



## REGISTRATION FORM Blanchardstown

*Please be sure to read this form carefully and answer all questions. We are required under the Child Care Act 1991 Regulations 2016 to collect specific information relating to your child.*

### CHILD INFORMATION

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

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

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

### TYPE OF CARE REQUIRED

| Type of Care   | Please <input type="checkbox"/> below |
|--|---------------------------------------|
| Junior Discoverers Room (age 6 months – 18 months)                 |                                       |
| Discoverers Room (age 18 months – 2 years)                         |                                       |
| Explorers Room (age 2 – 3 years)                                   |                                       |
| <b>Active Cubs Room (SESSIONAL PRE-SCHOOL ONLY- MORNING CLASS)</b> |                                       |
| <b>Active Cubs Room (age 3 – 6 years) FULL DAY</b>                 |                                       |
| Part Time Care (please indicate days & hours required below)       |                                       |
| Breakfast Club, After School Care & Camps (12 months)              |                                       |

**Please  the days your child will attend Tigers (note: for part-time care please fill in the hours that you require care for)**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

### Breakfast Club & After School Care Only

School Child Attends: \_\_\_\_\_

Class/Teacher Name: \_\_\_\_\_

### **EMAIL ADDRESS FOR MONTHLY INVOICES (please print clearly)**

\_\_\_\_\_

\_\_\_\_\_

### DETAILS OF PARENTS/GUARDIANS

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

Telephone No (day contact): \_\_\_\_\_

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

Telephone No (day contact): \_\_\_\_\_



Home Address of either parent/guardian if different from child:

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With whom is child living? \_\_\_\_\_

**Nominated Emergency Contact**

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

Telephone No (day contact): \_\_\_\_\_

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

**MEDICAL INFORMATION**

**Nominated Emergency Contact**

GP's Name: \_\_\_\_\_

Telephone No (day contact): \_\_\_\_\_

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

**Record of Vaccinations**

Please tick and enter dates below:

| Age Vaccination | of | Type of Vaccination                                       | Yes / No | Date Received: |
|-----------------|----|---|----------|----------------|
| At 2 months     |    | 6 in 1 vaccine, PCV, MenB vaccine, Rotavirus oral vaccine |          |                |
| At 4 months     |    | 6 in 1 vaccine, PCV, MenB vaccine, Rotavirus oral vaccine |          |                |
| At 6 months     |    | 6 in 1 vaccine, PCV, MenC vaccine                         |          |                |
| At 12 months    |    | MMR, MenB vaccine   |          |                |
| At 13 months    |    | Hib/MenC vaccine, PCV                                     |          |                |

We ask parents to supply a copy of all vaccinations the child has received.

Does your child have any of the following (if not applicable please write n/a next to each heading)?

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Special needs: \_\_\_\_\_  
\_\_\_\_\_

Disability: \_\_\_\_\_  
\_\_\_\_\_

Illness: \_\_\_\_\_

Please notify us of any special care/attention that is required due to any of the above. If your child has any long-term medical needs or has a chronic condition you are required to complete a 'Healthcare Plan' in addition to this form. If your child has ever suffered from Febrile Convulsions, please indicate below:

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**I consent to prescribed medicines by oral administration and others (inhalers/injectable adrenaline) in accordance with the policy and procedure of the service. Parents will always be asked to complete an Administration of Medication form prior to the medicines being given.**

Parent/Guardian Signature: \_\_\_\_\_

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

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

**I consent to the administration of teething gels and temperature control medication (Calpol or equivalent) in accordance with the policy and procedures of this service. Parents will always be informed when medication has been administered to their child.**

Parent/Guardian Signature: \_\_\_\_\_

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

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

**In the event of a medical emergency I hereby give permission to the management of Tigers Childcare to act on my behalf in case of emergency or accident and take such action as necessary for the benefit of my child. This decision is to be taken by the staff person in charge at the time of the emergency.**

