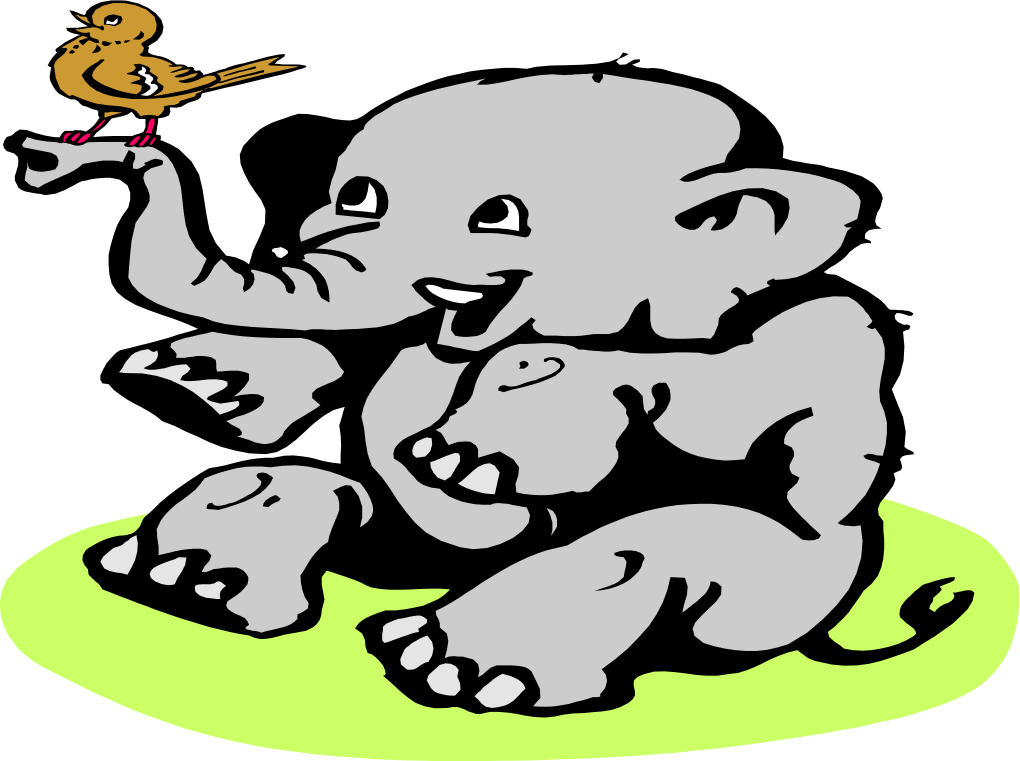
Mrs Bonds Village Nursery

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sessions required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



2 year code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30 hours code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EYPP code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Making Learning Fun

Registration Form

Full name of child ……………………........................................................

Name known as, if different …………………............................................

Date of birth………………………………......................

**Name of parent/s with whom the child lives**

1.……………………………..........................................................................

Does this parent have parental responsibility? Yes/No (delete)

Date of birth………………………………………………….

**Parent National Insurance Number (1)** ……………………………………

2.…………………………….............................................................................

Does this parent have parental responsibility? Yes/No (delete)

Date of birth………………………………………………….

**Parent National Insurance Number (2)** ……………………………………

Address……………………………………………………………………………

……………………………………………………………………………………

Post code……………………..

Telephone………………………………......

Mobile………………………………..................

Work ……………………………………………

Email address …………………………………………………………..

**Name of parent with whom the child does not live**

**1.**.……………………………......................................................................................

Does this parent have parental responsibility? Yes/No (delete)

Address of this parent……………………………............................................................................

………………………………............................................................................................................

Post code……………………..

Telephone………………………………......

Mobile………………………………....................

Work ………………………………………….

Does this parent have legal access to the child? Yes/No (delete)

G**.P Details**

G.P name and address ………………………………..............................................................................

………………………………..............................................................................

Tel ……………………………….....

Health Visitors name ……………………………………………

Telephone number …………………………………………….

**Emergency contact details ( we request at least 2 to be completed that are not parents)**

Name………………………………..................................................................................................

Relationship to child ……………………………………………………………………………….

Telephone……………………………….......... Mobile………………………………..............................

Name………………………………..................................................................................................

Relationship to child ……………………………………………………………………………….

Telephone……………………………….......... Mobile………………………………..............................

Name………………………………..................................................................................................

Relationship to child ……………………………………………………………………………….

Telephone……………………………….......... Mobile………………………………..............................

**Other than parent, persons authorized to collect the child (must be over 16 yrs of age)**

Name ……………………………….........................

Relationship to child………………………………

Telephone………………………………...................

Mobile ………………………………....................

Name ……………………………….........................

Relationship to child………………………………

Telephone………………………………...................

