



Enrolment Form

Child's Name

First Name

Surname

Date of Birth

Address

Phone Number

Email Address

Email Address

Commencement Date

Date Ceased Attendance

Mother's Name

Phone Number(s)

Place of Work

Father's Name

Phone Number(s)

Place of Work

Siblings Names

Other Emergency Contact



Family Doctor _____

Address _____

Telephone _____

Do you want your family Doctor called in case of an emergency?

Otherwise Dr. Jarlath Duignan, Tuam shall be called. Yes No

Dietary Requirement's _____

Allergies-illness/
Special Precautions _____

Special Notes
(likes/dislikes) _____

Immunisations: Please provide evidence of up-to-date vaccinations.

Does your child have the following?

Any medical Condition _____

Any Disability _____

Any Allergies _____

Special Dietary needs _____





Consent Page

Consent to First Aid

I hereby _____ give consent for my child _____
to receive, in an emergency, first aid from a suitably qualified person and/or be examined
by a Doctor and /or to be transported to hospital.

Signed _____ Date _____
(Parent/Guardian)

Witness _____

Consent to collect child

I hereby _____ give consent for my child _____
to be collected by the following _____

Signed _____ Date _____
(Parent/Guardian)

Witness _____

Consent to give Calpol/Teedex/Neurofen

Signed _____ Date _____
(Parent/Guardian)

Witness _____

Consent to Outings

I hereby _____ give consent for my child _____
to participate in all events/outings on the understanding that all insurance requirements
re: Adult/Child ratios are strictly adhered to

Signed _____ Date _____
(Parent/Guardian)

Witness _____



Consent for photograph

I hereby _____ give consent for my child _____ photograph to be taken in Bee Happy Childcare of their daily activities. My child's face will not be used in the media for any advertising.

Signed _____ Date _____
(Parent/Guardian)

Agreement

1. 1 week's deposit is to be paid at the time of booking a place at Bee Happy Childcare. This deposit will be used against final payment when the child leaves the service.
2. I agree to pay weekly fees every Friday by Direct Debit/Standing Order.
3. I am aware that Bee Happy Childcare is closed on the following days and that full fees still apply.
Weekends
Bank Holidays
Christmas from December 23rd (closing half day) to the New Year
4. If my child is absent from the creche due to illness or any other reason I agree to pay full fee.
5. I have read the policies and procedures, parents handbook, of Bee Happy Childcare and agree to carry out a Parent/Guardian responsibility's under same.
6. Copy of immunisations to be given to management with enrolment forms.

Childs Name _____

Parent/Guardian Signature _____

Staff Signature _____

Date _____