

# REGISTRATION FORM RYEBRIDGE

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:													
ate of Birth:													
YPE OF CARE REQUIRE	<u>ED</u>												
Type of Care												Plea	se√be
Discoverers Rooms (c Explorers Room (age	age 0 – 2 years) e 2 – 3 vears)	)											
Active Cubs Room (\$	SESSIONAL PRE-		L ONLY)										
Active Cubs Room (	age 3+) <b>FULL D</b> /	ΔY											
After School Care		0.1			,								
Part Time Care (plea	ise indicate da	ys & not	Jis requi	rea below	<u>')                                    </u>								
Monday	Tuesday	sday Wednesday Thursday Frid									iday	/	
MAIL ADDRESS FOR M	NONTHLY INVOI	CES (ple	ease prir	nt <u>clearly)</u>									
ETAILS OF PARENTS/G	SUARDIANS												
lame:													
elephone No (day co	ontact):												
Name:													
elephone No (day co	ontact):												
Home Address of eithe	er parent/guar	dian if d	lifferent	from child	:								
With whom is child livir	ng 🤄												



Nominated Emerger	ncy Contact		
Name:			
Telephone No (day	contact):		
Address:			
MEDICAL INFORMATI	<u>ON</u>		
Nominated Emerger	ncy Contact		
GP's Name:			
Telephone No (day	contact):		
Address:			
Record of Vaccination	<u>ons</u>		
Please tick and ente	r dates below:		
A	To a of Manachaellan	Var /Na	15-1-
Age 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 At 13 months	MMR, MenB vaccine Hib/MenC vaccine, PCV		
	pply a copy of all vaccinations the child has received. e any of the following (if not applicable please write n/a	next to each hea	ding)?
Allergies:			
Special needs:			
Disability:			
Illness/Medical Con	dition:		
medical needs or ho	ny special care/attention that is required due to any of th as a chronic condition you are required to complete a 'H r suffered from Febrile Convulsions, please indicate belo	lealthcare Plan' in	



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. This includes administration of emergency medication per your child's healthcare plan.

Parent/Guardian Signature:		
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. Phomay be used for the following:	otograph	ns/videos
	Yes	No
<ul> <li>Documenting learning e.g. Observations, Learning Stories</li> <li>TUSLA Early Years Inspectorate / DES Inspectorate</li> </ul>		+
<ul> <li>Service Evaluation</li> </ul>		
o In-house displays & Information		
<ul> <li>Tigers Childcare Facebook Page &amp; Website</li> </ul>		
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 enrols.
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 Folicy  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.
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#### <u>Data Privacy – Consent for Collection and Usage of your personal data</u>

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:
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#### 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 garee 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 without prior notice 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 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 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 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/DCEDIY.

Signed:	 	
Print Name:	 	
Date:		



# SEPA Direct Debit Mandate



Unique Mandate Re	fere	nce	Ų																												
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.																															
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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?
Languages spoken at home?
Child's religion & ethnic background:



Is there any information about holidays, celebrations or cultural events that we need to be aware of?
What family traditions would you like to share your knowledge about or provide information to your child's group?
Child's likes & hobbies:
Child's general temperament/personality:
Any favourite/special toys?
Any other information you'd like us to be aware of?