Mobile ………………………………....................

**Has your Child ever attended another nursery setting? Yes / No**

**If yes, please given details**

………………………………………………………………………………………

**Personal details of the child**

Does your child have any special dietary needs or preferences? Yes/No (delete)

…………………………………………………………………………………………………………

Does your child have an allergies?

…………………………………………………………………………………………………………

Does your child have any special needs or disability? Yes/No (delete)

If yes, Details………………………………………………………………………………………. ………………………………..........................................................................................................

If yes, what special support will he/she require in our setting …………………………….....................……………………………….......................................................................................................................................................................................................

Is your child up to date with their immunisations? Yes/No (delete)

If no, which immunisations are outstanding………………….........................................................

Has your child undergone their developmental checks with the heath visitor? (Please tick)

8-12 month check

2 year check

Does your child have any medical conditions if yes please give details

………………………………............................................................................................................

………………………………............................................................................................................

Does your child have any hearing, sight or speech problems? Yes/No (delete)

If yes, please give details …………………………....................................................................................................................

Names of professionals involved with child

Name 1.……………………………..........................

Role ……………………………….........................

Agency……………………………….......................

Telephone ………………………………................

Name 2.……………………………..........................

Role ……………………………….........................

Agency……………………………….......................

Telephone ………………………………................

Name 3.……………………………..........................

Role ……………………………….........................

Agency……………………………….......................

Telephone ………………………………................

Does the family have a social worker for any reason? Yes/No (delete)

Name of social worker ……………………………….........................

Based at ………………………………...................

What is the reason for the involvement of social care with your family ……………………………………….….……………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………

Is there any health or wellbeing concerns that may cause parents/career to be unable to care for the child in any circumstances? ……………………………………………………………………………………………….…….………………………………………………………………………………………………………………………

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when;

………………………………...........................................................................................................

………………………………............................................................................................................

Is your child potty trained **Yes/No (delete**)

Does your child have any distinguishing marks? (e.g. a birth mark)

……………………………………………………………………………………………………………………………………………………………………………………………………………...

Does your child have any siblings please give details .…………………………......................................................................................................

Does or has your child suffered from Urinary Tract Infections?

………………………………………………………………………………………………

**Languages**

What is the Main language spoken at home by your child?

………………………………..............................................................................................................

What is the Main language spoken at home by yourself and other family members?

………………………………..............................................................................................................

If English is not the main language spoken at home, will this be your child’s first experience of being in an English-speaking environment? Yes/No.

If yes, discuss and agree with the key person about support in the setting.

**Nationality**

What is your child’s Nationality? ………………………………………………………………….

**Religion and faith**

What is your child’s religion or faith?…….........................................................................................

What is the main religion or faith followed by yourself and other family members at home?

………………………………………………........................................................................................

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in that you would like to see acknowledge and celebrated while he/she is in our setting? ………………………………..................................................................................................................

..................................................................................................................................................................

**Ethnic Monitoring**

Please complete the following form:

Ethnic Group of child (tick one)

**White**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| British  WBRI |  | Irish  WIRI |  | Traveller of Irish Heritage  WIRT |  | Gypsy/Roma  WROM |  |
| Other white  European  WEUR |  | Any other white background  WOTH |  |  |  |  |  |

**Mixed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White & Black Caribbean  MWBC |  | White & Black African  WWBA |  | White & Asian  MWAS |  | Any other mixed background  MOTM |  |

**Asian or Asian British**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Indian  AIND |  | Pakistani  APKN |  | Bangladeshi  ABAN |  | Any other mixed background  AOTH |  |

**Black or Black British**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Caribbean  BCRB |  | African  BAFR |  | Any other mixed background  BOTH |  |  |  |

**Chinese**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Chinese  CHNE |  |  |  |  |  |  |  |

We encourage the children to follow a healthy eating program by offering healthy meals and snacks. We ask parents to encourage this by providing health lunch box options and snacks, no sweets, crisps, fizzy or sugary drinks please. We can offer advice on healthy options.

If your child suffers from asthma do you give permission for trained staff to administer his/her pump? **Yes/No (delete**)

Do you give permission for your child to be carried or to sit on members of staff’s lap?

**Yes/No (delete)**

Do you give permission for your child to use the soft play area? **Yes/No (delete)**

Do you give permission for your child to take part in supervised water activities? **Yes/No (delete)**

Do you give permission for photos or DVD’s to be taken with your child in them whilst at the nursery. **Yes/No (delete)**

If your child is in a group photo do you give permission for this to be shared with parents of other children within the picture? i.e. in the child’s learning journey **Yes/No (delete)**

Do you give permission for the staff at the setting to take your child out of the group on occasional outings, provided there is adequate supervision?. Any vehicles used to transport your child will have adequate insurance cover and appropriate car seats fitted. **Yes/No (delete)**

* I understand that any relevant information regarding my child may be shared with other professionals e.g. health visitor, S.E.N Coordinator, speech therapist, social services etc.

