

Gingerbread House



SureStart

QC QUALITY COUNTS

HIGH TECHNOLOGY PRE-SCHOOL & DAY NURSERY

Admission and Registration



Gingerbread House Pre-School Ltd.

137, Liverpool Road, Crosby, Liverpool, L23 5TE - United Kingdom.

Tel: + (44) (0) 151 931 3155 Fax: + (44) (0)151 931 3147 Office Mobile: 07528 081470

Skype: GB.House.Office

Email (General) : info@gingerbread-house.co.uk Website: www.gingerbreadpreschools.com

Head Office: Accounts / Finance & Admin: 0844 756 0126

Email (Accounts): Accounts@gingerbreadpreschools.com

Registered in England, Company Registration No. 5660896

Registered Office: 145, Edge lane, Liverpool. L7 2PG

Admissions Agreement



Childs First Name _____ Surname _____

Date of Birth _____ Age _____

Home Address _____

Home Telephone Number _____ Start date _____

Session Required

Please tick the sessions you require

	MON	TUES	WED	THURS	FRI
A.M					
P.M					

Your weekly fees will be £ _____

If you wish to pay monthly this weekly amount will be x by 52 weeks and divided by 12 to arrive at a monthly payment

Your Monthly fees will be £ _____

Please indicate how you wish to pay Monthly Weekly

Children are accepted in the order in which they apply and according to the availability of places in particular age group or class to which he/she will join.

Every effort is made to accommodate parental wishes.

Signed: Parent _____ Date _____

Name: (please print) _____

Signed Manager _____ Date _____

Registration Paid	Deposit Paid	S/O Completed	Contract Signed	Photography	Updated on First Steps

Child & Parent Information



Name of Child _____

D.O.B _____

Age _____

Home Address _____

Security Password _____

Mothers Name _____

Home Tel No _____

Mobile Tel No _____

Work Tel No _____

Work Address _____

Email Address _____

Fathers Name _____

Home Tel No _____

Mobile Tel No _____

Work Tel No _____

Work Address _____

Email Address _____

Legal Contact

Who has legal contact with the child?

Name Relationship _____

Name Relationship _____

Name Relationship _____

Who has parental responsibility for the child?

Name Relationship _____

Name Relationship _____

Name Relationship _____

Emergency Contacts

Name Relationship _____

Address _____

Tel No Mobile No _____

Name Relationship _____

Address _____

Tel No Mobile No _____

Name Relationship _____

Address _____

Tel No Mobile No



HIGH TECHNOLOGY PRE-SCHOOL & DAY NURSERY

Terms and Conditions

Parents Names: _____ & _____

1. I/We have read and understood the Terms and Conditions listed in the Fee Schedule, and agree that failure on my/our part to comply with any payment conditions of that schedule may result in our child being prevented from attending the nursery.
2. I/We confirm that any changes to my/our contact numbers and/or addresses will be notified to the nursery immediately.
3. I/We confirm that any relevant medical information about my/our child has been disclosed, and the nursery will be kept informed of any medical changes.
4. I/We confirm that medication will be provided , labelled and duly signed, and all requirements recorded in the diary.
5. I/We will notify the nursery in the case of sickness.
6. I/We understand that if my/our child is off for more than two weeks, without, notification, then our child could lose their nursery place.
7. I/We confirm that my/our child can participate in nursery activities. If any of these activities involves excursions outside the nursery premises, prior notification from the nursery staff will be sufficient.
8. I/We confirm that if none of the authorised persons are able to collect /my/our child, then I/we will contact the nursery and provide them with an alternate person.
9. I/We confirm that the nursery will use its best endeavours to ensure that only authorised persons are able to collect my/our child.

Signed _____

Date _____

Signed _____

Date _____



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Signed _____

Date _____

Signed _____

Date _____

Nursery Copy