



**Wivenhoe Park Day Nursery
SUMMER HOLIDAY SCHEME 2022
CHILD REGISTRATION DETAILS**

**Hours of Opening
8.30am - 5.30pm
FULL DAYS ONLY**

Venue: Wivenhoe Park Day Nursery, Wivenhoe Park, Colchester CO4 3SQ

Summer Holiday activities are organised for children of Foundation Year, Year One and Year Two Primary School age children. These include trips to local parks and beaches, forest school fun, treasure hunts on Campus, and many other exciting adventures.

Application and Bookings

Applications can be made through the day nursery via e-mail nursery@essex.ac.uk or in person. If you wish to send your child to our summer club could you please make sure we have your initial application by 30/06/2022. There may be scope to add extra days at a later date if there is availability.

Spaces are allocated on a first come first served basis and you will be notified as soon as possible if your application is successful or not. An invoice for the total cost will be emailed to you which will be due in advance, before your child starts their place at summer school. We will not accept your child if payment has not been made.

Prices:

All Day 8.30am – 5.30pm - £27.00

The daily fee includes a hot tea and snacks along with all on and off site adventures. We do ask that your child brings a packed lunch and water bottle each day please.

Payment can be made by debit/credit card, Bank transfer, corporate childcare voucher, flexible benefit (according to the flexible benefit terms and conditions) or the Tax Free Childcare scheme.

Refunds are only applicable where there has been a Covid related absence/isolation

Child Protection and Safeguarding Children

Please be aware that as a registered provider of day care, we have a responsibility to contact the appropriate agencies regarding a child's welfare if we have any concerns. We would always discuss this with you first unless we felt that the child could be placed in significant harm by doing so.

Equality and Diversity

The Nursery is committed to providing an environment that is inclusive to adults and children. We promote equality and diversity within our setting and aim to ensure that every child and adult who visits us will feel equally welcomed, valued and accepted.



Your Information

Parent/ carer's name

Email address

Emergency contact numbers

Home address

CHILDREN MUST BE MET BY 5.30PM AT THE LATEST EACH DAY

Child's full name

Date of Birth

Child's full name

Date of Birth

Child's full name

Date of Birth

Please select below the sessions you would like your child to attend. Payment will not be refunded should your child not attend a session that has already been invoiced.

Please put an X in the boxes of the dates you would like your child to attend					
	W.C 25/07/2022	W.C 01/08/2022	W.C 08/08/2022	W.C 15/08/2022	W.C 22/08/2022
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					



Accidents and Emergencies

In the event of an accident or emergency I/we give consent of authority to seek medical advice, attention or treatment (this includes my child being transported to hospital with a staff member if necessary).

This is on the clear understanding that I/We the parent(s)/carer(s) will be contacted at the earliest opportunity. If we are unreachable the person(s) nominated below will be contacted and informed of the situation.

Signature **Date** **Print Name**

Who else may collect your child?

Name		Relationship	
		Contact No	
Name		Relationship	
		Contact No	

Password to be used on collection



Outings

Outings will be arranged to make the most of the University Campus and facilities. We also take trips locally via public transport. Do you give permission to allow your child to take part? If yes, please add your signature:

Signed

Date

Print name

Dietary Requirements

Please list any special dietary requirements:

Allergies and Medication

We will have access to plasters, Calpol and Pirton. None of these will be administered to your child without seeking your consent. Please list any allergies including food allergies and special measures/ treatments required:

Please list any prescribed medication (i.e. drugs which have to be taken regularly) and that you will provide these on your child's first day of attendance:



We/I give consent for the nursery to apply factor 50 sensitive skin suncream to my child:

Sun Cream YES NO

If you wish to provide your own sunscream due to skin allergies, please ensure that it is in date and is clearly labelled with their name on.

Signed Date Print name

Medical Details (must be completed in full)

Doctor's Name:

Address:

Doctors Contact Number:

Covid compliance

Wivenhoe Park Day Nursery have been working with the local authority to ensure that our Summer holiday club complies with all necessary regulations and Ofsted guidance. Each activity is carefully risk assessed and can be read upon request.

Standards of hygiene are paramount and include regular hand washing. Holiday Club children are not mixing with the children in the under 3's area of our nursery and have consistent staffing levels

Please get in touch if you would like more information in reagrds to the running of our service.



Emergency Medical Treatment Consent

I give permission for my child(ren) to receive medical treatment in an emergency and to the administration of any supportive drugs by a trained specialist.

Signed Date Print name

Parent/legal carers please take note

I understand that the Nursery has a legal obligation to report any concerns regarding the safeguarding and welfare of children to the relevant regulatory bodies and to contact the child(ren)'s school for any information or support if required.

Name of child's school

I understand that the Holiday Club has policies and procedures linked to the Day Nursery policies and procedures which are adhered to. These are available to parents/ carers in the Day Nursery Foyer.

Signed Date Print name

Photographs

Photographs will be taken to record and display daily activities. These will be used within the Nursery and in the children's holiday diaries. From time to time photographs may be used on social media and our website. If you give consent for this, please sign.

Signed Date Print name



Getting to know your child(ren)

	Child 1	Child 2	Child 3
Child's Name			
Correct pronunciation			
Religion			
Country of Origin			
First Language			
Main Language used at home			
Other Languages Used			

Additional information about your child:

Please use this space to tell us anything else that you feel is important that we haven't asked you about in this form, for example: anything that might be helpful to us in settling your child into the holiday club.