



Registration and Information Forms

Name of Child	
Date of Birth	

- These forms must be completed and returned to the nursery before a place is taken up.
- Please ensure that your child's name is written at the top of each page.

Child Details:

Name of Child	
Date of Birth	
Place of Birth	
Address	
Post Code	
Ethnic Origin	
Religion	
Child's First Language	
Languages Spoken at Home	
Does your child have English as an additional language?	

Mother's Details:

Name of Mother/ Parent	
Date of Birth	
Address (If different to child)	
Post Code	
Telephone Number	
Mobile Number	
Email	
National Insurance or NAS Number	
Occupation	
Name of Work Place	
Address of Work Place	
Work Place Number	

Father's Details:

Name of Father/Parent	
Date of Birth	
Address (If different to child)	
Post Code	
Telephone Number	
Mobile Number	
Email	
National Insurance or NAS Number	
Occupation	
Name of Work Place	
Address of Work Place	
Work Place Number	

Name of Child	
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Parental Responsibility:

Please tell us who has parental responsibility for your child. Parental responsibility is usually joint if the father's name is on the child's birth certificate. (Please tick one box)

Mother		Father		Joint	
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Pupil Premium:

Your child may be eligible for Pupil Premium which will allow for more resources for the nursery. Please sign here if you are happy for your details to be checked by Liverpool City Council. They will not be used for any other purposes:

Mother's Signature	
Father's Signature	

Birth Certificate

Before your child takes up a place in the setting we must first see his/hers original birth certificate. Please bring it with these forms so that a staff member can complete this section of the form.

Original Birth Certificate Number	
Place of Birth	
Viewed By (Staff Member)	

Emergency Contact

Please give two contact names and addresses of friends or relatives who can be contacted in an emergency if you are not available. (These people must be able to collect your child).

First Contact Name	
Address	
Phone Number	
Relationship to Child	
Second Contact Name	
Address	
Phone Number	
Relationship to Child	

Please give us the names of any other person other than those with parental responsibility that may collect your child from nursery & provide a password.

Name	
Password	
Name	
Password	

Name of Child	
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Health Check:

Name of Doctor	
Doctors Phone Number	
Doctors Address	
Name of Health Visitor	
Health Visitor Phone Number	
Address of Clinic	

Please note- If your child is joining the nursery before the age of three we will carry out a two year old assessment and share the information with you, the health visitor and other professionals with your permission.

Please tick if your child has had any of the following;

Illness	Tick
German Measles	
Scarlett Fever	
Chicken Pox	
Measles	
Whooping Cough	
Mumps	
Other (Please State)	

Vaccination	Tick
Measles	
Mumps	
Rubella	
MMR	
Flu Nasal Spray	
Polio	
HIB	
Tetanus	
DPT	
Other (Please State)	

Allergies and Dietary Requirements should be listed below:

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Signature of Parent		Date:	
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Name of Child	
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Medications Consent Form

I agree to a member of staff administering prescribed medication to my child if I bring it in clearly labelled with my child's name and dosage required. I understand that the time and date and dosage will be recorded in a medications book, which I will be required to sign when dropping off and collecting my child from nursery.

Staff cannot give medicine without prior consent.

Nursery is not allowed to hold medicines (e.g. Paracetamol) in case a child is unwell.

If your child is unwell or has a temperature you will be contacted as soon as possible.

Please sign and date to say that you have understood this statement.

Signature of Parent		Date:	
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Parental Consent In Case of Emergency
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In the event of the child named above having an accident or taking ill and requiring hospital treatment, and I as the main carer cannot be contacted, I agree to a member of staff taking my child to hospital on my behalf, either in an ambulance, taxi or private vehicle.

(We cannot guarantee that the vehicle used in an emergency will have a child seat available)

I will ensure every effort is made by me to get to hospital as soon as possible. I am aware that staff are not allowed to sign consent forms for any hospital treatment or undertake the care of sick children.

I would like to add the following comments about my child which may affect his/her treatment in hospital.
 (Please give any information you feel may be needed by medical staff. Continue on a separate sheet of paper if necessary)

Signature of Parent		Date:	
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Outings

You will be notified in advance of any outings and can inform us if you do not wish your child to participate. Otherwise it will be taken that by signing this form you agree to the terms and conditions stated; Children will travel on hired coaches or on public transport (bus, train, ferry etc.). Only in case of emergency will other transport be used.

Declaration: I agree to my child participating in nursery outings and understand that he/she will travel on hired vehicles or public transport with the correct adult-child ratio.

