**Spring Grove Day Nursery Contract**

**Spring Grove Road**

**West Derby**

**L12 8SJ**

**Telephone: 0151 284 2895**

**Email: springgrove.nursery@hotmail.com**

**Website:** [**www.springpgrove-nursery.co.uk**](http://www.springpgrove-nursery.co.uk)

**EY Number: EY429494**

**This is an agreement between Spring Park Day Nursery and the parent/carer of:**

**Childs Name ……………………………………………………………………………………………………………………………………..**

**Date of Birth …………………………………………………………………………………………………………………………..………**

**Address ………………………………………………………………………………………………………………………………………..…..**

**……………………………………………………………………………………………………………………………………………………….………**

**Home Language ………………………………………………………………………………………………………………………………..**

**Religion ……………………………………………………………………………………………………………………………………………...**

**Nationality ……………………………………………………………………………………………………………………………………...**

**Home telephone ……………………………………………………………………………………………………………………………...**

**Mobile ……………………………………………………………………………………………………………………………………………..…**

**Email address of both parents ……………………………………………………………………………………………………**

**Start date ………………………………………………………………………………………………………………………………………….**

**We must be informed when any of the above details change.**

**Days attending (please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

**Please state whether your child has any dietary requirements.**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Are your child’s immunisations up to date: YES/NO**

**Is there any medical information we need to know about your child?**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Nursery Open/Closing Hours:**

**Monday to Friday 7.45am – 6.00pm**

**Morning session 7.45am – 12.45pm**

**Afternoon session 12.45pm – 5.45pm**

**Funded hours**

**Full day 7.45am – 5.45pm**

**Morning session 7.45am – 12.45pm**

**Afternoon session 12.45pm – 5.45pm**

**Nursery Holidays**

**Nursery will close on all bank holidays; Nursery also closes at 1pm on Christmas Eve and New Year’s Eve if they fall on a weekday.**

**Full fees are payable on all bank holidays, unfortunately if your child is away on holiday or ill nursery fees still apply.**

**Due to these current unprecedented times whilst we are in this Covid-19 pandemic if your child has to self-isolate half fees are payable**

**Nursery fees**

**A £100 deposit is required when you register your child, this is refunded when your child leaves the nursery providing your account is clear.**

**Nursery fees must be paid on the first attending day of each week, or if paid monthly a month in advance.**

**We accept all childcare vouchers and the new tax free childcare scheme**

**Banks now charge if cheques are returned – this charge will be added to your account.**

**We will not accept your child into nursery if your account falls into arrears.**

**Payments must be made before 5.45pm, as management will need to put away any cash before nursery closing.**

**Fees are reviewed in March each year.**

**3 and 4 year funded children meal charges**

**Please note that 3 and 4 year funded children will be charged for meals accordingly**

**Breakfast and Lunch - £7.50**

**Snack and Tea - £7**

**If you wish for your child to bring in their own packed lunch, please notify the office so we can remove meal charges**

**For children with dietary needs there will be an additional £2 fee due to the costings of food.**

**Absences**

**Please notify the nursery if your child is unable to attend via telephone or email manager@springpark-nursery.co.uk/admin@springparknursery.co.uk**

**Collection of Children**

**All Parents must arrive at least 10 minutes before nursery closing so staff can give you a full handover of your child’s day.**

**£15 late fees will apply for every 10 minutes you are late for your child, if you do know you are running late could you please call the nursery.**

**If you have arranged for any persons other than the main contacts on the contract to collect your child, you must inform the Manager/Deputy.**

**Children must be dropped off/Collected through the main entrance; children cannot be dropped off/collected through the garden area. This is in the interest of safety and security of your child.**

**Parents to Provide**

**Nappies and wipes**

**A change of clothes**

**Baby formula milk if required, must be measured out accordingly daily**

**Sun cream and sun hat – From March – must be labelled**

**Wellies and Rain Coat – From September – must be labelled**

**Calpol/Piraton**

**I agree to provide the nursery with all of the above items for my child.**

**Signed ……………………………………………………………………… Date ……………………………………………………………..**

**Children should attend nursery with the appropriate clothing and footwear, ensuring they also fit the child as we do not want accidents to happen if for example shoes are too big or too small.**

**Accidents**

**All accidents will be recorded on our accident forms and explained to parents on collection of children, a courtesy call will be made if your child has a bang to the head, if any marks appear or if bleeding occurs.**

**Medication/Illnesses**

**Management will administer any long term medications i.e. inhaler etc providing the appropriate forms has been filled out and medication has the child’s full name labelled clearly.**