Signed (parent)………………………………....................................... Date………………….

* In the unlikely event that your child has to be taken to hospital in an emergency, every effort will be made to contact you in order that normal parental consent may be given for treatment. In case of our not being able to contact you, do you authorize the settings manager or deputy to give consent for such treatment as advised by hospital doctors. Yes/No (delete)

Signed (parent)………………………………....................................... Date………………….

* The nursery stores personal data about your child and your family, such as name and address. We receive this information from yourselves when you complete our registration forms. We are required to keep these details and sometimes share them, for example to claim your child’s funding. As a setting we will comply by all the new laws and regulations of the GDPR. If you would like information about what data the setting holds on you and your child and information about what we do with it please ask.

Signed (parent)………………………………………………………….Date…………………

* I agree to pay fees promptly, monthly in advance, and understand that failure to do so, will incur a £40 late payment fee being added to your bill and your childs hours reduced to, if receiving them, funded hours only. I understand that fees are payable even if my child is unable to attend on his/her booked days. I understand if nursery if closed in an emergency (e.g. adverse weather, no heating) I am still liable to pay the fees.I am aware that bank holidays are payable if my child’s session fall on these days..

**I agree to give 4 TERM weeks’ notice and payment should my child leave the nursery before they are due to leave for infant school. (Please note we can NOT claim funding for this 4 weeks’ notice period and you are liable to pay for all your child’s sessions in this period)**

Signed (parent)………………………………....................................... Date………………….

Fire Evacuation Folder

Children’s Contact Details

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact 1 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact 1 number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact 2 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact 2 number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mrs Bonds Village Nursery

**Online Learning Journey – Parents’ Guide**

**Introduction**

All children attending Mrs Bonds Village Nursery have a personal on-line Learning Journey which records photos, observations and comments, in line with the Early Years Foundation Stage, to build up a record of your child’s experiences during their time with us.

We use Tapestry, a system, which is hosted on secure servers in the EU. You will have secure access (via email address and password) to your child’s Learning Journey and, in addition to viewing our contributions, we encourage you to add to it by uploading photos and comments, or commenting on observations made by us.

**Where do I start?**

Once you have given us an email address, we will set up an account for you. Once you have set yourself a password and PIN from the activation email, please go to https://tapestryjournal.com on your computer and log into your Tapestry account. You're also able to download the Tapestry App for your device: If you have an iPhone or iPad, visit the iTunes store and download the Tapestry app from the Education section (search for Tapestry) or if you have an android device, then you may download the android app from the Google Play Store.

**Changing your settings**

On the computer

At the top right of your screen you will see your name, and selecting this will give you the option to ‘Edit Preferences’. Choose this option and you will be presented with a screen giving you the option to change your email address and password.

You also have the option to receive an email whenever a new observation is added to your child’s Learning Journey – just tick or untick the relevant box if you would like to change this setting.

**On iPhone/iPad**

To change your settings on the iPhone/iPad app, click the 'cog' button on the bottom right hand side of the application. This enables you to change password and/or email address.

**Viewing my child’s Learning Journey**

Once logged in, you will see your child’s observations on your home screen in a list – selecting any one of these will open up the observation for you to look at. You may add comments in the box at the bottom of the observation if you would like to - and we would love to receive such comments!

**Adding an entry to my child’s Learning Journey**

Choose the ‘Add Observation’ option (or the 'plus' icon on your iPhone/iPad) and add the relevant information in the boxes on screen. Photos and videos may be uploaded by choosing the ‘add media’ option. When you have saved your observation, you may go back to the home screen at any time by choosing ‘home’.

**Tapestry Consent Form**

I give permission for Mrs Bonds Village Nursery to create an Online Tapestry Learning Journey for ……………………………………………………………………………………… (name of child)

Date of birth ………………………………………………………………

The e-mail address I would like to link with the account is: ………………………………………………………………………………………………………………………………………………………………….

OR if you do not have email/internet access but would still like your child to have a Tapestry account that you can view it in nursery on our equipment please tick here

IMAGE CONSENT

We may take photographs of your child whilst here for a number of reason, including:

Document what they are doing

- to record their learning and development

- to record special events

- to be included on our displays

To comply with Data Protection laws we need your permission to photograph your child

I consent to my child’s photograph being taken at nursery

I consent to my child’s image being included in their secure online learning journey

I consent to my child’s image being included in other child’s learning journeys (for example if they

have been in a group activity)

I agree to treat photographs containing other children for my personal use only (this means the im

ages can not be shared in any way for example on social media sites or displayed in public places)

Name of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_