



New Milton

Childcare Registration Pack



Introduction

This pack includes the forms that you will need to complete if you wish to book a place for your child(ren) at YMCA New Milton.

Visiting the Nursery

Hopefully, you have already seen our YMCA Childcare Prospectus and you may also have seen our website at www.ymca-fg.org. However, the best way to truly find out if our nursery is what you are after is to come and visit. Parents are always welcome at our settings and we encourage you visit us. Simply give us a call or drop us an email to book in your visit.

Contact Details

YMCA New Milton
Old Milton Road
New Milton
BH25 6DS

01425 206866
newmilton@ymca-fg.org

Opening and session times

The nursery is open from 7.45am – 6pm Monday – Friday and we are open all year round, closing only for Bank Holidays and weekends.

As well as private fees, we welcome children eligible for government early years funding. This includes 2 year old funding and funding for 3-5years (both the universal 15hours and the additional 15hours for working families). Please do speak to our team to understand more about Early Years Funding or visit the Hampshire County Council Website: <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare>

Fees

We ask that parents book a regular pattern of sessions and provide us with 1 month's notice of any changes. This allows us to plan your child's care properly and issue invoices in good time.

Fees are payable in advance and an invoice will be sent to you 2 weeks before the start of the month. Payment is expected by direct debit or childcare vouchers. The fees include all meals, (but not baby formula milk), but we ask that parents provide nappies and changes of clothes.

More detailed information is provided in our terms and conditions.



3 Year Old Funding

There are 2 types of funded free childcare available for 3 year olds:

1) 15 hours funded free childcare

You will be entitled to 15 hours per week of funded free childcare from the term after your child's 3rd birthday. This free childcare is available for all children and is not means tested. Please ask us for application information for 15 hours funded free childcare.

2) 30 hours funded free childcare

YMCA offers 30 hours funded free childcare for eligible working families. This free childcare applies from the term after your child's 3rd birthday. It is available on a term time basis for 38 weeks per year, or a stretched basis to 22 hours per week for 52 weeks per year. 30 hours funded free childcare has eligibility requirements and parents/carers must ensure that funded free hours are applied for via the Childcare Choices website at <https://www.childcarechoices.gov.uk/>. Please note you will need to check your eligibility every 3 months (usually before the beginning of the next term), and your unique code provided each time to the nursery for validation.

Parents/carers are responsible for the payment of any meals provided and for any additional care outside the funded session.

2 Year Old Funding

If you are receiving one of the following benefits, your 2 yr old is entitled to Early Years Funding. This will commence the term after they are two.

- Income support (IS)
- Income based job seekers allowance (IBJ)
- Child tax credit, provided you are not entitled to working tax credit and have an annual income that does not exceed £16,190.
- Guaranteed element of state pension credit
- Employment and support allowance (ESA)
- Support under part VI of the immigration and asylum act 1999

Booking a place

Once you have decided that our nursery is the right place for your child, we ask that you return the following:

- Complete the registration form
- Sign the terms and conditions.
- Pay a deposit to hold your place. This is refundable in the 1st month's invoice.

These should all be returned to us at YMCA New Milton, ideally by email newmilton@ymca-fg.org

We will then contact you to confirm your place and arrange settling in sessions for your child. Typically a child will have 2-3 settling in visits (at no charge) before starting with us, but this is flexible depending upon the needs of the child. At this stage, we will also work



with you to share information about your child, including their routines and interests to maximise their enjoyment at nursery.

We work closely with parents and carers to ensure a smooth transition into nursery and encourage regular contact with you. Please feel free to contact us at any point too. This is an important step and we want to work with you to get this right.

With best wishes

YMCA New Milton Team



New Milton: Session times and fees – September 2019

Session	Time	Rate
Breakfast Club (includes breakfast)	7.45am to 8.00am	£1.50
Full Day Care (includes mid-morning snack, hot lunch and tea)	8am to 6.00pm	£55.00
Morning Session (includes breakfast, mid-morning snack and hot lunch)	8am to 1pm	£34.00
Afternoon Session (including afternoon tea)	1pm to 6pm	£34.00
9am – 3pm (for funded children only)	9am to 3pm	£37.00
Additional Hour to accommodate funded sessions		£6.00ph

Food Costs	Rate
Hot lunch , if required during a fully funded session	£3.00
Afternoon tea , if required during a fully funded session	£1.50

Additional Fees	Rate
Deposit to hold a child's place, payable with booking form (Per day or part day, per child. This fee is fully refunded in the first month's invoice)	£30
Late Pick Up Fee (Per 15 minutes or part thereof, per child)	£15
Admin Fee (For overpayment refunds)	£25
Admin Fee (for rejected Direct Debits)	£25
Discounts	Rate
Sibling discount (Applied to eldest child's fees, when 2 or more siblings attend full time)	10%

Nursery / Pre-School Registration Form

Please complete and return the entire pack to the nursery / pre-school prior to your settling in visit.

