



Victoria Place



Day Nursery and After School Club

Care, Nurture and Educate

At Victoria Place Day Nursery



About Our nursery

Working in partnership

We work in partnership with parents to:

- Meet and greet at arrival and departure times.
- Through parents progress meetings.
- Monthly newsletters
- We have an open door policy where parents can discuss a matter with us.
- In depth registration prior to a child starting at the nursery.

Settling in and Home Visits

We recognise that each child is an individual and some children take longer to adapt to new surroundings than others. We aim to make the transition as smooth as possible and ensure parents feel welcome and involved from the beginning.

To accomplish this, we offer free settling in sessions and a home visit which enable us to get to know your child, and your family so we can provide the highest quality of care to you as a family.

Private Garden

Our private garden promotes active participation in regular gardening where children sow seeds and plants. This encourages children to tend to flowers and vegetables and introduce them to lifecycles. Children learn where food comes from and taste the different food they have grown.

The children have daily frequent access to our safe and enclosed outdoor area during all weathers, this provides opportunities to develop physical skills, explore nature and promote large-scale learning throughout the day.



The Great Outdoors

Our enviable location facilitates extended learning through exploration of the local natural environment. Regular opportunities are planned for the children to visit the river, Marble Hill Park and local wooded areas. These trips are fun and educational. They enable children to connect with nature, learn about the changing seasons and appreciate and protect the environment. Children are encouraged to participate in collaborative play, physical activities and challenges.



Registration forms

Dear Parents,

Please complete all sections carefully *(Please delete where applicable)*

Child Surname _____ Boy/Girl _____

Child Forename _____ Date of Birth _____

Address _____

Email Address _____ Tel No _____

Language spoken at home _____ Nationality _____

Religion _____ Ethnicity _____

Password _____

you provided the nursery with your child's Birth

Certificate? YES / NO *(please circle)*

Manager to sign after copy made . Date

I give consent for the nursery to retain a copy of my child's certificate in their file.

Attendance

Requested Start Date _____ Age at Entry _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day Care	AM	AM	AM	AM	AM
51 Weeks	PM	PM	PM	PM	PM

Parent Details

	Parent/Carer 1	Parent/Carer 2
Surname		
Forename		
Occupation		
Work Name		
Work Address		
Email Address		
Day Telephone No.		
Emergency No.		

	Name
Person who has a legal responsibility for the child	
Person child lives with	
Named person(s) authorised to collect child	

Please give details of an emergency carer who can be contacted in your absence if you are unavailable.

Surname_____ Forename_____

Address_____

Daytime Tel No_____ Emergency Tel No_____

Past childhood illnesses/conditions

Was the child born premature? **Yes/No** (please circle)

If Yes: By now many months/weeks? _____

Were there any complications? _____

Has your child suffered from any of the following? (please circle & provide date & details)

Mumps	Date:	Details:
Scarlet Fever	Date:	Details:
German Measles	Date:	Details:
Measles	Date:	Details:
Chicken Pox	Date:	Details:
Convulsions	Date:	Details:
TB	Date:	Details:
Fit/Seizure	Date:	Details:
Small Pox	Date:	Details:
Whooping Cough	Date:	Details:
Polio	Date:	Details:
Tetanus	Date:	Details:
Diphtheria	Date:	Details:
Swine Flu	Date:	Details:

Immunisation timetable – Checklist for parents

When Due	Immunisation	Type	Common Side Effects	Date Given
At 2 months	Polio	By mouth	None	
At 2 months	Hib, Diptheria, Tetnus and Whooping Cough	One injection	Possible small lump at site of injection. Slight fever within 48 hours, small risk of fever causing a fit.	
At 3 months	Polio	By mouth	None	
At 3 months	Hib, Diptheria, Tetnus and Whooping Cough	One injection	As for Hib, Diptheria, Tetanus and Whooping Cough immunisation at 2 months.	
At 4 months	Polio	By mouth	None	
At 4 months	Hib, Diptheria, Tetnus and Whooping Cough	One injection	As for Hib, Diptheria, Tetanus and Whooping Cough immunisation at 2 months.	
At 12-15 months	Measles, Mumps and Rubella	One injection	Fever and Measles like rash, 7 to 10 days after injection, small risk of fever causing a fit.	
At 3 to 5 years (usually before starting school)	Polio Diptheria and Tetnus Measles, Mumps and Rubella	One injection One injection One injection	As for Hib, Diptheria, Tetanus and Whooping Cough immunisation at 2 months. As for Measles, Mumps and Rubella immunisation at 12-15 months.	

