDITIONS. I UNDERSTAND THAT FEES ARE PAYABLE IN ADVANCE BEFORE THE FIRST DAY OF THE MONTH, THAT PENALTIES MAY BE CHARGED ON ALL FEES OUTSTANDING AFTER THIS DATE, INCLUDING ANY BALANCE DUE UNDER THE PAYMENT BY STANDING ORDER SCHEME, AND THAT FAILURE TO PAY FEES MAY RESULT IN MY CHILD BEING REFUSED ENTRY TO NURSERY. I ENCLOSE MY REGISTRATION FEE OF £40.00

I AGREE THAT, IF OFFERED A PLACE, I WILL ACCEPT IT AND PAY THE DEPOSIT DUE WITHIN 2 WEEKS AND

I UNDERSTAND THAT IF I DO NOT DO THIS I MAY FORFEIT THE OFFER OF A PLACE. I ALSO UNDERSTAND

THAT MY DEPOSIT IS NOT REFUNDABLE IF I DECIDE AT A LATER DATE (BUT BEFORE THE START DATE) NOT

TO TAKE UP THE PLACE.

SIGNED………………………………………………….**Date**……..……….………………….....……
(on behalf of all parents/guardians)

To help us please tell us how you heard about the nursery……………..…...

PLEASE COMPLETE THE STANDING ORDER INSTRUCTION ON THE LAST PAGE (LEAVING DATES, AMOUNTS AND REFERENCE BLANK) AND RETURN IT WITH THE REST OF THE FORM. YOU WILL BE ADVISED OF THE AMOUNTS TO BE PAID EACH MONTH, BEFORE THE FIRST PAYMENT IS DUE.

Issue Date June 2018

……………………………………..
(Bank Name)

……………………………………..
(Bank Address)

……………………………………..

……………………………………..

Date:

Dear Sir

Account Name_____

Account Number_____

Please set up the following standing order payments on the above account.

First Payment Date: **26th**

First Payment Amount:

Followed by   further payments of **£**   on 26th of each month with the final

payment on 26th

All payments should quote a reference of   and be paid to the following account:-

      Isle of Man Bank Ltd
      2 Athol Street
      Douglas
      Isle of Man
      IM99 1AN

Account Name: Fraggle Rock Properties Ltd

Account Number: 12578908

Sort Code: 55-91-00

Yours faithfully

……………………………………..(Signature)

……………………………………...(Print Name)