

# JUMPING JACKS CHILDCARE LTD

84 SPENSER ROAD  
BEDFORD  
MK40 2BB  
TEL : (01234) 354960 / 0788 7887757



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## REGISTRATION FORM

### PARENT(S)/GUARDIANS/CARER(S)

NAME OF CHILD.....

GENDER.....ETHNIC  
ORIGIN.....

LANGUAGE SPOKEN AT  
HOME.....

NAME OF PARENTS/GUARDIANS/CARERS.....

.....

.....

ADDRESS.....

.....

.....POSTCODE.....

TELEPHONE  
NO.....

ADDRESS WHERE CHILD IS RESIDENT (if  
different).....

.....

.....POSTCODE.....

TELEPHONE  
NO.....

ACCESS ARRANGEMENTS (If  
applicable).....

.....

.....  
.....  
CONTRACTED HOURS

DAY FROM (am/pm) TO (am/pm)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

CHILDCARE FEE

Session Rate (am or pm) £ 25.25

Daily Rate £ 38.85

Weekly Rate £ 162.75

Additional Hourly Rate £ 4.75

Payment day 1st OF EACH MONTH

First payment due

Due to child/parent/guardian/carer illness/occasional days off FULL FEE

Jumping Jacks holiday closure, 1 week per annum plus Public & Bank holidays FULL FEE

Parent/guardian/carers holidays FULL FEE

ALL PAYMENTS MUST BE PAID IN ADVANCE MONTHLY.

ADDITIONAL CHARGES

Trips and outings By parent/guardian/carer

The parents/guardians/carers agree to:

- a) Pay the fees as set out overleaf on the day agreed.
- b) Arrive and collect the child on time.
- c) Provide adequate and appropriate clothing for both indoor and outdoor activities.
- d) Provide nappies, wipes and formula milk if is required by the child.
- e) Provide necessary information requested by Jumping Jacks in connection with her/his registration and notify any changes to that information.
- f) Be available to discuss the care and development of the child if requested at a mutually convenient time.
- g) Inform us if the child has been ill within 24 hours before a contracted period and respect the management's right to decide not to accept a sick child.
- h) Inform Jumping Jacks of any medication prescribed by the child's doctor and give written permission for qualified staff to administer the medicine if such administration is required.
- i) Notify Jumping Jacks at the beginning of each contracted period of any accident or injury the child may have suffered since last in the care of the child care setting.

Period of notice required to end the contract is 4 weeks.

Parent/Guardians/Carers give permission for routine outings.

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Any other particular needs of the named child.....

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I have read and understood the full content of this contract consisting of 3 pages.

Parent/Guardian..... Parent/Guardian.....

Date..... Date.....