

# ABC CHILDSPLAY CRECHE

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## Child Registration Form

For Office Use Only	
Name of Child	
Date of Birth	
Start Date	
Ceased Attending	

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ABC Childsplay Creche & Pre-School  
Townspark Castletown Road Dundalk.  
042 9357721  
abcchildisplaycreche@gmail.com

# Registration Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Sex: Male/Female \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Fees: \_\_\_\_\_

Date Ceased Attending Creche: \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Workplace Address: \_\_\_\_\_ Workplace Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Contact No.: \_\_\_\_\_ Work Contact No.: \_\_\_\_\_

Home Address if different from child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who does child live with: \_\_\_\_\_

Designated people to collect child (other than parents)

(1) Name: \_\_\_\_\_ (2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

Nominated Emergency Contact Person:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Personal Details

Family Doctor: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

Immunisation Record: Please tick and enter date

B.C.G.	Diphtheria	Tetanus	Whooping Cough	Polio	HIB	MMR	Meningitis	Swine Flu

Does your child suffer from any medical conditions and /or allergies?

Please outline details and any special requirements, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any hearing or speech difficulties?

Please give details: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary requirements?

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

Name of siblings and/or close personal relationships in your child's life:

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

Additional information that might help us to get to know your child better:

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

How did you hear about the crèche:

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

# Medical Treatment Consent Form

Dear Parents,

In the event of sudden illness or accident, your child may need medical treatment, either from a General Practitioner or in a hospital. If for any reason we are unable to contact you in case of emergency, we need consent from you.

Please fill in the consent form below and return it with the other enrolment forms.

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I give my consent for anti-febrile medication such as Calpol or Nurofen in liquid suspension form to be given should a high temperature arise. This can be used as a form of pain relief if deemed necessary.

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please outline any illness/condition your child may have, or has suffered from in the past, which may affect the treatment administered.

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

Signed: \_\_\_\_\_

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

# ABC Childsplay Creche

## Permission slip

Name of Child: -----

Age: -----

I ----- give permission for the above named child to be photographed, or videoed while they are in the crèche.

I understand that my child's picture will not be used for advertisement purposes.

Signed: -----

Date: -----

## Permission Slip

Name of Child: -----

Age: -----

I ----- give permission for the above named child to go on outings under the supervision of staff from ABC Childsplay Creche.

Signed: -----

Date: -----

## Contractual Agreement

All information contained in the contractual agreement is private and confidential Between Parents/Guardians and ABC Childsplay Creche.

**Parents agree to:**

- Adhere fully to all policies and procedures.
- Pay fees according to policy, one weeks notice required when child leaves the service.
- At all times send a responsible and competent adult to collect the child.
- Notify the service of illness/absence when necessary.

**ABC Childsplay Creche agrees to:**

- Adhere fully to policies and procedures
- Employ competent staff.
- Keep parents/guardians fully informed of their child’s progress.
- Provide a safe environment for your child.

**Name of child:** .....

Days/Sessions required (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
Pre-school Only	Pre-school only	Pre-school only	Pre-school only	Pre-school Only
Full day care	Full day care	Full day care	Full day care	Full day Care

Agreed weekly fee of ----- payable in advance of each week.

Usual fees to be paid for

**Bank Holidays/Child or parent sickness/Absence due to Holidays**

Start Date: \_\_\_/\_\_\_/\_\_\_/

One week Deposit € \_\_\_\_\_ Paid on \_\_\_/\_\_\_/\_\_\_

I agree to abide by the hours and fees set out above and the policies and procedures set by ABC Childsplay Creche.

I agree to inform ABC Childsplay Creche of any changes to any information provided.

Parent/Guardian Signature: ----- Date: -----

Service Signature: ----- Date:-----