

## **Enrolment Form**

**Child's name** \_\_\_\_\_ (First name) \_\_\_\_\_ (Surname)

**Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NCS CHICK Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Attendance Hours Per Week** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Start Date** \_\_\_\_\_

**Date Ceased Attendance** \_\_\_\_\_

### **Parent/Guardian(s) Information**

**Mother's Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

**Workplace** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

**Workplace** \_\_\_\_\_

### **Other Emergency Contacts**

\_\_\_\_\_

\_\_\_\_\_

**Family Doctor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Do you want your family doctor called in case of an emergency?**  Yes  No

Otherwise Dr Grace Doyle, Renmore shall be called.

**Does your child have any of the following that we should be aware of?**

**Medical Conditions** \_\_\_\_\_

**Disability/Additional needs** \_\_\_\_\_

**Dietary Requirements** \_\_\_\_\_

**Allergies/Illnesses** \_\_\_\_\_

**Any Special Precautions** \_\_\_\_\_

**Special Notes (Likes/dislikes)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunisations (Please provide us with an up-to-date copy of all vaccinations)**

### **Daily Record Keeping- Child Paths App**

At Child's Play Crèche we use a Childcare Software App called Child Paths to keep a record of the children's daily activities. Child Paths is an app that allows us to capture and communicate real-time information to parents, helping us to communicate and maintain strong partnerships with parents and guardians.

The Child Paths App enables us to keep up to date records and be fully compliant with the Child Care Act 1991 (Early Years Services) Regulations 2016. The app helps practitioners to work quicker and smarter by eliminating repetitive and time-consuming paperwork, allowing them to spend more quality time with the children.

If you would like more information, please visit [www.childpaths.ie/](http://www.childpaths.ie/).

### **Permissions**

#### **Consent to Record-keeping on the Child Paths App**

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_ 's daily record to be captured, stored and communicated via the Child Paths app.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

**Consent to Group photos on the Child Paths App**

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_ to be included in group photographs and understand that those photos may be shared with the other parents in my child's group. All photos uploaded to the app are for personal use only and parents are **not permitted** to share any group photos of children on social media.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

**Consent to First Aid**

I, \_\_\_\_\_ 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 be transported to the Hospital.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

**Consent to Collections**

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_ to be collected by the following:

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Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

**Consent to Anti-Febrile Medication (Calpol/Nurofen) and Bonjela Teething Gel**

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_ to receive anti-febrile medication in the event that he/she has a high temperature and Bonjela if necessary to reduce pain, discomfort and inflammation from teething.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

**Consent to Outings**

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_ to participate in all event outings on the understanding that all insurance requirements and adult/child ratios are strictly adhered to.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

**Consent for Photography**

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_'s photograph to be taken in Child's Play creche while engaged in play or other activities. My child's face may be used on our media pages, but their face will be blurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_  
(Staff)

## **Agreement**

1. Four weeks deposit is to be paid at the time of booking a place at Child's Play creche. This deposit will be used against the final payment when the child leaves the service. I agree to give 4 weeks' notice to the Creche when I intend to leave the service. Please indicate the date of commencement when enrolling.
2. I agree to sign a Direct Debit Mandate form and pay the full creche fees in advance by monthly Direct Debit. Invoices will be issued through the Child Paths App on 7th of every month.
3. Non-payment of Fees:
  - If you are experiencing financial difficulty, you must speak to the manager who may try to facilitate alternative payment arrangements in the short-term.
  - Repeated delayed payment of fees may result in the loss of your child's space.
  - Non-payment of fees may result in the loss of your child's space.
4. I am aware that the creche is closed the following days and that full fees still apply:
  - Weekends
  - Bank Holidays
  - Good Friday
  - Christmas from Dec 23<sup>rd</sup> to the New Year (Will be confirmed every year)
5. If my child is absent from Creche due to illness /holidays or any other reason I agree to pay the full fee.
6. I have read the policies and procedures of the Creche and agree to carry out the Parent/Guardian responsibilities under the same.

**Child's name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