Signature of Parent		Date:	
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Name of Child	
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Photograph/Video Permission Form	
<ul style="list-style-type: none"> • All our assessments and observations are carried out electronically and can be accessed by you using your personal email address and a password given to you by nursery. • On occasion your child may be photographed or videoed in a group of peers, on a trip or carrying out an activity. It's nice sometimes to have a photograph with your child and their friends as it makes for good conversation. • If you don't agree to your child being included in these photographs it means we have to exclude children or remove them from certain activities if an observation is being undertaken. This can prove very frustrating/upsetting as we have all the children in one room so quite often another child can run in front of the camera and if they don't have permission to be in the video the entire film/photo has to be deleted and usually the observation (mainly spontaneous) lost. • Please consider these facts before refusing permission for your child to be included in photographs and videos. 	

<p><u>Declaration:</u> I am the parent/legal guardian of the child named on this form and I give permission for him/her to be photographed, filmed or recorded whilst in the care of Wavertree Christian Fellowship Nursery, both within the setting and whilst on outings, for the following purposes (please tick all that apply):</p>

<p>Learning Journey (This is a record of your child's progress that you can access via email or mobile phone with a unique password. Only people you give the password to can access this account. Your child may be included on a photograph or a video with their peers).</p>	
<p>Photo Albums, digital Photo Frames & Wall Displays</p>	
<p>Setting Website</p>	
<p>Printed Media (Including marketing materials to be used by WCF only but which may be distributed in the local community e.g. in a prospectus).</p>	
<p>Social Media</p>	
<p>Television/ Radio & Other Media</p>	
<p>To Be Videoed By Parents At End of Term/ Special Services (Please remember if more than 50% of parents do not allow parents and carers to video end of term services there will be a total ban on camcorders throughout the year.)</p>	

<p><u>Declaration:</u> I am aware that Wavertree Christian Fellowship has an acceptable user policy for the use of all technologies and in relation to taking and storing of digital images. (See Safeguarding policy)</p>

Signature of Parent		Date:	
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Name of Child	
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Pupil Premium
If you are in receipt of any of the following please let us know as the setting may be able to claim extra funding to support the children's learning. This information is kept confidential.

Income Support	
Income Based Job Seekers Allowance	
Income Related Employment & Support Allowance	
Universal Credit	
Child Tax Credit (Providing you are not entitled to Working Tax Credit and have an annual gross income of no more than £16,190.00)	
Working Tax Credit Run-On (Paid for 4 wks after you stop qualifying for Working Tax Credit)	
Support Under Part VI of the Immigration & Asylum Act 1999	
The Guaranteed Element of the State Pension Credit	

Or if your child...

Has been looked after by the local authority in care for at least one day	
Has been adopted from care	
Has left through special guardianship	
Is subject to a child arrangement order	

Declaration: I/ We are in receipt of the following and agree to the setting checking our details with Liverpool City Council.			
Signature of Parent		Date:	

Fees and Payments
<ul style="list-style-type: none"> The aim of the setting is to offer affordable quality childcare to parents on all income levels A £50 NON REFUNDABLE administration fee is payable before your child starts at the setting. A £50 REFUNDABLE DEPOSIT IS CHARGED AT THE TIME OF REGISTRATION. This will be returned to you at the end of your child's time at the setting. However if relevant notice of 4 weeks is not given this becomes non-refundable. All nursery fees and payments should be made direct into the bank account, No cash payments if possible.

Staff Authorisation (To be completed by a member of staff)	
£50 non-refundable administration fee	(date)
£50 refundable deposit received	(date)

Staff Signature		Position	
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IF YOU ARE CLAIMING NURSERY EDUCATION FUNDING YOU ARE REQUIRED TO ENTER INTO A CONTRACT WITH THE SETTING FOR A MINIMUM OF ONE TERM. YOU ARE UNABLE TO MOVE THE GRANT TO ANOTHER SETTING MID-TERM! (visit www.gov.uk/free-early-education for more info)

Name of Child	
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Tax Credits

If you claim tax credits you may be entitled to financial help towards childcare fees. Visit the following sites for more information:

www.hmrc.gov.uk/taxcredits

www.gov.uk/childcare-tax-credits

Or telephone 03453 003 3900

- A minimum of **FOUR WEEKS NOTICE** is required if you intend to take your child out of nursery or four weeks in lieu.
- As we do not charge for holiday periods **FOUR WORKING WEEKS** notice is required.
- Bank holidays which fall during term time **MUST BE PAID FOR** if it's your child's normal day!

Fee Paying Children

For children who receive **NO FUNDING**, a minimum of **2 SESSIONS** must be taken at this setting. This can be one full day or two separate sessions.

Funded Children

For children claiming **30 HOURS OF FUNDED CHILDCARE**, a minimum of **15 HOURS** must be used at this setting.

