



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. NEXUS LOCATION (SELECT DROP DROPDOWN MENU)

2. CHILD INFORMATION

Child Name:	
Address:	
Date of Birth	

3. PREFERRED SESSION – (SELECT FROM DROP DOWN MENU)

Please check the information pack relevant to your preferred location to see available options

4. EMAIL ADDRESS FOR DEPOSIT INVOICES & CHILD PATHS

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5. DETAILS OF PARENTS/GUARDIANS

Name of Primary Contact:	
Telephone No (day contact):	
Name of Secondary Contact:	
Telephone No (day contact):	
Home Address of either parent if different from child	
With whom is child living?	

6. 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:	

7. 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)

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Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

SECTION TWO - MEDICAL INFORMATION

GP's Name:	
Telephone No (day contact):	

1. Has your child ever had a febrile convulsions? Yes / no

If yes, please describe here and contact the centre manager directly to arrange a visit to discuss in more detail.

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2. In the event that my child's temperature remains raised above 38°C while attending Nexus and our colleagues are unable to contact me or there is a delay in collecting my child, I give my authorisation to Nexus to administer Calpol or an alternative (please state an alternative) to my child to immediately reduce the temperature and reduce the risk of a febrile convulsion.

Parent Signature:	
Child Name:	
Alternative Medication	
Date:	

3. In the event of a medical emergency, I hereby give permission to the management of Nexus to act on my behalf in case of an emergency or accident and to 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 as authorised by you on your child's emergency action plan.

Parent Signature:	
Child Name:	
Date:	

10. Record of Vaccinations

Please tick and enter dates below:

Age of Vaccination	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		

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 Nexus 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 Nexus at registration/enrolment stage may affect your child's placement on starting**

1. Autism Diagnosis

To attend our service, your child must have a full diagnosis of Autism. Please confirm that you have a report confirming your child's diagnosis.

2. Additional Requirements

Please indicate below and give a brief description of your child's current diagnosis or if you have any concerns in relation to the items below. **If providing information here, please contact the Centre manager for further guidance to help you fill out a separate allergy notice, individual healthcare plan, emergency plan, or individual progress plan.**

Allergies	
Health or medical condition	
Known or suspected additional requirement	
Dietary Requirements	

SECTION FOUR - ADDITIONAL INFORMATION

1. Permission for Photographs/Videos

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

	Yes / No
Printed photographs of my child to be used for learning portfolios	
Photographs or video of my child to be displayed within the centre	
Photographs or video of my child within a group of children to be shared via Child Paths to all parents within the group as evidence of learning experiences	
Posted to the Tigers Childcare Website, Social Media sites & Facebook Pages.	
Used internally for the purpose of centre- evaluations, internal staff training and our internal manual	
Photographs or video of my / our child to be taken by other parents at a parent's event such as an outing or performance. The service will request that parents sign an agreement regarding the use of the images.	

Parent Signature:	
Child Name:	
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 Nexus to change my child's clothing if required.

Parent Signature:	
Child Name:	
Date:	

3. 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 Nexus (recommendation from Early Childhood Ireland is to use SPF 30 or higher). Sunscreen, clearly labelled, must be provided for each child. Please sign below to give permission for Nexus to apply sunscreen to your child. Signing below also gives your permission for Nexus 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 Signature:	
Child Name:	
Allergies to known brands	
Date:	

4. 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 Signature:	
Child Name:	
Date:	

5. Attendance Policy – Extended Absences

Regular attendance is essential for success. We have a strict Attendance Policy at Nexus. By signing below, you confirm you have read the Attendance Policy in full and understand that absences of 5 days or more in a single calendar month (excused or unexcused) will result in a review of your child's enrolment status and repeated or prolonged absences may result in the termination of your child's place at our service.

Parent Signature:	
Child Name:	
Date:	

6. Toilet Training Policy

By signing below, you confirm that you have read the Toilet Training Policy in full and agree to adhere to the procedures outlined therein.

Parent Signature:	
Child Name:	
Date:	

7. Behaviour Management Policy

By signing below, you confirm that you have read the Toilet Training Policy in full and agree to adhere to the procedures outlined therein.

Parent Signature:	
Child Name:	
Date:	

8. 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.

Nexus collects personal data about you and your child to provide care and education to your child. By registering your child for our services at Nexus 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 Nexus' 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 Nexus 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 Nexus.
- I understand that my booking deposit cannot be transferred to another child.
- I understand, once my child commences at Nexus that my booking deposit will not be refunded unless I adhere to the notice periods outlined in the Fee Policy.
- I understand that Nexus 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 Nexus may charge an additional fee of €10.00 per day for each day that I am late in paying my fee.
- I understand that Nexus 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 Nexus' 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 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.

Parent Signature:	
Child Name:	
Date:	