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.

Your place is not guaranteed until you receive written confirmation from the centre manager that your child has been successful in obtaining a place.

SECTION ONE – CHILD, PARENT & EMERGENCY INFORMATION

1. KIDS PLANET EARLY YEARS LOCATION (SELECT DROP DROPDOWN MENU)

Choose from dropdown lis

2. CHILD INFORMATION

Child Name:	
Address:	
Date of Birth	

3. TYPE OF CARE REQUIRED – (SELECT FROM DROP DOWN MENU)

Please check the information pack relevant to your preferred location to see available options If you require part-time care/hours, please speak to the relevant manager first to confirm if your request can be accommodated.

ECCE Sessional Class Afternoon (2.8 - 6 yrs)

4. PLEASE √ THE DAYS YOUR CHILD WILL ATTEND KIDS PLANET

Monday	Tuesday	Wednesday	Thursday	Friday
☐	☐	☐	☐	☐

5. AFTER SCHOOL CARE ONLY

School Child Attends:	
Class/Teacher Name:	

6. PREFERRED START DATE (if known)

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

8. 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?	

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: _____

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? Choose from drop down

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

2. **In the event that my child's temperature remains raised above 38°c while attending Kids Planet and our colleagues are unable to contact me or there is a delay in collecting my child, I give my authorisation to Kids Planet 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 Kids Planet 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	No	
At 4 months	6 in 1 vaccine, PCV, MenB vaccine, Rotavirus oral vaccine	No	
At 6 months	6 in 1 vaccine, PCV, MenC vaccine (No MenC vaccine if Born after 1st October 2024)	No	
At 12 months	MMR, MenB vaccine (Chickenpox (varicella) vaccine if Born after 1st October 2024)	No	
At 13 months	Hib/MenC vaccine, PCV	No	
At age 4 to 5 years	4 in 1 vaccine, MMR vaccine (MMR vaccine is replaced with the MMRV if born after 1st October 2024)	No	
At age 12 to 14 years	HPV, Tdap, MenACWY vaccine	No	

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

Please indicate below and give a brief description if your child has a 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	
Disability	
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 Kids Planet 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 Kids Planet 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 Kids Planet to change my child's clothing if required.

Parent Signature:	
Child Name:	
Date:	

3. Consent for Local Community Outings

In Kids Planet, 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. 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 Kids Planet Outings Policy.

Parent 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 Kids Planet (recommendation from Early Childhood Ireland is to use SPF 30 or higher) Please sign below to give permission for Kids Planet to apply sunscreen to your child. Signing below also gives your permission for Kids Planet 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:	7/12/24

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:	

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.

Kids Planet collects personal data about you and your child to provide care and education to your child. By registering your child for our services at kids Planets 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:	

Where did you hear about us?

Please select from the drop down menu below

Choose from dropdow

If Other, please describe below

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 Kids Planet 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 Kids Planet 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 Kids Planet.
- I understand that my booking deposit cannot be transferred to another child.
- I understand, once my child commences at Kids Planet that my booking deposit will not be refunded unless I adhere to the notice periods outlined in the Fee Policy.
- I understand that Kids Planet 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 Kids Planet may charge an additional fee of €10.00 per day for each day that I am late in paying my fee.
- I understand that Kids Planet 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 Kids Planet's 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 Kids Planet, 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 Kids Planet colleagues, this may lead to termination of services.

Parent Signature:	
Child Name:	
Date:	

SEPA Direct Debit Mandate

Kids Planet

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 de ed. Your rights are explained i statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name		TIGER TIME LTD
Creditor identifier		IE34SDD306619
Creditor address		SUITE10 PLAZA256 BLANCHARDSTOWN
City		CORPORATE PARK 2
Post Code		DUBLIN 15 D15EH34
Country		IRELAND
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