



REGISTRATION

Days per week Mon Tue Wed Thu Fri Room

Child's First name _____ Last Name _____

Phonetic Pronunciation?

Date of birth _____ Nationality _____

Parents name in full _____

Phonetic Pronunciation?

Address _____

Parents Occupation _____

Contact Numbers of Parents / Guardians:

Name _____ Name _____

Home _____ Home _____

Office _____ Office _____

Mobile _____ Mobile _____

Email _____ Email _____

Name and telephone number of GP

In case of an **EMERGENCY we give permission for any of the following individuals to be contacted and our child may be released to any of them:**

Name: _____ Relationship _____ Tel: _____

Name: _____ Relationship _____ Tel: _____

Name: _____ Relationship _____ Tel: _____

Immunisations

Please tick

Birth BCG

2 months 6 in 1+ PCV 13

4 months 6 in 1+ MenC

6 months 6 in 1+ PCV 13

12 months MMR + PCV 13

13 months MenC + Hib

Other, if applicable:

Details of

Allergies _____

Diseases _____

Disabilities _____

Fears _____

Special care required

Date of admission:

Date of Departure:

Other than parents who has permission to collect your child ?

Name: _____ Relationship _____ Tel: _____

Name: _____ Relationship _____ Tel: _____

Name: _____ Relationship _____ Tel: _____

Name: _____ Relationship _____ Tel: _____

Any changes need to be made in writing.

If Guardianship or Access Issues change we need to be advised in writing.

Parents Initial

In case of an EMERGENCY we give permission for my child to be treated or brought to hospital, doctor if required.

Yes / No

Permission to give CALPOL / NUROFEN if the child's temperature is over 38°C

Yes / No

Permission to be photographed or videoed for internal use

Yes / No

We wish our child to go on age appropriate outings

Yes / No

We give permission to Knocklyon Lodge to keep personal data of us and our child for the purpose of administration of Early Childhood Education in accordance with current legislation and we are aware of our rights under the Data Protection Act.

Yes / No

A **deposit of two weeks** is required on return of this form. This deposit is not refundable if your child does not take up its place. At the end of your child's attendance the deposit will be taken off your account.

Weekly or monthly fees are due at the beginning of the week / month respectively.

Deposit received: €

Date:

With this deposit you agree that you are paying for a place or time slot in respect of part time places and that the fees for these places or time slots are due **even if your child does not attend.**

Weekly fees are charged for **52 weeks per annum**, monthly fees for 12 calendar months, All fees are subject to change.

While we will make every effort to resolve matters concerning a child's attendance and care Knocklyon Crèche and Montessori Ltd. reserve the right to terminate a child's attendance.

We undertake to conform to all rules and regulations in force from time to time and to give a full month notice in writing in the event of my child's removal, or to pay a month's fee in lieu of notice.

Signature of Guardian / Parent _____ Date _____

Signature of Guardian / Parent _____ Date _____