



Preparing your children for school and life

## ST ANDREWS BUILDING BLOCKS PRESCHOOL AND NURSERIES **NEW REGISTRATION FORM**

Please fill in the details on this form in block capitals and return to:  
**St Andrews Church, Church Road Watford WD17 4PY or**  
**buildingblockswatford@outlook.com Telephone: 07581 443 479**

Your registration must be returned along with a copy of your child's birth certificate and passport, Parents photo ID, £30.00 for your one-time payment towards snack and a house hold bill as proof of address within the last 3 months





## YOUR CHILD

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender  Male  Female

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Desired Date of Entry \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Religion \_\_\_\_\_ Child's Ethnic Origin \_\_\_\_\_

First Language \_\_\_\_\_ Second Languages \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Main Carer \_\_\_\_\_ NHS Number \_\_\_\_\_



## MAIN CARERS

Parent 1 First Name \_\_\_\_\_

Parent 1 Last Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_

National Insurance Number \_\_\_\_\_

Place of Work \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile Telephone Number

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Work Telephone Number

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Home Telephone Number

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Parent 2 First Name

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Parent 2 Last Name

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Date Of Birth

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National Insurance Number

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Place of Work

---

Home Address

---

Email Address

---

Mobile Telephone Number

---

Work Telephone Number

---

Home Telephone Number

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Who has Parental Responsibility  
(please state - cross out who is not relevant)

Parent 1 / Parent 2 / Both

Parents / Other

is there any names adult who has no legal  
access to your child

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Number of people in household

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Child's position in family

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Sibling's names and ages

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Relatives that have attended Building Blocks  
Preschool & Nurseries

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## Emergency treatments and daily care

| Request   | Sign |
|---|------|
| <p>In the event of an emergency and the nursery is unable to contact you or any of your representatives we request that you sign to indicate that the nursery may authorize emergency treatment from medical specialists. (e.g., a Doctor, Surgeon, Nurse, or Paramedic).</p>   |      |
| <p>I/We give permission for treatment in the event of minor injury and application of hypoallergenic plaster.</p>   |      |
| <p>I/ We give permission for my child to attend pre-planned school outings.</p>   |      |
| <p>I/We give permission for Building Blocks Preschool and Nurseries to share information with Westfeild Children's Community Centre.</p>  |      |
| <p>I/We give permission to staff to change my child when necessary</p>  |      |
| <p>I/We agree to allow sun protection cream to be applied to my child's skin, but I understand that I must supply that I know to be suitable for my child's skin. Yes/No</p>  |      |
| <p>I/We agree for my child to be photographed whilst at nursery and for observational records and pictures to be displayed within the nursery. Yes/No</p>   |      |
| <p>I/We understand that Building Blocks Preschools Nurseries limited have Policies and Procedures that are available upon request.</p>  |      |
| <p>In the interests of security of the children in our care, we will not, under any circumstances, allow your child to be picked up by anyone other than the person/s signing this form. If you envisage the need to have someone else collect your child you must send us written authorization. Please sign your understanding.</p> |      |

## 4

**EMERGENCY CONTACT**

Some you trust to collect or give consent for your child who is NOT parents and are over 16

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Relationship to Child \_\_\_\_\_

## 5

**CHILD'S HEALTH AND WELFARE**

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Contact Number \_\_\_\_\_

Has your child been immunized for any of the following?

|            | Yes/No |                 | Yes/No |
|------------|--------|-----------------|--------|
| Measles    |        | Mumps & Rubella |        |
| Tetanus    |        | Poliomyelitis   |        |
| Diphtheria |        | Whooping Cough  |        |

**Has your child had the following illnesses?**

| <b>Yes/No</b> |  | <b>Yes/No</b>  |  |
|---------------|--|----------------|--|
| Measles       |  | Chickenpox     |  |
| Mumps         |  | Whooping Cough |  |
| Rubella       |  |                |  |

**Does your child have:                      Yes/No    If yes, please give details**

|                                  |  |  |
|----------------------------------|--|--|
| Additional Needs?                |  |  |
| Regular Medical Attention Needs? |  |  |
| Allergies?                       |  |  |
| Intolerances?                    |  |  |
| Dietary Requirements?            |  |  |
| Religious/Cultural Requirements? |  |  |

Name and Contact Number of  
Social Worker

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Name and Contact Number of  
Health Visitor

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Name and Contact Number of Speech  
Therapist

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Name and Contact Number of Family  
Support Worker

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Nursery Previously Attended

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Do you have any concerns regarding  
your child's development

