

Please select from options below:

Junior/Senior infants

After School Club 1.10pm - 6.30pm (times may vary with each school).

Please tick your preference below:

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

1st class - 6th class

After School Club 2.10

pm - 6.30pm (times may vary with each school). Please tick your preference below;

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

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:

| | |
|-----------------------|-------|
| Child's Doctor | |
| Dr. Name: | _____ |
| Address: | _____ |
| | _____ |
| Phone: | _____ |

| | |
|---|-------|
| Emergency Contact Person (Other than parent) | |
| Name: | _____ |
| Address: | _____ |
| | _____ |
| Phone: | _____ |

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

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

If "YES", please give details:

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

Yes No

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Name of siblings and position in family:

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Any fears and dislikes? Yes No

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Special Care and Attention (Please give details below, and discuss with centre manager)

1. If your child has a diagnosed additional need, we require additional medical records prior to confirming our suitability to meet his/her needs.
2. If you suspect your child may have need for extra support, please ensure you include as much detail as possible below so that we can ensure we are equipped to meet his/her needs.

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Additional Information to be completed:

Name of School:

School contact number:

Time of collection from school:

Class name (from Sept 2019):

Teacher's Name (if known)

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: _____

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|--|
| <p>Administration Details (Manager to Complete)</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> |
|--|

If you need assistance with any of the above, please contact the Centre Supervisor.