1. Child's Details

Child's name (if not yet born use surname): _____	Gender: _____
Preferred name (if different from above): _____	Date of Birth (if not yet born use due date): _____
Resident/Home address: _____ _____ _____	Home phone number: _____
Second address – Is there another address where the child may live from time to time?	
Address: _____ _____ _____	Phone number: _____
Name of the person/s who lives there: _____	Relationship to child: _____
Child's place of birth: _____	
Nationality: _____	
Religion: _____	
First language: _____	
Other languages used at home: _____	



2. Parent / Carer Details

Please complete the details below for at least one person who has legal parental responsibility for the child. These parents/carers will be the first contacts in an emergency, therefore please ensure you provide all possible contact numbers and update the nursery/pre-school immediately with any changes.

1st Person with Parental Responsibility (Main point of contact the child normally lives with)

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: _____

Name: _____

Relationship to child: _____

Mobile number: _____

Email address: _____

Place of work: _____

Work phone number: _____

First language: _____

Country of origin: _____

2nd Person with Parental Responsibility

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: _____

Name: _____

Relationship to child: _____

Mobile number: _____

Email address: _____

Address if different to above: _____

Place of work: _____

Work phone number: _____

First language: _____

Country of origin: _____



3. Other Emergency contacts

Please use this space to tell us about any individual to whom you have given permission to collect your child in an emergency. We will use the contacts below as the 3rd and 4th people to contact in an emergency.

3rd Emergency contact

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: _____

Name: _____

Relationship to child: _____

Mobile number: _____

Place of work: _____

Work phone number: _____

First language: _____

Collection password _____
(This can be any word which will allow us to identify them and permit collection of your child)

4th Emergency contact

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: _____

Name: _____

Relationship to child: _____

Mobile number: _____

Address if different to above: _____

Place of work: _____

Work phone number: _____

First language: _____

Collection password _____
(This can be any word which will allow us to identify them and permit collection of your child)



4. Other Family Information

Please provide details of other siblings, family members or other adults living at home:

Siblings:

Name	DOB	School Attending (If Relevant)
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Other Adults:

Name	Relationship to Child	
-----	Relationship to Child	-----
-----	Relationship to Child	-----
-----	Relationship to Child	-----
-----	Relationship to Child	-----

Persons who are strictly not permitted to collect your child:

This section is for you to tell us about anyone you are aware of that may try to illegitimately collect your child, eg. where a restraining order is in place. We will only release your child to someone when you have given us specific authority to do so, this is to enable us to have a heightened state of concern should they visit.

Full Name _____

Relationship to the child _____

Reason _____

Full Name _____

Relationship to the child _____

Reason _____



5. Previous or Other Childcare arrangements

Previous Registered Childcare Settings

If you have moved or changed childcare providers it may be necessary for us to contact the previous provider.

Name: _____ Ofsted Registration number if known: _____

Named contact person: _____

Address: _____ Telephone number: _____

Other settings

Some children may attend one or more other registered childcare settings including child minders. Good practice encourages providers to share information about the child's development.

Other Registered Settings

Name: _____ Ofsted Registration number if known: _____

Named contact person: _____

Address: _____ Telephone number: _____

I do / do not (*delete as applicable*) consent to sharing your child's learning journey, assessment reports with this organisation.

Informal Arrangements

Do you have any regular informal childcare arrangements such as grandparents, neighbours, friends or extended families?

Please describe: _____

Parents/Carers Signature _____

Date: _____



6. Medical Information

Please keep us informed of any updates and changes to this information.

Immunisations	
Has your child been fully immunised against the following? (Please delete as applicable)	
Polio Yes / No	Whooping cough Yes / No
MMR Yes / No	HIB Yes / No
Tetanus Yes / No	Diphtheria Yes / No
Meningitis C Yes / No	Pneumococcal Infection (PCV) Yes / No
Is your child on regular medication? Yes / No	
If yes, please give details: _____	
Parents are required to label all medicine and complete and sign a Medication form. Only prescribed medicine will be administered to children attending the nursery/pre-school.	
Does your child have any allergies? Yes / No	
If yes, please give details: _____	
Is your child permitted to wear plasters? Yes / No	Can we use face paints on your child? Yes / No
Are there any foods or drinks that your child can not have on medical or religious grounds?	
If yes, please give details: _____	
Is there anything else we should know about your child? (eg hearing, vision, speech) Yes / No	
If yes, please give details:	
General Practitioner/Doctor Doctor name: Practice name: Practice address: Telephone number:	Health Visitor Name or team name: Address: Telephone number:
I have / haven't attached further information (please delete as appropriate)	
I consent to any emergency medical treatment necessary while my child (Full name) _____ is under the care of YMCA Fairthorne Group. I authorise nursery / pre-school staff to sign any written form of consent required by the hospital authorities if the delay in getting the signature of a parent/guardian is considered by the doctor to endanger my child's health and safety.	
All information will be treated as confidential	
Parent's/Guardian's signatures: _____ Date: _____	
Please print name: _____	



7. Consents and permissions

Please provide us with details of your consents for the following activities.