* **Antibiotics: Your child will be excluded from the nursery for 48hrs after commencing their first dose; this is because we like to ensure your child does not have a reaction to their medicine if they haven’t had it before.**

**You are usually not infectious 24 hours after starting your antibiotics (NHS)**

**With the welfare of the sick child in mind and the interest of the remaining children, if in the opinion of the staff a child appears to be unwell/ill we can refuse a child into nursery, or if already in nursery we will call the parents/carer for the child to be collected as soon as possible.**

**Children with any symptoms of gastroenteritis cannot attend nursery until 48 hours after they are symptom free. These symptoms include vomiting, diarrhoea, or abdominal pains.**

**Emergency Medication for 39+ temperatures**

**In the event of my child having a rapid raised temperature of 39+, I authorise management to administer nursery Infant Paracetamol to my child. I understand that management will contact me or my emergency contacts to advise me of my child’s condition.**

**I understand that this medication is only given to help reduce my child temperature and possibly prevent a fever convulsion, while I arrange for my child’s collection from nursery. I agree to sign the medication details when my child is collected from nursery.**

**I will supply a bottle of calpol/piraton (if applicable) in the nursery for my child. I will label this and give to one of the management team to store away.**

**Signed ………………………………………………………………………… Parent**

**Date …………………………………………………………………………….**

**Emergency:**

**In the event of your child having an accident or requiring emergency hospital treatment,**

**I hereby give my permission for …………………………………………………………………………………………………. (Child)**

**To be taken to hospital on my behalf.**

**Signed ………………………………………………………………………. Date …………………………………………………………………..**

**Leaving Notice/Reducing days/Changing days**

**Four weeks’ notice is required should you decide to leave the nursery, reduce your child’s days or if you wish to change days. If for any reason you can’t give four weeks’ notice you will still be required to pay for the sessions.**

**Policies and Procedures**

**If you would like to read the policies and procedures, please see the office**

**I have read and understand the above agreement to the terms and conditions**

**Signed ………………………………………………………………………………………………………………….**

**Date ……………………………………………………………………………………………………………………..**

**Photographs**

**From time to time the nursery staff will take photographs of the children, throughout the day, during play. These photographs are used in displays to demonstrate a variety of activity evidence in which children take part in.**

**Photographs are also used for assessment and observational evidence which are stored in your child’s personal development file.**

**No photographs will be transferred and shared by third party, but will only be used for our purpose only.**

**Photos will also be displayed in our photo gallery on our website.**

**I give consent for my child to appear on your Facebook page Y/N**

**Please give consent for your child to be photographed by a member of staff.**

**I ………………………………………………………………………………………. (parent/carer) give my consent for**

**……………………………………………………….. (Child) to be photographed by a member of staff**

**Date ……………………………………………**

**Famly App**

Parents/carers will receive an email to login to the FAMLY APP that we use to keep regular communication with parents/carers. This will include your child’s learning journey, we would love to see some posts from home, showing us the lovely things our children are ding when with their family.

You will need to download the APP.

A purple and white house with a heart

Description automatically generated

**Please give your consent for your child’s photograph to be included in his/her friends learning journey file.**

**Parent consent signature ……………………………………………………… Date ………………………………………………….**

**Outings**

**On occasions we have visits out into the community; Visits will include local parks, shops, vets or other places of interest to support their learning and development.**

**Do you give permission for your child to take part in these outings? Yes/NO**

**Dietary requirements**

**If your child has special dietary requirements or suffers from an allergy, they will be added to our dietary requirement list which is displayed in all rooms for staff to see and check at meal times.**

