

Enrolment Form

Child's Name

First Name

Surname

Date of Birth

Address

Phone Number

Email Address

Email Address

Commencement Date

Date Ceased Attendance

Mother's Name

Phone Number(s)

(W)_____ (M)_____

Father's Name

Phone Number(s)

(W)_____ (M)_____

Other Emergency contact

Family Doctor

Address

Telephone

Do you want your family Doctor called in case of emergencies? _____
Otherwise Dr Grace Doyle, Renmore, shall be called.

Dietary Requirements _____

Allergies,/Illness/
Special Precautions _____

Special Notes
(likes/dislikes) _____

Immunisations: **Please provide evidence of up to date vaccinations.**

Does your child have any of the following?

Any Medical Condition _____

Any Disability _____

Any Allergies _____

Special Dietary needs _____

Consent Page

Consent to First Aid

I _____ hereby give consent for my child _____ to receive, in an emergency, first aid from a suitably qualified person and/or be examined by a Doctor and/or to be transported to Hospital.

Signed _____
(Parent/Guardian)

Date _____

Witness _____

Consent to collect Child

I _____ hereby give consent for my child _____ to be collected by the following: _____

Signed _____
(Parent/Guardian)

Date _____

Witness _____

Consent to give Calpol/Teedex/Neurofen

Signed _____
(Parent/Guardian)

Date _____

Witness _____

Consent to Outings

I _____ hereby give consent for my child _____ to Participate in all events outings on the understanding that all insurance requirements re: Adult/Child ratios are strictly adhered to

Signed _____
(Parent/Guardian)

Date _____

Witness _____

Consent for photograph

I _____ hereby give consent for my child _____ photograph to be taken in Crèche of their daily activities. My child's face will not be used in the media or for any advertisement.

Signed (Parent/Guardian) _____ Date _____

Agreement

Two weeks deposit is to be paid at the time of booking a place at Crèche. This deposit will be used against final payment when the child leaves service. Please indicate the date of commencement when enrolling.

I agree to pay Weekly the full Crèche fee at the agreed time.

I am aware that Crèche is closed the following days and that full fees still apply.

Weekends

Bank Holidays

Good Friday

Ladies Day - Galway Races: Close at 1pm (NB: Applies only to Glasán and Childs Play)

Christmas from December 21st to the New Year

If my child is absent from Crèche due to illness or any other reason I agree to pay the full fee.

I have read the policies and procedures of crèche and agree to carry out a Parent/Guardian responsibilities under same.

Childs Name _____

Parent/Guardian Signature _____

Staff Signature _____

Date _____