

Greenfields Childcare Centre & Montessori School

Application Form

Please return completed form to Greenfields Childcare Centre, Lisnamult, Roscommon or e-mail to greenfieldsenterprise@eircom.net

Childs Full Name: _____ Date of Birth: _____ Sex: M / F

Home Address: _____

Home Telephone Number: _____ Mum's Mobile Number: _____

Dad's Mobile Number: _____

Parent/Guardian:

Name: _____ Name: _____

Workplace Address _____ Workplace Address _____

Work Contact Number: _____ Work Contact Number: _____

Home address for either of above if different from child: _____

Who will collect/drop the child? _____

Designated people to collect child (other than above named)

Name: _____ Name: _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

Nominated Emergency Contact Person: Name: _____

Address: _____ Tel No: _____

PERSONAL DETAILS

Family Doctor: _____ Tel No: _____

Address: _____

Immunisation Records

Please enter all the dates or supply your GP's printout

	BCG	6 in 1	Men C	PCV	MMR	HIB
Birth						
2 mths						
4mths						
6mths						
12 mths						
13 mths						

Has child been immunised against Swine Flu? Yes/No Date: _____

Has child has Chicken Pox? Yes/No Date: _____

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

Does your child suffer from any hearing and/or speech difficulties?

Does your child have any specific dietary requirements?

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

BOOKING DETAILS:

Please tick the days and times you would like. We will try to facilitate your request, however it is not always possible.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day, 9:00 – 6:00					
Mornings, 9:00– 12:15					
Afternoons, 2:30 – 5:30					

Anticipated booking period:

Start Date: _____ End Date: _____

Please note: Once you submit your completed application form your details will be placed on a waiting list until a place becomes available. A copy of the allocations policy is available on request.

OFFICE USE ONLY:	
Date application received:	
Date child Started:	Date child Finished:
Notes:	

PERMISSION SLIPS

Child's Name: _____

OUTINGS

I/we hereby give permission for the above named child to partake in walks and other outings outside the nursery grounds on the understanding that the adult/child ratio as recommended by the insurance company will be adhered to at all times.

ACCIDENT AND/OR EMERGENCY CONSENT FORM

I/we hereby give permission to the management of Greenfields Childcare Centre to act on my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of the child name above. This decision to be taken by the person in charge at the time of the emergency.

PERMISSION TO BE PHOTOGRAPHED OR VIDEO RECORDED WHILE IN THE CARE OF THE CHILD CARE STAFF.

I/we give permission for the above named child to be photographed or video recorded, under the supervision of the childcare manager.

Please note: This is for display purposes only, eg. birthday chart, coat hooks, arts & crafts, school play, parents evenings, etc

PERMISSION FOR OBSERVATIONS TO BE MADE ON YOUR CHILD.

I/We give permission for observations to be made for the above named child:

Please note: To assist with your child's development, staff will make notes of your child's achievements, milestones, general development, reactions etc. This information allows staff to plan activities that encourage the development of your child. Information recorded is kept confidential and shared only with the child's parents.

Signed: _____ Parent/guardian

Signed: _____ Childcare Manager

Date: _____