Doctors name and address _____
 _____ Tel No _____

Dentists name and address _____
 _____ Tel No _____

Health visitors name and address _____
 _____ Tel No _____

Any special dietary requirements

Other information

Description	Reason	Symptoms
<i>E.g Orange</i>	<i>Asthmatic/Eczema</i>	<i>Rash hinders breathing</i>

Does your child have any special needs and or disabilities? (E.g. Hearing, speech, vision, behaviour, physical)

YES / NO

Are there any professionals involved?

YES / NO

Has your child had a hearing test or grommets fitted?

YES / NO

Do you have any concerns regarding your child which you may need advice on?

YES / NO

If yes please provide details

Are there any medical conditions to nursery should be aware of?

YES / NO

If yes please provide details

Has a development check been completed by the Heath Visiting Team at 10-12 months and / or 27months?

YES / NO

Is your child (or have they ever been) in receipt of or subject to any of the following: EYPP, Disability Living Allowance, Social Services involved with your child/children? (Child Protection Register / Looked after child / Private fostering).

YES / NO _____

Is the child looked after by the local authority?

YES / NO _____

Permission for emergency treatment

I _____ give my consent to any senior member at Victoria Place Day Nursery to administer first aid, including the administering of prescribed drugs. In the event of an emergency, provided that the member/s of staff are suitable qualified.

I understand that I will be contacted by telephone first, if at all possible, but if I am unable to be reached then the nursery will use its own discretion and administer the treatment necessary to aid the child's recovery.

I also give permission for the manager or deputy to arrange for the above child to be attended by a doctor or taken to casualty for treatment should they judge it to be necessary.

If your child is allergic to any medicine, please state this below _____

Signature of parent/guardian _____ Date _____

Name of parent/guardian _____

Agreement

I/We agree to pay the agreed fees against the invoice for the first month, or pro-rate for the first month attended by my/our child; and thereafter monthly in advance by standing order, done on the first day of each month. I/We understand that refunds will NOT be made for periods of absence due to holidays or sickness.

I/We agree that I/we have been shown policies and procedures file. A deposit is required to secure the place which will then be refunded when the child leaves, subject to our terms & conditions.

Signature of parent/guardian _____ Date _____

Signature of proprietor/guardian _____ Date _____

Do you give permission for your child to be taken out of nursery on nature walks etc?	YES / NO
Do you give Victoria Place Day Nursery permission to observe and record your child's progress and development?	YES / NO
And for us to share development summaries to the next provider or school that your child might attend?	YES / NO
These records are open to you at all times	

Do you understand that in some circumstances information may be shared without your consent? This will only be when it is a matter of safeguarding a child or vulnerable adult.	YES / NO
In order to develop inclusive practice within our nursery, it may be necessary to seek advice from other professionals from time to time on how to adapt our practice to meet the individual needs of children, do you acknowledge your agreement with this?	YES / NO
Do you give Victoria Place permission to use sun lotion provided by the nursery to be applied to your child?	YES / NO
If No please provide your own sun lotion for Victoria Place to use.	YES / NO
On occasion the nursery's activities may involve face painting. Do you give permission for Victoria Place to apply face paint on your child and for them to be involved in the activity?	YES / NO
Do you give permission for the nursery staff to apply hypoallergenic plasters to your child if required?	YES / NO
Do you give permission for the nursery to use the appropriate creams when we change your child's nappy or accompany the to the bathroom, if needed? This is in accordance with Ofsted regulations.	YES / NO

At Victoria Place Day Nursery we take photos of the children to be used for printed publications relating to the nursery, for local or national press, Victoria Place Day Nursery website and also for pictorial evidence for activities undertaken to assist with Ofsted inspections.

Are you happy for your child's photo to be taken in nursery activities?	YES / NO
Are you happy for these photos to be used in other children's learning journals?	YES / NO
Are you happy for your child's photo to be used in the nursery's printed publications?	YES / NO
Are you happy for your child's photo to be used on the nursery's website?	YES / NO
Are you happy for your child to appear in nursery related media?	YES / NO
Are you happy for your child to appear in news of the day?	YES / NO
If your child performs in a nursery play are you happy for your child to be photographed by other parents/carers?	YES / NO

I can confirm I have read and understood the consents.

