



The Granary Nursery School
Hill Farm, Framlingham, Suffolk, IP13 9SA
Tel: 01728 621105

Company No. 7845785

Conditions of Acceptance

1. We/I agree to pay our/my fees half a term in advance.
2. We/I agree to give at least a half term's notice, if we/I wish our/my child to leave the Granary Nursery School. We/I agree to pay a half term's fees if we/I do not give the required amount of notice.
3. We/I understand that there is no refund of fees if our/my child is absent nor for Primary School induction visits or if there is inclement weather e.g. snow.
4. Fees must be received with 14 calendar days of the date of invoice. Payments received after this day will be subject to a late payment fee of £25.00.
5. We/I give our/my consent to our/my child to be taken outside the main nursery building for supervised walks.
6. We/I agree to the Granary staff applying a hypo-allergenic plaster to your child if necessary.
7. We/I agree to the Granary staff applying sunscreen as necessary. All sunscreens should be provided by the parent/carer and clearly labeled with the child(ren)s name.
8. We/I agree to keep our/my child at home for at least 48 hours after symptoms of sickness, diarrhea and/or high temperature have disappeared.
9. We/I agree that in an emergency, our/my child can be taken to either Framlingham Surgery or the Ipswich Hospital with a member of staff, and medical services sought and any necessary emergency treatment given, whilst awaiting our/my arrival.
10. We/I agree that all Nursery records held for our/my child may be shared with another setting as appropriate and/or passed on to their new school when our/my child leaves the Nursery.



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11. We/I agree to the Granary Nursery School taking photographs and the occasional video recording of our/my child whilst at Nursery, unless instructions to the contrary are given.

WE/I THE UNDERSIGNED HAVE READ BOTH THE REGULATIONS AND CONDITIONS OF ACCEPTANCE AND AGREE TO COMPLY WITH THEM.

Child's Name:.....

Parent/Guardian Name:.....

Signed:.....

Date:.....