



Bóin Dé



Clarú/ Registration Form

Date/Year you wish your child to start: _____

Ainm (Name of child)	Sloinne/ Surname:
Seoladh/Address/Eircode:	Data Breithe/Date of birth:
Guthán: Telephone Number:	P.P.S.N Number:
Mathair an Phaiste: Mothers Name:	Athair an pháiste: Fathers name:
Mobile Number:	Mobile Number:
Work Phone Number:	Work Phone Number:
Email:	Email:

Session Time	
Morning Session 8:30 - 11:30am	

Where can you be contacted while your child is here: eg In case of an emergency

--

Ainmnigh beirt daoine fásta eile sa chás nach mbeadh tuismitheoir ar fáil/ If parents are not available in an emergency, name two other adults that may be contacted

Ainm/Name	Seoladh/Address	Phone Number	Relationship to child

I authorise: _____ to collect my child (name) _____ from the pre-school in the event of my absence.

Sinithe/Signed: _____ (Parent)



Details of Family General Practitioner for child

Ainm/Name:	
Seoladh/Address:	
Guthán/Phone Number	

Immunisation: (Please tick if child has had these and date received)

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

Does your child have any of the following?

<u>Medical Conditions:</u>		
<u>Disability:</u>		
<u>Special Dietary Needs:</u>		
<u>Allergies:</u>		

Does your child have any special needs or additional requirements that the service should be aware of?

Are there any relevant details you wish us to know regarding your child? E.g habits, toilet training etc?

I give my permission for my child _____ to go on outings.

Signed: _____ Relationship to child: _____



ECCE Letter to parents / Guardians (Sessional Only Services)

Name of Pre-School: Bóin Dé, Scoil Bhríde

Ainm an Pháiste/Name of Child: _____

A Chara,

We operate the ECCE programme for 3 hours per day (8:30am - 11:30am), 5 days per week for 38 weeks of the year which amount to 182 open days. This service is free of charge for all ECCE children. The preschool calendar for this service will be given out the first week of September.

Our service fees are charged on a weekly basis.

ECCE Scheme Funded Child: FREE

Non ECCE Child: €60 Per week

Where a child leaves the service before the end of the specified period the service will recalculate the fees where necessary, to ensure that the entire ECCE capitation due up to that date has been allocated towards childcare fees.

Parents/ Guardian Declaration:

I have enrolled my child in this service and I understand how the ECCE capitation is applied in this service.

Sinithe/ Parent Signature: _____

Dáta/Date: _____





Bóin Dé Parental Permission Form

Please read carefully each of the items below and tick the relevant box.

I hereby give permission for my child in relation to the following:

	Yes	No
On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree with the school using your child's image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for a child)		
Can we use your child's name (not photo) in relation to publicising school events and activities in our newsletter, website/social media accounts and similar publications?		
Images of your child and his/her work may appear on our website/social media account. Images may be of individuals or groups. Only your child's first name will be used if at all. Do you agree to the school using your child's image and first name in this way?		

Ainm/Name of Child: _____

Parents Signature: _____ **Dáta/Date:** _____

