

**Holiday's for over five's**

Moat Barn Nursery accepts children during the school holidays up to the child's **eighth** birthday.

We offer sessions based on a half day, short full day or a long full day for your children.

Children have the opportunities for the free flow inside outside play. They will have access to a computer, books, art materials, puzzles, construction and age appropriate games. As well as having planned art and craft activities available throughout the day. Depending on staff to child ratio's we will often take children on nature walks.

We have a break in the morning and afternoon sessions. Each child has a drink of milk, water or squash and a snack; this will be a sweet or savoury biscuit, or a piece of fruit. The children take turns to help prepare and serve these themselves and we offer a rolling snack that children can come and visit throughout their session. Water is available at all times through the day. Please inform us of any special dietary needs. If your child is attending the nursery before 8.30 a.m. they will be offered breakfast of toast, cereal or fruit and tea is offered after 5.00. These are included in the prices.

If staying over the lunch time then your child can have a hot nutritious two course meal. There is a small charge of £1.45. or you could provide a nutritious packed lunch if you prefer. If you think it is necessary please provide an ice cooler pack.

Days Required	Long full day 8.00 – 6.00 <b>£26.65</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

**CHILD'S NAME .....**

**I would /would not like my child to have a nursery lunch, charged at £1.45. I agree to pay for the holiday's fees no later than the end of the first week of the holiday.**

**I enclose the registration fee of £25.00 non-refundable made payable to Moat Barn Nursery School.**

**I understand that if I exceed my collection time there is a charge of £5 per fifteen minutes.**

**In emergencies, if we are unable to contact you on any of the given telephone numbers, we may contact your child's GP for medical advice on your behalf.**

**Consent:** In the event of an emergency, a member of staff of Moat Barn Nursery may sign consent forms in your absence for emergency treatment.

If anyone other than yourselves is collecting your child, please notify by telephone or in writing.

**Parent's signature : \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Please indicate sessions required for over 3's - rising five year olds.**

**Termly / Full time**

**Child's Name.....**

	<i>Half day</i>	<i>School Day</i>	<i>Short Day</i>	<i>Short session</i>	<i>Long Day</i>
<i>Days Required</i>	<i>8.00-1.00 1.00 - 6.00</i>	<i>9.00-3.00</i>	<i>8.30-4.30</i>	<i>9.00 -1.00 1.00-4.00</i>	<i>All Day 8.00-6.00</i>
<b>Monday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Tuesday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Wednesday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Thursday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Friday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

**I would /would not like my child to have a nursery lunch, charged at £1.45.**

**I agree to pay each term's fees no later than the end of the first month of term.  
I understand and agree to give one term's written notice before withdrawing my child from the Nursery or pay a term's fees in lieu of notice.  
I enclose the registration fee of £25.00 non-refundable made payable to Moat Barn Nursery School.  
I understand that if I exceed my collection time there is a charge of £5 per fifteen minutes.**

**In emergencies, if we are unable to contact you on any of the given telephone numbers, we may contact your child's GP for medical advice on your behalf.**

**Consent:** In the event of an emergency, a member of staff of Moat Barn Nursery may sign consent forms in your absence for emergency treatment.

Please enclose a copy of your child's birth certificate, as from April 1998 we are required by the LEA to have a copy on record.

If anyone other than yourselves is collecting your child, please notify by telephone or in writing.

**Parent's signature : \_\_\_\_\_**

**Date : \_\_\_\_\_**

**Please indicate sessions required for birth - two year olds.**

**Termly / Full time Sessions**

**Child's Name.....**

	<i>Half day</i>	<i>School Day</i>	<i>Short Day</i>	<i>Long Day</i>
<i>Days Required</i>	<i>8.00-1.00 1.00 - 6.00</i>	<i>9.00-3.00</i>	<i>8.30-4.30</i>	<i>All Day 8.00-6.00</i>
<b>Monday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Tuesday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Wednesday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Thursday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Friday</b>	<b>AM / PM</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

**I agree to pay each month's fees monthly in advance.**

**I understand and agree to give a terms written notice before withdrawing my child from the Nursery or pay two months fees in lieu of notice.**

**I enclose the registration fee of £25.00 non-refundable made payable to Moat Barn Nursery School.**

**I understand that if I exceed my collection time there is a charge of £5 per fifteen minutes.**

**In emergencies, if we are unable to contact you on any of the given telephone numbers, we may contact your child's GP for medical advice on your behalf.**

**Consent:** In the event of an emergency, a member of staff of Moat Barn Nursery may sign consent forms in your absence for emergency treatment.

Please enclose a copy of your child's birth certificate, as from April 1998 we are required by the LEA to have a copy on record.

If anyone other than yourselves is collecting your child, please notify by telephone or in writing.

**Parent's signature : \_\_\_\_\_**

**Date : \_\_\_\_\_**

## Registration Form

**FULL NAME OF  
CHILD**

**DATE OF  
BIRTH**

**ETHNICITY**

**SPOKEN LANGUAGE**

**I WOULD LIKE  
MY CHILD TO  
BEGIN**

**DATE**

**YEAR**

**EXPECTED  
DATE OF  
LEAVING  
PARENTS' /  
GUARDIAN'S  
NAME**

**NAME OF  
NEXT SCHOOL  
(IF KNOWN)**

**HOME  
ADDRESS**

**HOME  
TELEPHONE  
NUMBER**

**MOBILE – MOTHER**

**MOBILE – FATHER**

**BUSINESS – MOTHER**

**BUSINESS – FATHER  
TEL. NO.**

**NAME AND TEL.  
NO. OF  
ALTERNATIVE  
CONTACT**

**NAME**

**RELATION TO CHILD  
NAME**

**NAME, ADDRESS  
AND TEL. NO.  
OF CHILD'S  
DOCTOR**

**ADDRESS**

**TEL. NO.  
MEDICAL**

**ANY  
ADDITIONAL  
INFORMATION  
YOU FEEL WE  
MAY NEED TO  
BE AWARE OF**

**DIETARY REQUIREMENTS**