

Happy Feet Kool Kidz Zone

Registration Form



Child's Details

First Names:	Surname:	Known as:
Date of Birth: Age when starting:	Start Date:	
School Attending:	Office Use Only:	Proof of address seen:
	Date of Application:	

Parent/Guardian Contact Details (Please inform us if either parent does not have legal parental responsibility)

First Contacts Details (Bill Payer):

Second Contact Details:

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:			Home address (if different):		
Postcode:			Postcode:		
<input type="checkbox"/> Tick if child normally lives at this address			<input type="checkbox"/> Tick if child normally lives at this address		
Work (employer name & address):			Work (employer name & address):		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address: <small>(main email address where correspondence will be sent)</small>			Email address:		
Please confirm that you wish to receive communication from us by ticking this box <input type="checkbox"/>			Please confirm that you wish to receive communication from us by ticking this box <input type="checkbox"/>		

Alternative Emergency Contact Details Please provide details of two people we can contact if we are unable to get hold of the 1st or 2nd Contact

First Emergency Contact

Name:	House number: Work Number:	Mobile number:
Address:		Relationship to the child:
Postcode:		

Second Emergency Contact

Name:	House number: Work Number:	Mobile number:
Address:		Relationship to the child:
Postcode:		

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Details of Child's Doctor

Name of Doctor:	
Practice Address:	Phone Number:
Health Practitioner's Name:	Phone Number:
Practice Address:	

Child Vaccinations / Infections

Please specify if your child has been vaccinated against the following diseases (tick those that apply):				
MMR <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>	Polio <input type="checkbox"/>	Tetanus <input type="checkbox"/>	Meningitis <input type="checkbox"/>
Please indicate whether your child has had any of the following illnesses (tick those that apply):				
Measles <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	Mumps <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>	
Any other infectious illness: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please state details:				
Does your child have any long term illness, medical condition or disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please state details:				
Has there been a professional assessment confirming disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please state details:				
Can you provide copies of professional assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please comment:				

Health Concerns

<p>Please add details of any concerns about your child: (Sight/Hearing/Speech/Language/Coordination & Movement/Behavior/Toileting/Educational Psychologist's/Social Work/Other)</p> <p>Please Comment:</p>

About Your Child

Please detail any additional support your child has: (please provide full details)
Please detail any dietary requirements/ food allergies for your child: (please provide full details)
Is there any other information you feel maybe relevant to us at this point? (fear, dislike of foods etc..)

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Ethnic Background

Ethnic Origin – Please tick one category					
African - African/British/Scottish/Other	<input type="checkbox"/>	Caribbean or Black - Caribbean/British/Scottish	<input type="checkbox"/>	White - Gypsy Traveller	<input type="checkbox"/>
Asian - Bangladeshi/British/Scottish	<input type="checkbox"/>	Caribbean or Black - other	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Asian - Chinese/British/Scottish	<input type="checkbox"/>	Mixed or multiple ethnic groups	<input type="checkbox"/>	White – Other	<input type="checkbox"/>
Asian - Indian/British/Scottish	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>	White – Other British	<input type="checkbox"/>
Asian – Pakistani/British/Scottish	<input type="checkbox"/>	Not known	<input type="checkbox"/>	White - Polish	<input type="checkbox"/>
Asian - Other	<input type="checkbox"/>	Other Arab	<input type="checkbox"/>	White – Scottish	<input type="checkbox"/>
Other – Other					<input type="checkbox"/>
If you have ticked one of the 'other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here:-					

Childs Religion – Please tick which is relevant to your child					
Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Other	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	None	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>	Not Known	<input type="checkbox"/>		
If you have ticked one of the 'Other' boxes please enter the specific religion here:-					

National Identity – Please tick one category					
British	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
English	<input type="checkbox"/>	Not Known	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>		
If you have ticked the 'Other' box please enter the specific National identity here:-					

Asylum Status					
Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>

Main Home Language – Please state main language spoken at home
Additional Information (New to English, other languages spoken etc...):-

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Please Indicate Sessions Required (✓)

Out of School (term-time only) – 40wks	MON	TUE	WED	THU	FRI
Breakfast Club (7am – 9am)					
Afterschool Club (3pm – 6pm)					
Holiday Club (outside-time) – 11wks	MON	TUE	WED	THU	FRI
Full day (7am – 6pm)					
Morning (7am – 12pm)					
Morning + lunch (7am – 1pm)					
Afternoon (1pm – 6pm)					
Afternoon + lunch (12pm – 6pm)					
Primary 1, early finish (12pm – 6pm)					

Sessions Required

Signed (Parent/Guardian): _____

Date: _____

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Terms & Conditions for Registration into Happy Feet Kool Kidz Zone

Fee Payments

1. Fees are payable in **ADVANCE** around the start of each month collected by Direct Debit and/or vouchers.
2. Fees are payable for all sessions booked (including sickness/absenteeism/family holidays/Government Isolation Guidelines/Government forced lockdowns – *list not exhaustive*)
3. One month's notice in writing or one month's fees in lieu of notice is required when your child will be leaving Happy Feet or wishing to change days.
4. Fees cannot be refunded for absence whatever the circumstances.
5. A deposit of one week's fees will be required upon registration. This deposit will be used towards part of their first month's fees, and is non-refundable should the place be cancelled.
6. Fee payments in arrears (after 15th each month) will incur a late payment penalty of £25 and childcare ceased until full payment made.
7. The Company reserves the right to charge interest on overdue monies at the rate of 8% per annum above the bank base rate and varied from time to time.
8. In addition if the Customer defaults on payment the Company reserves the right to place the matter in the hands of their debt recovery agents, without prior warning in writing, and shall be entitled to a full reimbursement of any fees or disbursements paid to the debt recovery agent to aid recovery of monies outstanding to the Company.

General

9. Children will not be handed to anyone other than the agreed authorised persons unless notified in emergencies.
10. Children are encouraged not to play with their own toys at nursery as they may be lost or damaged. Happy Feet will not be held responsible for any child's damaged/broken toys.
11. Happy Feet take no responsibility for the parents/children personal possessions within our premises.
12. Parents must abide by any reasonable requests to ensure the safety of their children.

I/we have read, understood and agree upon the terms of registration mentioned in this document, and believe that the information that has been provided is true and correct.

I am the Parent/Guardian (*please circle as appropriate*) of the above child and request a place for my son/daughter at Happy Feet Nursery.

I enclose here with a cash/card payment for £_____ to confirm my child's space.

Signed (parent/guardian): _____ Date: _____

Signed (parent/guardian): _____ Date: _____

(Staff Use Only)

Childcare Fees Payable

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Weekly: £_____

Voucher Amount

Vouchers £_____ Voucher Company Name: _____