School Fund

We charge school fund to cover the costs of snacks, outings and resources. The cost depends on the number of funded hours your child claims. Currently we charge:

- **£5 per week for 15 funded hours**
- **£7.50 per week for 15-20 funded hours**
- **£10 per week for 30 funded hours.**

School fund is charged accordingly for children who claim less than 15 hours per week.

Fees from September 2025

Our current fees are **£6.50 per hour** for children 3 years and older

£7.50 per hour for 2 year olds

Fees are payable one week in advance and still apply in the following circumstances.

- Your child is off sick
 - You take your child on holiday out of term
 - Bank holidays are your child's normal day.
 - You use any hours above your free entitlement
 - You are more than 15 minutes late collecting your child.
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- Fees are based on an hourly rate and will be worked out to your individual requirements.
 - Most children will be eligible for up to 15 hours of free childcare the term after their third Birthday.
 - Some children may be eligible after their second birthday depending on family circumstances.
 - Please visit www.liverpool.gov.uk/schools-and-learning/early-years-and-childcare/early-learning-2-year-old Or www.liverpool.gov.uk/media/422440/guide_for_parents3to4.pdf or ask at the nursery for information.
 - From September 2025 some children will be eligible for 30 funded hours of childcare of which a minimum of 15 must be used at this setting.

Name of Child	
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Payment
Fees should be paid directly into the bank, the details are below;
Co-Operative Bank Wavertree Christian Fellowship Nursery & Pre-School Sort Code- 089299 Account Number- 65253821 Please include your name or your child's name as a reference.

Session Times
Morning Sessions- 8.30am - 12.30am Afternoon Sessions- 12.30am- 4pm Lunch time- 11.45- 12.30 (Your child is required to bring a packed lunch if morning/ full day sessions are selected.) Please select an option for your child's session times.

- Please select the sessions that you would like your child to attend the setting.
- A minimum of 2 sessions must be selected and places are subject to availability.

37.5 Hours Full Time (Option 1)						
Mon	Tue	Wed	Thurs	Fri	Hours	Please Tick
8.30am - 4pm	8.30am- 4pm	8.30am- 4pm	8.30am- 4pm	8.30am- 4pm	37.5	

30 Hours (Option 2) Choose 4/5 full days						
Mon	Tue	Wed	Thurs	Fri	Hours	Please Tick
8.30am-4pm	8.30am- 4pm	8.30am- 4pm	8.30am- 4pm	8.30am- 4pm	30	

20 Hours (Option 3)						
Mon Am	Tue Am	Wed Am	Thurs Am	Fri Am	Hours	Please Tick
8.30am-12.30pm	8.30am- 12.30pm	8.30am- 12.30pm	8.30am- 12.30pm	8.30am- 12.30pm	20	

Flexi-Hours (Option 4)										
Mon am (4h)	Please Tick	Tue am (4h)	Please Tick	Wed am (4h)	Please Tick	Thurs am (4h)	Please Tick	Fri am (4h)	Please Tick	Total Hours am
8.30am-12.30pm		8.30am-12.30pm		8.30am-12.30pm		8.30am-12.30pm		8.30am-12.30pm		
Mon pm (3 ½ h)	Please Tick	Tue pm (3 ½ h)	Please Tick	Wed pm (3 ½ h)	Please Tick	Thurs pm (3 ½ h)	Please Tick	Fri pm (3 ½ h)	Please Tick	Total Hours pm
12.30pm-4pm		12.30pm-4pm		12.30pm-4pm		12.30pm-4pm		12.30pm-4pm		

Name of Child	
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Is your child called by any other name? (E.g. Nick names)

What would you prefer your child to be called in nursery?

What does your child call you (and your partner)?

Does your child attend another setting? If so please give details.

What groups outside of nursery does your child attend?

What does your child like to play with at home or outside of nursery?

Does your child have any favourite things such as toys, books or friends?

What does your child dislike?

What is the position of your child within your family? (E.g. second of four children)

Please tell us about your family and friends. (People who have regular contact with your child)

Does your child have pet names for anyone in the family? Please give details

Does your child have any problems that we should know about? This may include speech/sleep/concentration or any additional needs:

Does your child have an EHAT (Early Health Assessment Tool) in place? (Please give details and attach

Please let us know any other relevant information about your child. (E.g. still in nappies / has soother/bottle etc)

GDPR Privacy Policy Agreement 2018

Like most organisations in the UK, Wavertree Christian Community Centre is preparing to ensure we are compliant with the *General Data Protection Regulations* that are due to come into force on 25th May 2018.

As existing customers of the nursery we hold personal information about you so you can receive our services. We will only use your information for the purpose it was collected but on occasion it will need to be passed on to other agencies, for example the city council to claim nursery funding, health visitors or other professionals who may be involved with your family.

