

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 Catherine Sweeney, High Street, Dunmore (09338585) 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 Dun Beag 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/.

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:

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 Dun Beag 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. 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.
2. 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.
3. 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 23rd to the New Year (Will be confirmed every year)
4. If my child is absent from Creche due to illness /holidays or any other reason I agree to pay the full fee.
5. 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 _____

