Sheet1



26a Balfour Street, Kirkcaldy
KY2 5HB
07432 116 512
linktownnursery@hotmail.com
www.kirkcaldynursery.com

The information given on this form will be held by Linktown Nursery. It provides the information we require to assess, plan and implement support for your child. You are under no obligation to allow us to store inforamation. All files are restricted to those authorised to see them and will be kept in a locked filing cabinet in the office.

This is in line with GDPR and the Data Protection Act 2018.

CHILDS NAM	1E					
DATE OF BIF	RTH			GENDER (M/	/F)	
DATE OF EN	ROLEMENT LEAVING DATE					
HOME ADDR	RESS					
(inc postcod	e)					
EMAIL ADD						
MAIN CONT	ACT NAME/TI	EL NO				
DETAILS PAI	RENTS/CAREI	RS				
CONTACT 1				_		_
NAME				Occupation	<u> </u>	
ADDRESS						
	from above)					_
TEL/MOB NU						_
	HIP TO CHILD	<u> </u>				
EMAIL ADD				_		,
CONTACT IN	AN EMERGE	NCY	YES		NO	
CONTACT 2						
NAME				Occupation		
ADDRESS						
(if different						
TEL/MOB NU						
	HP TO CHILD)				
EMAIL ADDI	RESS					
CONTACT IN	AN EMERGE	NCY	YES		NO	
		<u> </u>	·		<u> </u>	
CONTACT 3						
NAME				Occupation		
ADDRESS		<u> </u>	·		<u> </u>	
(if different	from above)					
TEL/MOB NU	JMBER					
RELATIONS	HIP TO CHILD					
EMAIL ADD	RESS					
	AN EMERGE		YES		NO	
PASSWORD – s	taff will ask for	this password	if anyone unkn	own to them co	llects the child	even if
	s the adult colle	ecting them				
PASSWORD						

SESSIONS ATTENDING	Please add your full hours your wish to attend below					
	MON	TUES	WED	THUR	FRI	
START TIME						
FINISH TIME						
TOTAL						
FUNDED HOURS (circle)	8.30-1.00	8.30-1.00	8.30-1.00	8.30-1.00	8.30-1.00	
5 morning/afternoon	1.00-5.30	1.00-5.30	1.00-5.30	1.00-5.30	1.00-5.30	
or 2 full & 1 half day	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	
You can opt for both fun	,		_			
outwith your funded cho	-					
SHARED CARE	NAME OF N	URSERY:-				
	MON	TUES	WED	THUR	FRI	
START TIME		1				
FINISH TIME						
NO OF HOURS ATTEND						
NO OT HOURS ATTEND	!	!	ļ.	I.	<u> </u>	
PROPOSED NURSERY/SC	HOOI					
. NOI OSED NONSENT/SC	1100L	<u> </u>				
CHILD HEALTH INFORMA	ATION	1				
G.P.NAME	TIAN	<u> </u>				
PRACTICE ADDRESS	1					
TRACTICE ADDRESS	J					
PRACTICE TEL NO	1					
WHICH IMMUNISATIONS	L S H A S					
YOUR CHILD HAD?	TIAS					
ANY ALLERGIES?						
ANY REGULAR MEDICAT	ION?					
DIAGNOSED MEDICAL CO						
DIAGNOSED MEDICAL CO	JADITION:	ļ				
HEALTH VISITOR NAME	Ī					
ADDRESS	<u> </u>					
ADDRESS						
TEL/MOB NO						
I LL/IVIOD NO	ļ					
PROFESSIONALS INVOLV	/FD W/ITH	SERVICE		NAMES		
YOUR CHILD	LD WIII	SLIVICE		INCINIES		
TOOK CHILD		-				
HAS THERE BEEN A DROI	EESSIONAL A	CCECCMENT	?	YES	NO	
HAS THERE BEEN A PROFESSIONAL A IF YES, CAN YOU PROVIDE A COPY?		DOCODIVICIN I :		YES	NO	
PLEASE GIVE DETAILS OF		DNC VOIT LA	VE WITH VO		INO	
SIGHT	ANT CONCE	YES	NO			
HEARING		YES	NO			
		YES	NO			
SPEECH/LANGUAGE		YES	NO	+		
COORDINATION/MOVEMENT BEHAVIOUR		YES	NO			
TOILETING		YES	NO			
OTHER		YES	NO			
O I I I I I		1, 5	1,10	1		

