

REGISTRATION FORM

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

SECTION ONE - CHILD, PARENT & EMERGENCY INFORMATION

1.	TIGERS AFTER	SCHOOL LOCATION	(SELECT DROP	P DROPDOWN MENU

2. CHILD INFORMATION			
Child Name:			
Address:			
Date of Birth			
3. TYPE OF CARE REQUIRED – (SELECT FROM DRO	P DOWN MENU)		
Please check the information pack relevant to your preferred location speak to the relevant manager first to confirm if your request car	on to see available options If you require part-time care/hours, pleas to be accommodated.		

4. PLEASE √ THE DAYS YOUR CHILD WILL ATTEND TIGERS

Monday	Tuesday	Wednesday	Thursday	Friday

5. AFTER SCHOOL CARE ONLY

School Child Attends:	
Class/Teacher Name:	

6 D	DEEEDDED	START DATE	(if known)

7. EMAIL ADDRESS FOR MONTHLY INVOICES (please print clearly)

8. DETAILS OF PARENTS/GUARDIANS

Emergency Contact's Name: Telephone No (day contact): Relationship to Child: 10. PERSON(S) AUTHORISED TO COLLECT CHILD (OTHER THAN PARENT) Please confirm by ticking this box that the person(s) nominated below are over 16 years old (required by regulation) Name: Number: Number: Number: Number: Number: Number: Number: Telephone No (day contact): 1. HAS YOUR CHILD EVER HAD A FEBRILE CONVULSIONS? YES / NO		
Name of Secondary Contact: Telephone No (day contact): Home Address of either parent if different from child With whom is child living? 9. NOMINATED EMERGENCY CONTACT (OTHER THAN PARENT) Please provide details of a person that can be contacted in the event that you become uncontactable. This person is typically a family member, relative, friend, neighbour, workplace, or colleague. Emergency Contact's Name: Telephone No (day contact): Relationship to Child: 10. PERSON(s) AUTHORISED TO COLLECT CHILD (OTHER THAN PARENT) Please confirm by ticking this box that the person(s) nominated below are over 16 years old (required by regulation) Name:	Name of Primary Contact:	
Telephone No (day contact): Home Address of either parent if different from child With whom is child living? 9. NOMINATED EMERGENCY CONTACT (OTHER THAN PARENT) Please provide details of a person that can be contacted in the event that you become uncontactable. This person is typically a family member, relative, friend, neighbour, workplace, or colleague. Emergency Contact's Name: Telephone No (day contact): Relationship to Child: 10. PERSON(s) AUTHORISED TO COLLECT CHILD (OTHER THAN PARENT) Please confirm by ticking this box that the person(s) nominated below are over 16 years old (required by regulation) Name: Number: N	Telephone No (day contact):	
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HAS YOUR CHILD EVER HAD A FEBRILE CONVULSIONS? YES / NO	GP's Name:	
	Telephone No (day contact):	
		I
	1. HAS YOUR CHILD EVER HAD A FEE	BRILE CONVULSIONS? YES / NO

unak adm	le to d inister	t that my child's temperature remains raised above 38°c vectors on tack me or there is a delay in collecting my child, I contact me or there is a delay in collecting my child, I contact me an alternative (please state an alternative) to my the risk of a febrile convulsion.	give my authorisatio	n to Tigers Childcare to
Parent Sign	ature:			
Child Name	:			
Alternative Medication				
Date:				
beha decis	If in ca sion is t gency	t of a medical emergency, I hereby give permission to the lase of an emergency or accident and to take such action a to be taken by the staff person in charge at the time of the medication as authorised by you on your child's emergence	s necessary for the been emergency. This in	enefit of my child. This
Child Name	<u> </u>			
Date:				
		Vaccinations r 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 month	S	MMR, MenB vaccine		
At 13 month	s	Hib/MenC vaccine, PCV		

SECTION THREE - YOUR CHILD'S REQUIREMENTS

In this section we want to find out how we can best care for your child. Please contact the centre manager directly if you are providing information here. It is **vital** that you collaborate with Tigers Childcare at enrolment/registration stage to enable us understand your child's individual requirements and provide the best possible care for your child and support for your family. **Failure to discuss diagnosis or concerns with Tigers Childcare at registration/enrolment stage may affect your child's placement on starting**

