



# **DRAGONITOS**

## **CONTRATO/CONTRACT**

Nombre completo/Full name: \_\_\_\_\_

Fecha de nacimiento/Date of birth: \_\_\_\_\_

Nombres de Padres/Parent's name: \_\_\_\_\_

DNI/NIE/SSID: \_\_\_\_\_

Dirección/Address: \_\_\_\_\_

\_\_\_\_\_

Telefono/Telephone: \_\_\_\_\_

Dirección de trabajo/Work address: \_\_\_\_\_

\_\_\_\_\_

Contacto segundo/Second contact: \_\_\_\_\_

Relacion del niño/Relationship to child: \_\_\_\_\_

Dirección para el dia/ Daytime address: \_\_\_\_\_

\_\_\_\_\_

Telefono/Telephone: \_\_\_\_\_

Contacto tercero/Third contact: \_\_\_\_\_

Telefono/Telephone: \_\_\_\_\_

Nombre del Medico/Name of Doctor: \_\_\_\_\_

Dirección del centro medico/Doctor's address: \_\_\_\_\_

\_\_\_\_\_

Telefono/Telephone: \_\_\_\_\_



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Copia de vacunas/Copy of immunisations: YES/NO

Alergias/Allergies: \_\_\_\_\_

Medicación regular/regular medication: \_\_\_\_\_

Otra información/Other information: \_\_\_\_\_

Certificado médico/Medical certificate: YES/NO

### Rutina diaria/Daily routine

Tiempos de Botella/ Bottle times	
Comida alergias/ Food allergies	
Comida no permitida/ Food not allowed	
Consistencia de la comida/ food consistency Pureed/mashed/chopped	
Horas de Dormir/ Sleep times	
Hábitos de sueño/ Sleeping habits Dummy/blankie	
Entrenamiento para al baño/ Potty training	
Dificultades de aprendizaje/ Learning difficulties	
Alguna otra información/ Any other information	



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Keyworker: \_\_\_\_\_

Horarios/Hours: \_\_\_\_\_

Dias/Days: LUNES/MONDAY

(Circulo/ MARTES/TUESDAY

Circle) MIERCOLES/WEDNESDAY

JUEVES/THURSDAY

VIERNES/FRIDAY

Comida/Sin Comida- With/Without food: \_\_\_\_\_

Fecha de inicio/starting date: \_\_\_\_\_

Primer idioma/First language: \_\_\_\_\_

Confirmo que he leído y acepto todas las políticas de guardería detalladas.

Firma: \_\_\_\_\_

I confirm that I have read and agree to all the Nursery policies that are published.

Signed: \_\_\_\_\_



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Acuerdo con Dragonitos/Agreement with Dragonitos

- Full fees are payable during temporary absences, e.g holidays, sickness & Bank Holidays
- Fees are to be paid a month in advance, between the 1<sup>st</sup> & 5<sup>th</sup> of each month. Any extra hours will be added to the following month's fees. Payment more than 10 days late may result in your child being refused entry.
- The nursery is open from Monday to Friday from 7.30am to 7.00 pm. Please ensure that your child is collected or collection has been arranged within these times.
- Milk and nappies must be supplied for all children who still require them. The nursery will supply standard wipes and bibs. If you require a particular brand/type please supply them.
- The period of withdrawal of your child or a reduction of hours is one calendar month in writing.
- During the first 'settling' week that your child attends with us please ensure there is a carer/parent available if we need them.
- Emergency contact numbers must be kept up to date.
- During our first two opening month's we will require photo evidence for anyone collecting your child.
- Please advise the nursery of any special dietary requirements in advance or any prescribed medication. (Non-prescription medication/creams are not permitted)
- The nursery must be notified of any contagious or infectious diseases and your child must be withdrawn for the correct amount of time as issued in the health guidelines. The nursery staff will inform parents/carers of any contagious or infectious diseases and minor ailments if they are reported.

I have read and understood the above and agree to abide by the terms and conditions therein:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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DATOS PARA LA DOMICILIACIÓN BANCARIA

APELLIDOS ALUMNO: \_\_\_\_\_ NOMBRE ALUMNO: \_\_\_\_\_

TIPO HORARIO: \_\_\_\_\_

IMPORTE mensualidad: \_\_\_\_\_

Cód. IBAN	ENTIDAD	SUCURSAL	D C.	NÚMERO DE CUENTA

TITULAR DE LA CUENTA: \_\_\_\_\_

BANCO O CAJA: \_\_\_\_\_ SUCURSAL (CALLE, PLAZA, AVDA...)

LOCALIDAD \_\_\_\_\_

C.P. \_\_\_\_\_

FIRMA:

FECHA QUE SE PASARÁ EL PRIMER RECIBO: \_\_\_\_\_



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### INFORMATION FOR DIRECT DEBIT ORDER

CHILDS' SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOURS REQUIRED: \_\_\_\_\_

MONTHLY AMOUNT: \_\_\_\_\_

Cód. IBAN	ENTIDAD	SUCURSAL	D C.	NÚMERO DE CUENTA

NAME ON THE ACCOUNT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

LOCALIDAD \_\_\_\_\_

C.P. \_\_\_\_\_

SIGNED::

DATE OF FIRST DIRECT DEBIT INSTRUCTION: \_\_\_\_\_