



Day Nursery - Registration and Health Form

This form must be completed by a parent/legal guardian before your child can fully participate in the Day Nursery. One form should be completed for each child.

Name of Child _____

Home Address _____

Post Code: _____ Child's Date of Birth: _____

Mothers Name: _____ Fathers Name: _____

Tel no: Home _____ Mobile: _____

Mothers Work no: _____ Fathers work no: _____

Name of Doctor: _____

Doctor's Address _____

Doctor's Tel: _____ Medical No: _____

Name of Health Visitor: _____

Address of Health Visitor: _____

Please give the date of your child's last immunisation against Tetanus _____

Any special medical/dietary conditions (e.g. asthma, food allergies, etc)

Does your child suffer travel sickness? YES NO

Nationality _____ (optional – helps with activity planning)

List of regular collectors

	Name	Relationship
1		
2		
3		
4		



We would appreciate two alternative contact names and details other than the parent mentioned overleaf who would be able to collect the child in case of an emergency.

1. Contact Name _____

Relationship to Child: _____ (e.g. Father, Grandmother etc)

Address: _____

Daytime telephone No: _____ Mobile: _____

2. Contact Name _____

Relationship to Child: _____ (e.g. Father, Grandmother etc)

Address: _____

Daytime telephone No: _____ Mobile: _____

Any other comments you feel may be useful:

Please indicate the days you wish you child to attend:

Day	All Day 8.00-6.00	Morning 8.00-1.00	Afternoon 1.00-6.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			



Parental Consent Form

Child's Name _____

1. Do you give permission for Oasis Staff to seek emergency medical attention for your child if you cannot be contacted.
YES NO

2. Do you give permission for Oasis Staff and childcare students to observe your child (as part of a group) during day nursery activities (For training purposes only).
YES NO

3. Do you give permission for photographs and videos of your child to be taken during daycare activities for Oasis use only.
YES NO

4. Do you give permission for staff to take your child on outings.
YES NO

5. Do you give permission for staff to apply sun cream if, when on outings, they feel it necessary.
YES NO

6. Do you give permission for staff to change nappies and/or clothes if your child has wet or soiled themselves.
YES NO

Parents Signature _____ Date _____



Oasis Day Nursery

Parent's Declaration Form

I,

Parent of

(Child's name)

I have read and accept the policies and procedures of Oasis Day Nursery.

Signed

Date

Oasis Day Nursery

Important !!

*** * * * ***

After a period of absence it is essential that parents notify staff when their child will be returning.



Financial Information Form

Contact details

Parent's names	
Child's name	
Address	Post Code
Telephone	
Mobile Number	
email	

Attendance

Sessions attended	All Day 8-6	Morning session 8-1	Afternoon session 1-6	Other
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Financial Assistance (If you receive help with childcare)

Name of person responsible for paying	
Organisation	
Address	
Tel:	
Amount of assistance	Per week / month (delete as appropriate)

Starting Dates and Payments (For Office use to be completed before parent's signature)

Agreed Start Date for child	
Cost per week/month	
Amount of deposit	
Start date of standing order	
Standing Order completed and signed	
Amount to be paid prior to standing order starting (cash or cheque)	



OASIS EARLY YEARS
102-108 Castlereagh Street
Belfast, Co Antrim BT5 4NJ
Telephone: 02890872277
Email: tracey.wilson@oasis-ni.org

Declaration

I understand that payment will start at the agreed start date. I understand that fees are charged on the basis of booking not attendance. No reduction is made for sickness, days closed or family holidays. I understand that fees are calculated over 52 or 12 equal payments each year which takes into account times of closure. I have read and agree to the conditions laid out here and in the parent's handbook.

Signed Parent _____ Date _____

Signed Manager _____ Date _____



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OASIS DAY NURSERY STANDING ORDER FORM

If you would like to make regular Standing Order contributions please complete this form and return it to: The Oasis Centre, 102 – 108 Castlereagh Street Belfast BT5 4NJ.

TO The Manager

PLEASE PAY Ulster Bank Ltd, Arches Retail Park, Belfast BT5 4AF (Sort Code No. 98-00-30) for the credit of Oasis Caring in Action A/c No. 06390956.
For reference purposes please use Account Holder's Name.

THE SUM OF £ _____ (figures) _____ (words)

COMMENCING ON _____

And continuing thereafter weekly / monthly (please delete as appropriate) until further notice

YOUR BANK'S NAME _____

YOUR BANK'S ADDRESS _____

_____ POST CODE _____

ACCOUNT HOLDER'S NAME _____

YOUR ACCOUNT NUMBER _____

SIGNATURE (S) _____

DATE _____