



Start Date	Finish Date

Gaelscoil Ruairi AFTER SCHOOL APPLICATION FORM

Please note we require that you complete all sections in the application form and email completed form to applications@kidsinc.ie

Child's Details

Name:

Address:

D.O.B:

Home Tel:

Parent(s) 1. **Ph mobile:**.....

E-mail:

2. **Ph mobile:**

E-mail:

Home address for either parent if different from child:

.....

Who does your child live with?

School Name:

Class:

KIDS INC Location:

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

.....

Please select from options below:

Junior/Senior infants

After School Club 1.10pm – 6.30pm

Please tick your preference below:

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

1st class – 6th class

After School Club 2.10pm – 6.30pm

Please tick your preference below:

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

Sibling/Infant Club 1:10pm - 2:10pm

- 5 days

Please fill in Parent(s) employer details below

1. Parent Employer
Name _____
Address: _____
Phone: _____

2. Parent Employer
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: _____
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Please fill in medical and emergency contact details below:

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

Emergency Contact Information *Mandatory

Emergency Contact Person (other than parent)	
Name: _____	Phone: _____
Address: _____	

Emergency Contact Information * Mandatory

Person named as emergency contacts on your child's record form must consent to their personal details being held on file in the after school service and the purpose for holding this information.

I, _____ (name) am named on the child record form for _____ (child's name) as an emergency contact. I give consent for these details to be held on file.

Signed: _____ Date: _____

Any Allergies/intolerances/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.

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***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. *Please note:**

- a copy of the letter from Doctor must be provided
- an emergency medication with child's name in the original container must be provided
- 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

What are the languages spoken at home?

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Do you have cultural traditions/values/beliefs that you would like us to celebrate with all the children in our setting?

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Name of siblings and position in family:

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Any fears and dislikes?

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- | | | |
|---|------------------------------|-----------------------------|
| *Has your child had/is waiting an assessment of needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *Does your child have an official diagnosis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *Does your child receive any additional support in school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *Does your child have access to an SNA in school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your child suffer from any hearing and/or speech difficulties? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to any of the above, please give as much information as possible below.

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***Failure to disclose any information can result in the cancelation of care for your child**

Additional Information to be completed:

Name of School:
School contact number:
Time of collection:
Class name from Sept 20___:
Teacher's Name (if known):

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 and where permissions are sought above.**

Signed:_____ Parent/Guardian Date: _____

Signed:_____ Parent/Guardian Date: _____

**Administration Details
(Manager to Complete)**

If you
need

Start Date: _____ Finish Date: _____

Deposit of € _____ received in full by _____ on _____

Payment method (Please tick): Cheque Cash Ref No. _____

assistance with any of the above, please contact Head Office.01 6215790