**This is for your child’s safety and wellbeing.**

**I agree for my child to be added to the list.**

**Signed ………………………………………………………………………………………………………………………..**

**Date …………………………………………………………………………………………………………………………..**

**Parent responsibility:**

**Name …………………………………………………………………………………………………………………………………………........**

**Relationship to child ………………………………………………………………………………………………………………………….**

**Date of Birth ………………………………………………………………………......................................**

**NI Number …………………………………………………………………………………………………………………………………………..**

**Home Address ………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………………..**

**Telephone Number ……………………………………………………………………………………………………………………………..**

**Work Address ……………………………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………………………………………………………..**

**Work Telephone Number ………………………………………………………………………………………………………………….**

**Parent responsibility:**

**Name …………………………………………………………………………………………………………………………………………........**

**Relationship to child ………………………………………………………………………………………………………………………….**

**Date of Birth ………………………………………………………………………......................................**

**NI Number …………………………………………………………………………………………………………………………………………..**

**Home Address ………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………………..**

**Telephone Number ……………………………………………………………………………………………………………………………..**

**Work Address ……………………………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………………………………………………………..**

**Work Telephone Number ………………………………………………………………………………………………………………….**

**Emergency Contacts: (Other than Parents)**

**1st Contact:**

**First Name ………………………………………………………………… Surname ……………………………………………………**

**Relationship to child ………………………………………………………………………………………………………………………**

**Home Address ……………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………..**

**Telephone Number ………………………………………………………………………………………………………………………….**

**2nd Contact:**

**First Name ………………………………………………………………… Surname ……………………………………………………**

**Relationship to child ………………………………………………………………………………………………………………………**

**Home Address ……………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………………………………..**

**Telephone Number ………………………………………………………………………………………………………………………….**

**Additional People to collect:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Password:**

**…………………………………………………………………………………………………………………………………………………………………………….**

**Health Details**

**G.P Details:**

**G.P Name ……………………………………………………………………………………………………………………………………………………**

**Surgery Address ……………………………………………………………………………………………………………………………………..**

**Surgery Telephone Number ………………………………………………………………………………………………………………….**

**Health Visitor – Name ………………………………………………………………………………………………………………………….**

**Contact Address ……………………………………………………………………………………………………………………………………..**

**Contact Telephone …………………………………………………………………………………………………………………………………**

**Disclaimer**

**Please note that on occasions, we are contacted by Inland Revenue, Job Centre Plus or any other Government bodies to verify details of claimants.**

**We are obliged to provide this information and cannot be held responsible for any changes to your claim, as a result of providing the information.**

**Pupil Premium Funding**

**Providers of free early year’s education can claim an Early Years Pupil Premium (EYPP) of up to £300 per year to spend on enriching your three and four year old child’s education.**

**This extra funding will help your child enjoy extra resources and equipment and prepare them for starting school.**

**Do you give consent for the nursery to apply for this extra funding where it’s applicable as certain criteria’s must be met for your child to be eligible?**

**Parent signature ………………………………………………………………………………………………………………**

**Date ………………………………………………………………………………………………………………………………..**

**2 Year Integrated Review**

**Dear Parent/Guardian,**

**The nursery is fully participating in the 2 Year Integrated Review with our Health Visitor and Children’s Centre Colleagues.**

**As part of the review, we will share our information with you and include your reviews on your child’s development within the assessment.**

**Following the review and after we have shared the information with you, we will send a copy to your child’s Health Visitor and local Children’s Centre.**

**This will then ensure that your child receives their entitlement to additional services such as: Terrific Two’s, Ready steady school and much more.**

**All the work by Nurseries, Health Visitors and Children’s Centres will ensure that your child receives the best possible start and is well prepared to start school.**

**Please confirm you have read and understood all of the above information and agree that at any time the nursery may raise concerns about my child’s development.**

**Your Childs Name ……………………………………………………………………………………… Date ……………………………….**

**Nursery Name ……………………………………………………………………………………………………………………………………………**

**Signature of Parent/Guardian ……………………………………………………………………………………………………………..**

**Print Name ………………………………………………………………………………………………………………………………………………..**

**All personal data/information we collect complies with the UK GDPR and UK Data Protection Law 2021.**

**Please sign below for your consent for us to hold all information provided by parents/carers**

**Signed …………………………………………………………………………………………………………….**

**Date ………………………………………………………………………………………………………………….**

**September 2025**

**Charging Policy**

Our nursery aims to provide high-quality childcare while being transparent about our fees and charges. This policy outlines our charging structure and procedures:

**Fees and charges:**

**Children aged 0-2 years**

Full week - £300

Per day - £63

Morning session - £37.50

Afternoon session - £36

**Children aged 2-5 years**

Full week - £295

Per day - £61.50

Morning session - £37

Afternoon session - £35

**Working families funding**

Children from the age of two years and their parent receives the 30-hour funding this does not include the cost for meals.

Parents can choose to provide a healthy packed lunch for their child or opt for our meals, which be charged separately.

Breakfast and Lunch - £7.50

Healthy Snack and Afternoon Tea - £7.00

Lunch - £5.00

All dietary children meal costs – Breakfast and Lunch - £9.50

Healthy Snack and Afternoon Tea - £9

Lunch – 6.50

Nursery closes at 5.45pm, children who are collected after this time will be charged £15 for every 10 minutes.

Nursery fees MUST be paid on the first day of each week or if paying monthly a month in advance.

If paying through the bank, please amend accordingly if there are any changes.

Fees reviewed March each year.