

**AGREEMENT PAGE:**

1. Pay booking fee or first weeks fees at time of booking, and indicate the date of commencement at registration.
2. Agree to pay weekly the full creche fees at the agreed time.
3. Annual holiday period is a half weeks fees at Christmas and if my child/children are absent more than that I agree to pay the full fee.
4. In case of withdrawal of my/our child from the creche, I agree to pay one weeks fees or give one weeks notice.
5. I have read the Policies and Procedures of Child's Play and agree to carry out the parents/guardians responsibilities under same.

Child/Children's Name:.....

Parents Signature:.....

Staff Signature:.....

Date:.....

**CONSENT PAGE:**

1.Consent to emergency 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:.....

Witness:.....

2.Consent to Outings:

I..... hereby give consent for my/our child  
..... to participate in all events outings on the  
understanding that all insurance requirements re:adult/child ratio are  
strictly adhered to.

Signed:Parent/Guardian:.....

Witness:.....

3.Consent to give Calpol/Teedex/Neurofen:

Signed:(Parent/Guardian).....

Witness:.....

4.Consent to collect Child:

I ..... hereby give consent for my/our child  
..... to be collected by:

1.....

2.....

Signed(Parent/Guardian):.....

Witness:.....

PERSONAL DETAIL'S

FAMILY DOCTOR:.....

ADDRESS:.....

TELEPHONE NUMBER:.....

DO YOU WANT YOUR FAMILY DOCTOR CONTACTED IN AN EMERGENCY?(OTHERWISE OUR DOCTOR GRACE DOYLE SHALL BE CALLED).....

DIETARY REQUIREMENTS:.....

ALLERGIES,ILLNESS,SPECIAL PRECAUTIONS:

SPECIAL NOTES,LIKES,DISLIKES:.....

IMMUNISATIONS:PLEASE TICK IF YOUR CHILD HAS HAD THESE AND THE DATE RECEIVED.IT IS VERY IMPORTANT THAT YOU FILL IN THIS RECORD CARD AND KEEP US UP TO DATE ON ALL YOUR CHILD'S IMMUNISATIONS.

BCG	Diphtheria	Tetanus	Whooping Cough	Polio	HIB	MMR	Meningitis

CHILD'S REGISTER & RECORD FORM.

CHILD'S NAME:.....

DATE OF BIRTH:.....

ADDRESS:.....  
.....

TELEPHONE NUMBER:.....

DATE OF COMMENCEMENT:.....

DATE CEASED ATTENDANCE:.....

MOTHER'S NAME:.....

CONTACT NUMBER:(W).....(M).....

FATHER'S NAME:.....

CONTACT NUMBER:(W).....(M).....

2 OTHER CONTACT NAMES AND NUMBERS IN CASE OF  
EMERGENCY:.....  
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