ASSESSMENT OF NEED – TOILET TRAINING	Sheet1				
IN NAPPIES					
USING POTTY/TOILET WITH HELP					
FULLY TRAINED					
COMMENTS					
ASSESSMENT OF NEED – SPECIAL DIETRY REQ	UIREMENTS				
ASSESSMENT OF NEED - ANY OTHER RELEVAN	T INFORMATION				
FAMILY ETHNIC ORIGIN					
CHILDS RELIGION	vivo dotailo)				
DOES YOU CHILD HAVE ANY SIBLINGS (please of	give details)				
FIRST LANGUAGE OF CHILD/FAMILY					
CONSENTS					
Please sign next to each to indicate your agreem	ent to and authorisation of the following				
TRANSPORT OUTINGS	on to and admonounce of the following				
Occasionally we will use bus/train to access other are	eas				
PHOTOGRAPHY					
This applies to photos taken by our staff of your					
child in the nursery setting/context for use in	Signed				
Website/Facebook					
<u>OUTINGS</u>					
Giving your consent at this point enables staff					
to take the children at short notice on brief					
outings in the surrounding area.	Signed				
This also applies to accessing public transport					
(bus/train) to visit the wider community.					
SUNCREAM					
Giving your consent for staff to apply suncream	Signed				
GENERAL DATA PROTECTION GUIDELINES					
Please be aware this is an opt out, opt in service.	1				
You can refuse to consent without detriment.					
You can opt out at any time. We keep personal					
records to support childrens learning, make Signed					
assessments, safeguarding, coply with					
legislation and assess quality of service. We					
will share info if there is evidence, resonable cause or significant harm to children in our care					
_					
You can access you file at any time.					

FEE COLLECTION AND PAYMENT POLICY eet1

Dear parent/carers

- * There is a £20 non refundable enrolement fee to be paid to secure your place.
- * You will be sent an invoice near the 15th of the month via email to be paid a month in advance.
- * Fees can be paid by bank transfer or paypal.
- * Fees remain payable in the event of the childs absence due to sickness/holiday
- * There will be no fees charged when the nursery is closed. This is during the festive season and adverse weather. If you have paid in advance, fees will be taken off next months invoice or your child may attend another day.
- * We understand that there are certain circumstances which you may not be able to pay. Please speak to a member of staff and we can arrange a payment plan for you.
- * 4 weeks notice is to be given to withdraw your child and fees will remain payable during this time.
- * In the event of a late payment, a £5 fee will be added for each reminder invoice.
- * After 2 reminders (letter, text or email), your child will be removed from the register.
- * Please contact the nursery if you are going to be late collecting your child. We understand that certain issues can arise. By letting us know we can arrange suitable support for your child.
- * If there are instances when there is a pattern of lateness without explanation, a £10 late collection charge will be added.

FEES:

Full week		£220.00	FUNDED CH	IILDREN
Full day	7am-6pm	£43.50	Morning	8.30am-1pm
Half day	7am-12pm or 1pm-6pm	£28.00	Afternoon	1pm-5.30pm
Lunch hour	12pm-1pm	£5.50	Full days	9am-6pm & one half day
Lunch		£1.50		
Breakfast	7am-8.30am	£7.50		

You can choose to use both funded and paid for hours throughout. Funded times are set and any additional afternoon hours over this will be charged for a half session of £28.00, e.g. 4pm pick up will be charged for the full afternoon session.

If you require childcare before 8.30am, this will be charged for breakfast club. Lunch will be provided for funded children. Please speak to a member of staff regarding allergy's. Snacks, drinks, fruit and veg are available all day for all children

I confirm that I have read and understand the fee collection and payment policy of Linktown Nursery. I agree to abide my the terms and conditions as outlined in the letter above and as detailed in the Fee collection/payment policy & guidelines document.

PARENT CARER OF:		
SIGNATURE		
PRINT	DATE	

Sheet1

VISIT CHECKLIST

When you come with your child for enrolement prior to starting at nursery, a member of staff will go through this checklist with you to ensure everything is covered and answer any questions you have.

INTRODUCTION TO STAFF MEMBERS	
OPENING TIME, HOLIDAYS, IN-SERVICE	
SETTLING YOUR CHILD IN	
SHOWN PEG/POCKET/NOTICEBOARD	
CLOTHING/CHANGE OF CLOTHES	
TOILETING	
SNACK/LUNCH	
PERSONAL LEARNING JOURNAL	
KEYWORKER SYSTEM	
OUTINGS/VISITS/SPEAKERS	
FEES, SESSION, TERM, FUNDED NOTICE ETC	
CONTACT INFO FOR NURSERY	
GDPR	
PASSWORD SYSTEM	
PARENT INFORMATION BOOKLET	
COLLECTING YOUR CHILD	
ANY QUESTIONS?	
·	

I can confirm I have read this agreement carefully and understood our Fee Collection and Payment policy. I will keep the nursery informed and updated of any changes to this contract.

SIGNED (PARENT/CARER)	
NAME OF CHILD	
SIGNED (STAFF MEMBER)	
DATE	

OFFICE USE ONLY

	DATE		
ED			
N?			
JMBER			
	N?	N?	ED N?