Parent/Guardian Signature: \_\_\_\_\_

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

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

**In the event that my child has a minor accident/injury/illness at Tigers and the staff are unable to reach me, I give my authorisation to Tigers Childcare to provide my child with Calpol (or equivalent).**

Parent/Guardian Name: \_\_\_\_\_

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

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

**ADDITIONAL INFORMATION**

**Persons authorised to collect child (other than parent/guardian)**

Name(s): \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone No (day contact): \_\_\_\_\_

Name(s): \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone No (day contact): \_\_\_\_\_



**Permission for Photographs/Videos**

I hereby give permission for my child to be photographed/video recorded at Tigers Childcare. Photographs/videos may be used for the following:

- o Documenting learning e.g. Observations, Learning Stories
- o TUSLA Early Years Inspectorate / DES Inspectorate
- o Service Evaluation
- o In-house displays & Information
- o Tigers Childcare Facebook Page & Website

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |

Parent/Guardian Signature: \_\_\_\_\_

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

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

**Permission to Change Clothes**

It may become necessary to change your child's clothing because of, for example, messy play or wet/soiled clothing.

I hereby give permission to Tigers Childcare to change my child's clothing if required.

Parent/Guardian Signature: \_\_\_\_\_

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

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

**Consent for Local Community Outings**

In Tigers Childcare, we take part in outings to extend and enhance children's emerging interests as part of our child led curriculum. Regular outings in the local community provide varied, meaningful, and interesting learning experiences for children. Examples of these types of outing include buggy walks, going to a local shop to buy ingredients for baking, a trek to the local estate green area or park on a nature trail. Full details of local outings are available in our Outings policy (attached). An information leaflet is also attached.

Parents are welcome to request and/or contribute to the risk assessments carried out in respect of outings. Parents can change their mind about their child's involvement in outings after a child enrolls.

I give permission for my child to participate in local community outings as described in Tigers Outings Policy.

Parent/Guardian Signature: \_\_\_\_\_

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

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

**Sunscreen Policy**

Sunscreen is an essential part of keeping children safe in the sun. Per our Sunscreen Policy, during the summer months parents are asked to put sunscreen on their child in the morning (preferably all-day sunscreen) before they arrive at Tigers. **We ask that you use a sunscreen with an SPF of 15 as a minimum.** We would ask that you leave sunscreen in your child's bag so that the sunscreen can be reapplied during the day if necessary. Please sign below to give permission for Tigers Childcare to apply sunscreen to your child. Signing below also gives your permission for Tigers Childcare to use the sunscreen held on site in the event that your child does not have their own. If your child is allergic to any particular brands, please make a note of it below.

Parent/Guardian Signature: \_\_\_\_\_

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

Allergies to known Brands: \_\_\_\_\_

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



**Infectious Diseases**

I will notify the service as soon as possible if my child is diagnosed with an infectious disease e.g. measles, viral meningitis, Diphtheria, Whooping Cough, Rubella, Covid-19.

Parent/Guardian Signature: \_\_\_\_\_

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

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

**Data Privacy – Consent for Collection and Usage of your personal data**

*Must be signed by all parents/guardians whose information has been supplied in this form.*

Tigers Childcare collects personal data about you and your child to provide care and education to your child. By registering your child for our services at Tigers Childcare you agree to the use of your personal information as described in our 'Privacy Notice'.

I have read the Privacy Notice and I consent to the collection and processing of the data given for the purposes described therein.

I understand that I can request a copy of this information and revise or withdraw my consent at any time by contacting the service.

