



Centre Point Trust

Providing quality childcare

For Office Use Only
AUTHORISED by Nursery Manager
Welcome letter
Copy contract
ADMIN/FINANCE DEPT: Enter XL s/s..... CMIS QB

CONTRACT FOR NURSERY CARE 3-5 YEARS (NEF)

SEPTEMBER 2010 – AUGUST 2011

REGISTRATION DETAILS (block capitals please)

Child's Surname:	Start date: (if new application)
Child's First Name: Male / Female	Finish date: (if known)
Child's Date of Birth:	Child's first spoken language:
Who does the child reside with:	Who has legal custody of child: Court Order in place (if applicable): Y/ N
Details of brothers and sisters attending Centre Point: Names: Ages:	
Does your child have any special needs? Please add any comments that you feel would enable us to know your child better:	
Does your child have any dietary requirements?	
Mother's Details: Mrs / Ms / Miss (please indicate)	Father's Details: (if different)
Surname:	Surname:
First Name:	First Name:
Address:	Address:
Parish: Postcode: JE.....	Parish: Postcode: JE.....
Phone: Mobile:	Phone: Mobile:
Work: Home:.....	Work: Home:.....
E-Mail address:	E-Mail address:
Place of work:	Place of work:
Emergency contact details: (other than parent/s) These people must be known to the child	
Surname: First Name: Relationship to Child:	
Address: Postcode: JE.....	
Phone: Mobile: Work: Home:	

<p>MEDICAL INFORMATION:</p> <p>Name of Family Doctor:</p> <p>Doctors Address:</p> <p>.....</p> <p>.....</p> <p>Parish Postcode: JE</p> <p>Doctors Telephone Number:</p>	<p>WEBSITE/PHOTOGRAPHY CONSENT: (Please delete as necessary)</p> <p>I give/do not give permission for my child to participate in photographs being taken at Centre Point Trust Nursery and during outings to be used for media representation and on Centre Point's Website.</p> <p>Signature</p> <p>VIDEO CONSENT: (Please delete as necessary)</p> <p>I give/do not give permission for my child to participate in video footage being taken for training only purposes at Centre Point Trust Nursery.</p> <p>Signature</p>															
<p>EMERGENCY MEDICAL TREATMENT CONSENT:</p> <p>Are there any religious beliefs affecting a decision on our behalf to consent to treatment? If so please specify below:</p> <p>In an emergency I give/I do not give permission for my child to receive any necessary emergency medical care or treatment.</p> <p>Signature</p>	<p>ALTERNATIVE COLLECTION OF YOUR CHILD:</p> <p>Please ensure that the Nursery Manager is informed in writing if a different adult is collecting your child. We have a duty of care towards your child and will not allow your child to leave our care if the Nursery staff are unable to contact the Parent/Carer or emergency contact.</p> <p>Those who are able to collect from Nursery:</p> <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> </tbody> </table> <p>Signature</p>		Name	Relationship	1			2			3			4		
	Name	Relationship														
1																
2																
3																
4																
<p>ALLERGIES/MEDICAL CONDITIONS</p> <p>Please list any known allergies or medical conditions and health issues, including allergies to plasters, sun cream or arnica cream. (Please include any fears or worries):</p> <p>Signature</p> <p>Please bring in your little Health Book which gives vaccinations and dates. We will take a photocopy.</p>	<p>OUTINGS:</p> <p>WALKING ON OUTINGS:</p> <p>I give/do not give permission for my child to participate in walking outings.</p> <p>Signature</p>															
	<p>OUTINGS ON THE CPT MINI BUS:</p> <p>I give/do not give permission for my child to participate in outings using the CPT mini bus.</p> <p>Signature</p>															

TERMS & CONDITIONS

1. I understand that this contract is for one year. (52 weeks) We will be closing at 2.30pm on Christmas Eve.
2. I understand that the States of Jersey subsidised 20 free hours must be taken over 5 days per week and must be for 4 hours per day. This can be for morning sessions **OR** for afternoon sessions, not a combination of both. 38 weeks (term time only). Additional hours to the 20 subsidised hours may be taken.

I agree to pay for any additional hours in advance on the 1st day of each month by Banker's Standing Order. I understand that **failure to do so will result in losing my child's place at Centre Point Trust**. No refunds are given for non attendance.
3. I understand that it is my responsibility to inform Centre Point Trust, in writing, of any change to this contract at least 1 calendar month prior to the change.
4. I agree to pay a £25.00 non refundable administration charge when registering my child for a place at Centre Point Trust.
5. I understand that I must collect my child by **the agreed time** and that failure to do so will result in an immediate late collection charge of **£5.00 for every 30 minutes**.
6. I agree to collect my child, when contacted by a member of staff, if he/she becomes ill and to keep him/her at home until he/she is well, in accordance with the Island Exclusion Policy.
7. In the case of any complaints or concerns regarding the practice at Centre Point Trust, please address your complaint or concern in writing in the first instance to the Nursery Coordinator. If you do not receive a satisfactory response, you will then be referred to the formal complaints procedure. In the case of complaints or concerns regarding fees and administration issues, please address your complaint in writing to the Administration Office, Centre Point Trust, PO Box 141, St Helier, JE4 5NQ.
8. The ethos of CPT is to provide stimulating care and education for children in a safe, supervised environment.

Whilst safety is paramount, the nature of the care provided at CPT, means that slips, trips, knocks, cuts and bruises can occasionally occur despite our best attention and the efforts and training of the staff we employ.

The signing of any contract with CPT represents acceptance by parents of this reality and an agreement that CPT shall not be liable for any injury occurring whilst a child is in our care.

I/we have understood the above and agree to abide by the above terms and conditions.

Signatures of Parent /Carer & Fee Payers (Both signatures are required if joint contract)

1. **Signature of Fee Payer 1**

Printed Name of Fee Payer 1

2. **Signature of Fee Payer 2**

Printed Name of Fee Payer 2

Date:

**Nursery Manager, Centre Point Trust Nursery, Ropewalk, St Helier JE2 4UU
Nursery Manager: Tel: 878850 Fax: 867747 E-mail: amanda.cotillard@cptnursery.co.uk**