



Please select from options below:

**Junior/Senior infants**

After School Club 1.30pm – 6.30pm (times may vary with each school).

- 5 day
- 4 day       Mon  Tues  Wed  Thurs  Fri
- 3 day       Mon  Tues  Wed  Thurs  Fri
- 2 day       Mon  Tues  Wed  Thurs  Fri

**1<sup>st</sup> class – 6<sup>th</sup> class**

After School Club 2.30pm – 6.30pm (times may vary with each school).

- 5 day
- 4 day       Mon  Tues  Wed  Thurs  Fri
- 3 day       Mon  Tues  Wed  Thurs  Fri
- 2 day       Mon  Tues  Wed  Thurs  Fri

**Before School Club: 8am – until class starts**

- 5 day

**Breakfast and Afterschool Club**

- 5 day

**Infant Club: 1.30pm-2.30pm**

- 5 day

**Full school Year : Afterschool Club, School holidays/ Inservice days ( Sept-Jun)**

- 5 day

Please fill in Parent(s) employer details below:

**1. Parent Employer Details**

Name:	_____
Address:	_____
Phone:	_____

**2. Parent Employer Details**

Name:	_____
Address:	_____
Phone:	_____

**Person authorised to collect  
(Other than Parent)**

Relationship to child:	_____
Name:	_____
Address:	_____
Phone:	_____

**Person authorised to collect  
(Other than Parent)**

Relationship to child:	_____
Name:	_____
Address:	_____
Phone:	_____

Please fill in medical and emergency contact details below:

<b>Child's Doctor</b>	
<b>Dr. Name:</b>	_____
<b>Address:</b>	_____
	_____
<b>Phone:</b>	_____

<b>Emergency Contact Person (Other than parent)</b>	
<b>Name:</b>	_____
<b>Address:</b>	_____
	_____
<b>Phone:</b>	_____

Any Allergies/medical conditions (Please Tick) Yes  No

If "YES", please give details:

Description of Allergy/ Food intolerance/ Medical condition	Preventative Measures	Action taken should child become ill due to allergy/intolerance/medical condition	Have you received letter from Doctor or consultant confirming Allergy/intolerance/Medical condition? *please include date on letter & name of Doctor Please provide a copy of the letter from Doctor.

**\*Please note that information above must be reviewed annually or as changes in condition arise. Parents please keep your Child's Supervisor up to date on any changes in wellbeing or medical circumstances.**

Does your child have any specific dietary requirements or food intolerances? Yes  No

.....  
 .....

Is your child on any long-term medication (Please Tick) Yes  No

If "YES", please give details:

.....  
 .....

Does your child suffer from any hearing and/or speech difficulties? (please give details)

Yes  No

.....  
 .....



**Please ensure that where both parents are involved in the care of the child that both signatures are provided below and where permissions are sought.**

**Accident and/or Emergency Consent Form**

I/We \_\_\_\_\_ parent/guardian of (child's name) \_\_\_\_\_

give my permission to the management of Kids Inc to act on my behalf in case of emergency or accident and to take such action to get any necessary medical attention for the benefit of my child. Kids Inc will not sign for any medical treatments on my behalf

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Kids Inc. Manager                      Date: \_\_\_\_\_

**Permission for Calpol and Nurofen Administration**

I/we hereby give my/our permission for my child (child's name) \_\_\_\_\_

To be given fever reducing medicine in the event that I cannot be contacted.

Signed: \_\_\_\_\_ Parent/Guardian

Signed: \_\_\_\_\_ Parent/Guardian

Signed: \_\_\_\_\_ Kids Inc. Manager

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

**Permission to be photographed or video recorded while in the care of the centre staff**

I/we hereby give my/our permission for my child (child's name) \_\_\_\_\_

To be photographed or video recorded by Kids Inc. Staff for centre use only.

Signed: \_\_\_\_\_ Parent/Guardian

Signed: \_\_\_\_\_ Parent/Guardian

Signed: \_\_\_\_\_ Kids Inc. Manager

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

**Permission for Outings**

I/we hereby give my/our permission for my child (child's name) \_\_\_\_\_

to partake in walks and other outings outside the crèche grounds, on the understanding that the adult/child ratio as recommended by the insurance company will be adhered to at all times.

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Kids Inc. Manager                      Date: \_\_\_\_\_

I /We are happy that this Application Form is fully completed. If any of the above information changes I/We will notify the Manager.

**IMPORTANT NOTICE**

**Please ensure that where both parents are involved in the care of the child that both signatures are provided below.**

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian                      Date: \_\_\_\_\_

<p><b>Administration Details (Manager to Complete)</b></p> <p>Start Date: _____                      Finish Date: _____</p> <p>Deposit of € _____ received in full by _____ on _____</p> <p>Payment method (Please tick): Cheque <input type="checkbox"/> Cash <input type="checkbox"/>                      Ref No. _____</p>
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If you need assistance with any of the above, please contact the Centre Supervisor.