Activity Consents:

Activity	YES / NO (please circle)
• My child receiving emergency medical treatment whilst within our care.	YES / NO
• The application of sun cream to my child.	YES / NO
• My child using face paints	YES / NO
• My child taking part in activities involving nursery pets and organised visits from animals	YES / NO
• My child taking part in activities which take place outside the nursery (e.g. a supervised walk)	YES / NO
• My child taking part in water activities such as pond dipping and boat trips, where available	YES / NO
• My child using tools, including power tools (at age 3 years and over)	YES / NO

Parents and carers will be notified when these activities occur.

Photo and video Consents:

I consent to photographs and videos of my child being taken for:

Activity	YES / NO (please circle)
• Use in my child's own nursery observations	YES / NO
• Use in other children's nursery observations when my child is taking part in a group activity	YES / NO
• Use in nursery displays and nursery newsletters	YES / NO
• Use in wider YMCA marketing activity (for example, website, social media, literature)	YES / NO

Communication Consents

I consent to receiving the following types of communication.

Activity	YES / NO (please circle)
• Receiving specific updates about the progress of my child at nursery	YES / NO
• Receiving generic nursery communications (e.g. home learning activities, nursery updates)	YES / NO
• Receiving communications about other YMCA activities and organisational updates	YES / NO

Where consent is given, please confirm the contact details to be used: Where you would like both parents to receive communications, please add both contact details.

Parent Name: _____

Email address: _____

Mobile number: _____

Signature: _____ Date: _____



8. Contact with Children and Families/Social Services (If applicable)

Please provide details of any contact or support plan with social services, where applicable

Social Workers name:

Telephone number:

Address:

Are there any other agencies or support workers involved in your child's care? If yes, please give us more information below



9. Nursery Payment Details

Please provide details of how you will be paying your nursery invoice each month.

Child's name (if not yet born use surname):	Date Of Birth (if not yet born use est. due date)
Full name of the person responsible for payment: _____	
Email address of payee to send invoices: _____	
Signature of payee: _____	Date: _____

Funding Information

Do you qualify for 2 Year Funding:	YES / NO
If so, please enter your eligibility code:	_____
Do you qualify for 30 hour funding:	YES / NO
If so, please enter your eligibility code:	_____
Name of Parent 1:	_____
Date of Birth for Parent 1:	_____
NI number for parent 1:	_____
Name of Parent 2:	_____
Date of Birth for Parent 2:	_____
NI number for parent 2:	_____

I confirm that I give permission for the information above to be used to check my child's eligibility for government funding.

Signed: _____ **Date** _____

Print name: _____



10. Payment by Childcare Vouchers

Please detail whether you will be using childcare vouchers to pay your nursery fees.

Name(s) of child(ren) _____

Parent/Carer name _____

I confirm that I wish to pay: *(please tick appropriate box)*

My full fees by childcare voucher, every month until further notice.

£ _____ by childcare voucher every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15th of the month.

I confirm that I have seen, and agree to abide by the 'Childcare Vouchers' section of the Terms and Conditions.

Signed _____

Date _____

Print name _____

11. Payment by Tax Free Childcare (TFC)

Please detail whether you will be using tax free childcare to pay your nursery fees.

Name(s) of child(ren): _____

Parent/Carer name: _____

TFC Code _____

I confirm that I wish to pay: *(please tick appropriate box)*

My full fees by TFC every month until further notice.

£ _____ by TFC every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15th of the month.

I confirm that I have seen, and agree to abide by the 'TFC' section of the Terms and Conditions.

Signed: _____

Date _____

Print name: _____



12. Nursery Sessions required

Please indicate the precise nursery sessions you would like to book:

Child's Name:	_____
Start Date / Change Date	_____
Child's Date of birth:	_____
Funding Form Attached	Yes / No / Not Applicable
Type of place: <i>(please circle accordingly)</i>	Term time only / All Year Round

Please tick the required sessions on each day:

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
Full day care	8am – 6.00pm					
Breakfast Club	7.45am – 8am					
Morning session	8am - 1.00pm					
Afternoon session	1pm – 6.00pm					
School hour session **	9am – 3pm					
Hot Lunch (if using funded session)						
Afternoon tea (if using funded session)						

** Note availability is limited for these sessions, please check with us before booking



For Nursery Use Only

Converted	
Bill Payer Added	
Sessions Confirmed by Nursery	
Funding Form Completed	
Payment Details rec	



Direct Debit Form

****Please ensure you print this page on a separate piece of paper****



Instruction to your Bank or building Society to pay by Direct Debit

Please fill in the form using a ball point pen and send it

YMCA Fairthorne Group Bugle House 53 Bugle Street Southampton SO14 2LF

Originators Identification Number

4	1	6	8	9	0
---	---	---	---	---	---

Reference Number (Office Use)

Y	M	C	A							
---	---	---	---	--	--	--	--	--	--	--

Name(s) of Account Holders

--

Bank/ Building Society Account Number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank / Building Society

To the Manager: Bank/Building Society
Address
Postcode

Instruction to your bank or Building Society

Please pay YMCA Fairthorne Group Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with YMCA Fairthorne Group and, if so, details will be passed electronically to my bank/ Building Society.

Signatures(s)
Date



This Guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, YMCA Fairthorne Group will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by YMCA Fairthorne Group or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
 - You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.