At Wavertree Christian Fellowship nursery we take your privacy very seriously and as data controller have appointed two data protection officers (Beverley Stephenson and Kim Fishgold) who can be contacted at Wavertree Christian Fellowship, Earlsfield road, Wavertree, Liverpool L15 5BZ.

We need to hold this data to enable us to fulfil our contractual obligations and provide a service to you. It is now a requirement to obtain your explicit consent that permits us to send information to you in writing, email or by phone (newsletters etc.). Please provide this by email or letter stating:

- **Your name and your child's 'name**
- **A statement saying you are happy for us to retain your information and continue to contact you.**

Signed (Parent)	
Child's Name	
Date	

Name of Child	
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Parent Provider Contract

Child Details

Childs Legal Family Name	
Childs Legal Forename	
Name by which the child is known (If Different from above)	
Address	
Male/ Female	
DOB	
Documentary proof of DOB Type (Birth certificate or passport)	
Document Recorded By	
Date Document Recorded	
30 hr Eligibility Code	

- You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.
- Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting we will split the funding fairly between the settings.

Setting Attendance Details: My Child is Attending the Following Settings...

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g 38, 45, 51)
	Mon	Tue	Wed	Thur	Fri		
A							
B							
C							
Total Daily Free Hours Attended							

Name of Child	
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Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits (please see web address in footnote). This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider.

If you believe that your child may qualify for the EYPP please provide the following information for the main benefit holder to enable the Local Authority to confirm eligibility:

Parent/ Carer First Name	
Parent/ Carer Last Name	
Parent Carer DOB	

Disability Access Fund Declaration

Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £800 per eligible child

Is Your child eligible and in receipt of Disability Living Allowance?

Yes		No	
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If your child is splitting their free entitlement across two or more providers please nominate the main setting where the Local Authority should pay the DAF:

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Parent/Carer/Guardian with legal responsibility declaration

Name	
Address	

I confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise

Wavertree Christian Fellowship Nursery to claim free entitlement funding as agreed above on behalf of my child.

In addition, I also agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm your child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

Parent/Carer/Guardian with legal responsibility	
Signed	
Print Name	
Date	

Childcare Provider	
Signed	
Print Name	
Date	



My Name is:	
My Date of Birth is:	
My Age in Months is:	

My Family Includes:

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The family events and festivals I celebrate are;

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The Things I Like

My favourite food is;	
My favourite songs and rhymes are;	
My favourite game is;	
My favourite toy is;	
My favourite television show is;	
When I'm at home I like to;	
My pets are;	

The Things I Can Do

The things I need support With

I can wash myself		
I can go to the toilet by myself		
I can put my coat on		
I can dress myself		
I can eat with a knife and fork		

What I am like

I'm Happy When;	
I'm sad when;	
I get cross when;	
I feel worried when;	
I don't like;	
Best of all I like;	

Additional Information

Does your child have any problems we should know about? (speech/sleep/concentration/ additional needs)	
Does your child have an EHAT?	
Does your child have any dietary requirements or allergies?	
Please share any other relevant information about your child that you feel may be useful.	

Useful Information for Parents (Detach this sheet from the form for future reference)

Payment

Fees should be paid directly into the bank, the details are below;

Co-Operative Bank
Wavertree Christian Fellowship Nursery & Pre School
Sort Code- 089299
Account Number- 65253821

Please include your name or your child's name as a reference.

Clothing

Your child will need the following items when taking up a place in the nursery;

- Soft shoes/pumps
- Wellington Boots
- Waterproofs/ Raincoats

PLEASE MAKE SURE THAT ALL CLOTHING AND FOOTWEAR IS MARKED WITH YOUR CHILD'S NAME

(We cannot be held responsible for clothing and footwear which goes missing which is unnamed.
We also ask that you refrain from bringing toys from home to nursery if possible)

Lunches

Your child will need to bring a packed lunch to nursery if they are attending morning or full day sessions.

Please ensure that all items within your child's lunch box are labelled with your child's name.

We promote healthy eating in nursery and ask that you try to provide your child with a well balanced, healthy lunch for nursery.

Please do not include any of the following items in your child's lunch box;

- Sweets
- Chocolate
- Nuts
- Popcorn
- Fizzy drinks
- Whole Grapes (Uncut)- These must be cut into quarters
- Whole cherry tomatoes (Uncut) These must be cut into quarters



Contact

Wavertree Christian Fellowship Nursery & Pre School
Earlsfield Road
Wavertree
Liverpool
L15 5BZ

Tel. 0151 733 1436
Email. wcfnp@icloud.com
Website- wcfnursery.com

Thank you for choosing Wavertree Christian Fellowship Nursery & Pre-school