**Signature Parent/Guardian 1:** \_\_\_\_\_

**Signature Parent/Guardian 2:** \_\_\_\_\_





## **PARENT AGREEMENT**

I have read the Parent Information Pack and the Policies & Procedures Document and in signing this agreement I confirm that;

- I have read and understood the Parent Information Pack and the Policies and Procedures document
- I agree to adhere to all stated policies and procedures.
- I understand that Tigers Childcare policies are periodically reviewed and we reserve the right to amend existing policies/create new policies and any new/updated policies will be communicated to parents as they arise.
- I have read and understood the service's Privacy Notice.
- I understand that Tigers Childcare is a business name owned by Tiger Time Limited.
- I understand that a booking deposit equivalent to one month's fee is payable to secure my child's place.
- I understand that by booking deposit will not be refunded if my child does not commence at the service.
- I understand that my booking deposit will not be refunded if I change the date on which my child commences at Tigers Childcare.
- I understand that my booking deposit cannot be transferred to another child.
- I understand, once my child commences at Tigers Childcare that my booking deposit will not be refunded if I remove my child from Tigers Childcare without giving 30 days written notice.
- I understand, the notice period to remove my child from Tigers Childcare increases to 60 days for children in the Active Cubs room.
- I understand, the notice period to remove my child from Afterschool within an Early years service is 60 days.
- Unless otherwise agreed, I agree to pay my fees in advance on the first of each month via direct debit.
- I understand that an administration fee may be charged if I do not pay my fees via direct debit.
- I understand that Tigers may charge an additional fee of €10.00 per day for each day that I am late in paying my fee.
- I understand that Tigers will be entitled to terminate service with immediate effect if any payment stands overdue by seven days or more and such termination will be without prejudice to Tigers' right to enforce all of its entitlements herein to include payment
- I understand that a registration administration fee of €30 is payable at the time of enrolment and is non-refundable.
- I understand that if I am late in collecting my child, a fee of €10.00 per minute, or part thereof, will be charged until such time as my child is collected.
- Although my child's homework may be completed in Tigers, I understand that it is my responsibility to check that it is done and signed.
- I have read the rules of behaviour management and understand that constant disruptive behaviour can lead to my child being excluded.
- I understand that I must re-register my child at Tigers for each new school year. Failure to do so may result in my child's place being lost.
- I understand that staff at the service have a responsibility as Mandated Persons to report any child welfare concerns.
- I understand that if I am availing of any childcare subvention schemes, my child cannot start at Tigers Childcare until such time as their registration has been confirmed by Pobal/DCYA.

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

**Print Name:** \_\_\_\_\_

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



# SEPA Direct Debit Mandate



Unique Mandate Reference

*Unique Mandate Reference (UMR) – to be completed by Tiger Time Ltd*

By signing this mandate form, you authorise (A) TIGER TIME LTD to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from TIGER TIME LTD.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank.

A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked \*

Creditor's name

Creditor identifier

Creditor address

City

Post Code

Country

Type of payment \*  Recurrent payment or  One-off payment

Debtor Name \*

Debtor Address

City

Post Code

Country

Debtor account number – IBAN \*

Debtor bank identifier code – BIC \*

Date of signature \*

Signature(s) \*

Please sign here

Please return this mandate to the Creditor





Insert Photo Here

**CHILD PROFILE**

We would like to get to know a little bit more about your child and your family life. The information you provide on this questionnaire will enable us to incorporate your family life, culture and traditions within our program and planning. We would also like to further extend on the children's understanding of diversity through the experiences we provide to the children based on your responses.

Child's name: \_\_\_\_\_

Any nicknames? \_\_\_\_\_

Child's Age: \_\_\_\_\_

DOB: \_\_\_\_\_

Who lives at home with your child (parents, grandparents, siblings, aunts, uncles etc.)? \_\_\_\_\_

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

Any Siblings? What are their ages? \_\_\_\_\_

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

Any Pets? How many? What type? \_\_\_\_\_

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

Child's religion & ethnic background: \_\_\_\_\_

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

Is there any information about holidays, celebrations or cultural events that we need to be aware of?

\_\_\_\_\_





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What family traditions would you like to share your knowledge about or provide information to your child's group?

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Child's likes & hobbies: \_\_\_\_\_

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Child's general temperament/personality: \_\_\_\_\_

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Any favourite/special toys? \_\_\_\_\_

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Any other information you'd like us to be aware of? \_\_\_\_\_

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