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If yes, please give details

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**If you have any reports or assessments from a previous nursery or any professionals please attach copies.**



## SESSIONS

**Are you requiring payment of session by?**

|   |  |
|---|--|
| Paying Privately  |  |
| Fee 3 and 4<br>(Assessed the term after your child turns 3 years) |  |
| Fee 2<br>(Assessed on income from your child's 2nd birthday)      |  |
| Childcare Vouchers (through your employer)                        |  |
| Other (please state)  |  |

**Do you have a Fee 2 confirmation letter? If yes, it must be attached.**

**Please select your first choice of sessions.**

**We require you to book a minimum of 15 hours per week.**

|                              | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------------------|--------|---------|-----------|----------|--------|
| Morning<br>8:30 – 11:30      |        |         |           |          |        |
| *Fee 2,3 & 4<br>8:30 – 11:30 |        |         |           |          |        |
| Afternoon<br>12:30 – 3:30    |        |         |           |          |        |
| *Fee 2,3 & 4<br>12:30 – 3:30 |        |         |           |          |        |
| Full Day<br>8:30 – 3:30      |        |         |           |          |        |

**\*For parents wishing to only access the Fee funded hours**

**Please note any changes you may wish to change in the future**



## FEES

**Building Blocks Preschool and Nurseries operates for approximately 43 weeks of the school year, except operating during the half terms.**

### Our session fees are as follows

| <b>1 session = 3 hours</b> |        |
|----------------------------|--------|
| Two years                  | £23.00 |
| Three and over             | £22.00 |

| <b>5 session = 5 mornings/afternoons</b> |         |
|--|---------|
| Two years                                | £115.00 |
| Three and over                           | £110.00 |

| <b>1 full day = 7 hours</b>   |        |
|---|--------|
| Two years<br><small>(Please Note Lunchtime Fee's included is this rate)</small> | £54.00 |
| Three and over  | £52.00 |

| <b>1 full week = 31 hours</b>   |         |
|---|---------|
| Two years<br><small>(Please Note Lunchtime Fee's included is this rate)</small> | £239.00 |
| Three and over  | £230.00 |

**Additional hours (including emergency or adding extra hours to our set session times) will be charged at a set rate of £8.**

We ask that you book a minimum of 15 hours per week, these sessions will be held for you until we receive a terms written notice of cancellation of your child's place. You may increase your child's sessions at any time, you are requested to confirm this in writing, and your sessions will be increased once available. Emergency sessions are available at the manager's discretion. Fees include a fruit snack and weekly activities such as cooking, discovery, and music. Decreasing your child's sessions requires 3 months' notice. You will be charged for the previous higher rate for 3 months.

Unfortunately, sessions cannot be changed weekly due to ratios.



We regret we cannot make reductions in fees due to family holidays during term time or days off due to illness. We do not charge for school holidays. We do charge for staff training days, Bank holidays, and emergency closing such as extreme weather or emergencies with the building such as power cuts. If your child's session falls on any of the above, we do not swap sessions.

If for any reason you wish to withdraw your child/rens space, Building Blocks Preschool Nurseries Limited will require a full terms notice period given in writing. Failure to comply will result in you having to pay the associated costs for your child's space over the period of time, calculated on the hourly rate applicable at the time of your child's space at the setting.

Fees are invoiced in 11 equal monthly payments running from September until July. You are requested to pay on the 1st of each month, directly into the nursery bank account. If you join the nursery midterm your fees are calculated from your child's first day. You will be invoiced at the beginning of the school year or your child's first day.

Any fees not paid on the first of each month will attract interest at the Judgement Act Rate. If any fees have not been paid in full by the first day of the month we will require the whole term's fees in advance and we reserve the right to take legal action for the recovery of the fees and in any event to exclude the child from the nursery until all outstanding fees have been paid in full.

We will use parents' National Insurance Numbers to check your child's eligibility for the Early Years Pupil Premium. The Early Years Pupil Premium (EYPP) is additional funding for early years settings to improve the education they provide for disadvantaged 3 and 4-year-olds.

You are asked to return this with your registration and household bill stating your current address. This bill must be dated within the last 3 months and must be in the name of the person responsible for the fees and who signs this form.



## **CONTRACT**

I/We agree to give a term's notice (3 months) of leaving in writing or a term's fees.

All fees are invoiced monthly and are payable monthly in advance. By signing this form you have agreed to the Building Blocks Preschool and Nurseries contract.

You are not charged for school holidays with the exception being school training days and bank holidays.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**(Only 1 signature is needed for the contract to be binding)**