



# **Cheeky Monkeys at Durrell**

## **Nursery Contract**

**La Profonde Rue  
Trinity, Jersey JE3 5BP  
Channel Islands**

**T. +44 (0) 1534 860086  
E. [cheekymonkeys@durrell.org](mailto:cheekymonkeys@durrell.org)  
W. [www.cheekymonkeysnursery.je](http://www.cheekymonkeysnursery.je)  
F. [www.facebook.com/durrellcheekymonkeysnursery](http://www.facebook.com/durrellcheekymonkeysnursery)**





**Cheeky Monkeys at Durrell (CMAD Limited) Parents' Information**

All information that we hold concerning your child as an individual will be kept confidential and processed by CMAD Ltd strictly in accordance with the **Data Protection (Jersey) Law 2018**. Such data will be used by CMAD Ltd in accordance with the **Day Care of Children (Jersey) Law 2002**.

We will not, without your consent, supply your child's name and address to any third party except where (1) such a transfer is a necessary part of the activities that we undertake, these include Les Ormes Swim Academy and Durrell (2) we are required to do so by the operation of the above law. Should you have any queries concerning this right, please contact Juliet on 01534 860086 or email: [cheekymonkeys@durrell.org](mailto:cheekymonkeys@durrell.org)

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

**Child's DOB**  
.....

**(1) Parent / Carer – Mr/Mrs/Miss/Ms/Dr (please circle)**

**Full name:** .....

**Address:** .....  
.....

**Occupation (optional):** .....

**Contact details**

**Work tel:** .....

**Home tel:** .....

**Mobile:** .....

**Personal E-mail:** .....

**Work E-mail (if different from above)** .....

**(2) Parent / Carer - Mr/Mrs/Miss/Ms/Dr (please circle)**

**Full Name:** .....

**Address (If different from above):** .....

.....

**Occupation (optional):** .....

**Contact details**

**Work tel:** .....

**Home tel:** .....

**Mobile:** .....

**Personal E-mail:** .....

**Work E-mail (*if different from above*)**

.....

**Please confirm bill payer's email:**

.....



**Cheeky Monkeys at Durrell Parental Agreement**

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

**Child's D.O.B:** .....

**Parent's Name:** .....

Please confirm if you would like your child to take part in the following activities as they transition through the nursery.

Up to 3 years Baby signing:       Yes  No

**3 years and above please tick:**

Forest school                               Yes  No

Animal encounters                       Yes  No

Swimming lessons                       Yes  No

Please indicate if you give permission for your child to be driven to Les Ormes on their minibus. Cheeky Monkeys staff always accompany your child, a member of staff from Les Ormes will drive the minibus. Booster seats are secured, children must be 3 years old.

Yes  No

Is there any other information you think would be beneficial to us, for the welfare of your child? For example –

Has there been any previous involvement with Children's Services or MASH?

Yes  No  Other

If yes, please specify .....

If other, please specify .....

Please sign and date below, to show that you have read and agree with the information provided in the Parents Handbook and that you have read and agree with the policies used at Cheeky Monkeys at Durrell.

**Signed** .....

**Date**.....

**Please note –**

- We will treat both parents with equal parental responsibility unless we are advised otherwise via a signed Change of Circumstance form.
- We will not allow a child to leave nursery premises with a parent or authorised adult if we feel it is unsafe for the child.

Please sign to state that you agree with the above.

**Parent's Name**.....

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



**Cheeky Monkeys at Durrell Medical and Dietary Information**

Please note, if you record any requirements or allergies for your child then we must have a Care Plan from your doctor.

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

**Child's D.O.B:** .....

**Parent's Name:** .....

**Does your child have any specific dietary requirements e.g. are they vegetarian?**

(Please give details)  Yes  No

.....  
.....

**Does your child have any allergies e.g. dairy products or nuts?**

(Please give details)  Yes  No

If yes, please provide prescribed Piriton from your doctor, to keep at nursery. Please confirm if you are happy for a member of staff to administer your child's Piriton in an emergency  Yes  No

Name ..... Date .....

.....  
.....  
.....

**Is your child allergic to any medicines e.g. Penicillin?**

(Please give details)  Yes  No

.....  
.....

**Does your child have any medical needs that the nursery should be aware of e.g. asthmatic, diabetic?**

(Please give details)  Yes  No

.....  
.....

**Please note** - If your child is asthmatic or requires an Epi-pen or insulin pen, you must provide us with a letter from your doctor to be able to administer your child's medication with detailed dosage. This must be named and in its original packaging. It will always be kept with your child.

Please state which vaccinations your child has had and the date on which they were given.  
We will also need to see and photocopy your child health record 'red book' for our records. Please note that the MMR vaccine (Measles, Mumps & Rubella) is compulsory – see parent handbook:

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Calpol does not need to be prescribed by the doctor. However, we will only administer it as a last resort and it must be in sachet form. This is the current advice from our governing body CEYS. The sachet box must be clearly labelled with your child's name.

We will of course call you before administering the medicine.

Name of Child's Doctor: .....

Practice: .....

Address:

.....  
.....

Phone Number: .....

Parent's Name:

.....

Signed: ..... Date: .....



## Cheeky Monkeys at Durrell Emergency Contact and Medical Authorisation

Child's Name: .....

Child's DOB: .....

Parent's Name: .....

Signature: ..... Date: .....

In the event of an emergency, the following people should be contacted:

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child:  
.....

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child:  
.....

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child:  
.....

If, for any reason, my immediate family or I are unable to be contacted, I agree that CMAD may authorise emergency medical treatment.

Parent's Name: .....

Signature: ..... Date: .....





## Cheeky Monkeys at Durrell Collection Form

Child's Name: .....

Parent's Name: .....

Please email us a photograph of the following people authorised to collect your child. Please note they must provide photo I.D. when collecting.

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child: .....

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child: .....

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child: .....

Name - Mr/Mrs/Miss/Ms/Dr (please circle) .....

Telephone number: .....

Relationship to child: .....

Signature: ..... Date: .....



## **Cheeky Monkeys at Durrell Photography Permission**

There may be occasions when the local media (BBC Jersey News, Channel Television, or the Jersey Evening Post) wish to photograph children at Cheeky Monkeys at Durrell.

Nursery Staff that are studying for qualifications may also wish to photograph children.

I would therefore be grateful if you would indicate yes or no if you wish your child to be photographed this includes.

- *Cheeky Monkeys Facebook page*
- *JEP*
- *Channel Television /BBC Jersey News Website*
- *Staff training*

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

Please circle below.

Yes I am happy to have my child photographed.

No I am not happy to have my child photographed.

**Parent's Name:** .....

**Parent's Signature:** .....

**Date:** .....