Signature of parent/guardian_____ Date_____

Little Stars daily plan (please only fill out if your child is in Little Stars)

Who lives with me and who is special to me?					
What makes me happy?					
I have a comforter. Explain which comforter is your child's Example - dummy, blanket, taggy, teddy					
What makes me unhappy?					
Information regarding sleep/nap time Please give times of sleep for us to continue your routine at nursery.					
My bottle times are: Please give times of bottle feeds for us to continue your routine at nursery.	Time:	Time:	Time:	Time:	Time:
Quantity of milk per bottle ml or fl oz	Quantity	Quantity	Quantity	Quantity	Quantity
Milk I am drinking: Please circle which your child is on	<div>Breast milk</div> <div>Formula</div> <div>Cow's milk</div>				
I am eating solid foods. Please circle what stage your child is at	<div>Puree foods</div> <div>Mashed foods</div> <div>whole foods</div> <div>From 6 months</div> <div>From 7-9 months</div> <div>from 10-12 mths</div>				
Foods I have tried: Please list the foods which your child has been introduced too					

All milk bottles are to be prepared by you and will be stored in our milk fridge. All bottles must be labelled.

Terms & Conditions:

The terms and conditions set out below enable us to provide and maintain our excellent standards of care. All parents must be aware and agree to the following conditions:

1. At the time of booking, a deposit will be required (amounts quoted in price list).
2. A six week written notice will be required if you wish to withdraw your child or change the number of sessions they attend. In the absence of the full notice you will be invoiced your normal fee during the shortfall notice period.
3. Your deposit will be returned within 6 weeks of your child leaving our setting providing all of your outstanding fees have been paid. We reserve the right to use your deposit to settle all outstanding fees.
4. Fees are payable a month in advance, on the 1st day of the month by standing order. We reserve the right to exclude any child from Victoria Place Day Nursery if the fees are more than 2 weeks in arrears without prior agreement.
5. A 10% sibling discount is eligible for families with more than one child attending. This is applied to the full half term fee for the sibling paying the least fees.
6. All absences are chargeable. There are no reductions for sickness, holidays or any other absences. We do not offer swapping of sessions, extra sessions can be booked with the manager.
7. Victoria Place Day Nursery's operating hours are Monday-Friday 7.30am - 6.00pm all year round.
8. The manager of Victoria Place Day Nursery must be notified in advance of any changes to your child's arrival and departure times. Any late collections will incur a late collection fee.
9. Any attendance not agreed with the manager will incur an unplanned attendance charge which is the full charge for the session/part session attended plus £10 administration fee.
10. The manager of Victoria Place Day Nursery must be informed if your child is going absent. This can be done by calling the nursery at any time and leaving a message with a member of staff.
11. The manager of Victoria Place Day Nursery must be notified if your child had been in contact with an infectious disease.
12. If your child is suffering from a communicable illness your child should not be brought to the Setting.
13. Children suffering from diarrhoea and sickness will be excluded for a minimum of 48 hours after the last episode.
14. Provided the consent form has been completed the setting will administer medication. Medicines that contain aspirin will not be accepted and we will only administer medicines that have been prescribed by a qualified health professional and in English.
15. Children must not bring in any money or valuables such as jewellery.
16. Any change in circumstances/ sessions must be notified in writing immediately to the nursery manager.
17. Any person parking their vehicle outside the nursery does so at their own risk. The nursery will not accept responsibility for injury, damage or loss to visitors' vehicles or property.

Bank Details

Fees are due on the first day of the month in advance, by standing order to the following bank account:

Bank Name: Santander Bank
Account Name: Victoria Place Education Ltd

Sort Code: 09-01-27
Account Number: 39891138

St Mary's Church Hall, Church Street, Twickenham, TW1 3NJ

Parent's Comments

To all my lovely
nursery teachers,

Thank you so
much for
looking after me
and all the fun
and kindness!

I will miss you
all lots,

Love

ADAM

(ARON X)

Dear Tola,

Thank you soo much for everything!
Both the boys had the best beginning
with you! Aron especially, but we
all, will miss you lots!

Your hard work and warmth makes
the nursery what it is and we're so
greatful!

Have a lovely summer! See you
at the next BBQ @
Aron, Leon & Mum

Thank you to everyone
at Victoria Place for
loving me and
allowing me to join
the family

Thank you so much!

I can't thank you all
enough.

Love from Sakina

To everyone

Thank you so much for all
of your support, advice and
hard work!

Freddie has been so happy
here and will miss you a lot.

We wish you all the
Best for the future!

Best wishes

Natasia + Freddie

😊

Tola,

I still remember the first day and
first few months of Clara in nursery.
I remember feeling really nervous
and always with thousands of
questions everyday! But very quickly
you reassured me and gave me the
confidence I needed to transition
into a mother. I can't thank you
enough not only for looking after
Clara and Fred so well but also
for being a great source of
wisdom for me and Ollie! I am
certain we will visit you frequently
and I am also sure you will
continue to bring love and care
to many more children in Twickenham.