Please indicate below and give a brief description items below. If providing information here, separate allergy notice, individual healthcare	please contact the Centre manage	r for further guidance to help you fill out a
Allergies		
Disability		
Health or medical condition		
Known or suspected additional requirement		
Dietary Requirements		
 Permission for Photographs/Vid I hereby give permission for my child to be phother following: 	otographed/video recorded at Tigers	
Printed photographs of my child to be u learning portfolios	sed for	No
Photographs or video of my child to be diswithin the centre	splayed	
Photographs or video of my child within a of children to be shared via Child Paths parents within the group as evidence of le experiences	s to all	
	l Madia	
Posted to Tigers Childcare Website, Social sites & Facebook Pages.	Nedia	
=	centre-	
sites & Facebook Pages. Used internally for the purpose of evaluations, internal staff training and our i	centre- internal e taken h as an request	
sites & Facebook Pages. Used internally for the purpose of evaluations, internal staff training and our imanual Photographs or video of my / our child to b by other parents at a parent's event sucl outing or performance. The service will that parents sign an agreement regarding	centre- internal e taken h as an request	

Date:

2. 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.	

permission to Tigers Cr	hildcare to change my child's clothing if required.
Parent Signature:	
Child Name:	
Date:	
3. Consent for	Local Community Outings
	· ·
_	take part in outings to extend and enhance children's emerging interests as part of our child led curriculum. local community provide varied, meaningful, and interesting learning experiences for children. Examples of
-	
	nclude buggy walks, going to a local shop to buy ingredients for baking, a trek to the local estate green area ail. Full details of local outings are available in our Outings policy. Parents are welcome to request and/or
	ssessments carried out in respect of outings. Parents can change their mind about their child's involvement in
outings after a child en	· · · · · · · · · · · · · · · · · · ·
I give permission for my	y child to participate in local community outings as described in Tigers Outings Policy.
Parent Signature:	
Child Name:	
Date:	
asked to put sunscreer from Early Childhood Ir to your child. Signing b	ial part of keeping children safe in the sun. Per our Sunscreen Policy, during the summer months parents are non their child in the morning (preferably all-day sunscreen) before they arrive at Tigers (recommendation reland is to use SPF 30 or higher) Please sign below to give permission for Tigers Childcare to apply sunscreen below also gives your permission for Tigers Childcare to use the sunscreen held on site in the event that your errown. If your child is allergic to any particular brands, please make a note of it below.
Parent Signature:	
Child Name:	
Allergies to known brands	
Date:	
4. Infectious D	viseases
l will notify the service a Whooping Cough, Rub	is soon as possible if my child is diagnosed with an infectious disease e.g., measles, viral meningitis, Diphtheria, ella, Covid-19.
Parent 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.

Parent Signature:	
Child Name:	
Date:	



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 made available 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 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 unless I adhere to the notice periods outlined in the Fee Policy.
- I understand that Tigers Childcare pass on childcare subsidies as outlined in the Fee Policy.
- I understand that it is my responsibility to ensure my child/children are registered for NCS funding and that their awards are renewed accordingly.
- I understand that childcare subsidies cannot be backdated.
- · 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 will 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 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.
- I understand that 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 understand that staff at the service have a responsibility as Mandated Persons to report any child welfare concerns.
- I understand that rude, threatening or violent behaviour by a parent towards staff will not be tolerated and will lead to
 immediate termination of services.
- I understand that if my child's behaviour is determined to be detrimental to the safety, welfare and well-being of the child themselves or others, including Tigers colleagues, this may lead to termination of services.

Parent Signature:	
Child 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	т	I G	E	R		Т	I	М	E			L	Т									
Creditor identifier	1	Ε 3	4	s	D	D	3	0	6	6	6	1	9								1	
Creditor address	С	0 L	L	E	G	E	1	В	:	U	s	1		N	Е	s	s		&	1		
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City	В	A L	L	Υ	C	0	0	L	.	ı	N]
Post Code	В	L A	N	С	Н	A	R	0		s	Т	0		W	N							_
Country	D	U B	L	ı	N		1	5	;													
Type of payment]							
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Debtor Address																						<u> </u> -
City																						}
Post Code																						
Country]
Debtor account number – IBAN *											_				_							
Debtor bank identifier code – BIC*																						
Date of signature *																						
Signature(s)																						7
Please sign here *																						

Please return this mandate to the Creditor