 **Registration form**

**Child’s full name:…………………………………………………………**

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| Sex  | Date of birth | Nationality | First language |
| Home address:  |
| Date of commencement: | Date ceased attending: |
| Family doctor’s name | Doctor’s phone number & address |
| Vaccinations up to date: yes/no | Vaccinations record attached: yes/no | If no vaccination, the letter from GP or the parents’ declaration must be provided with this form. |
| **Does your child suffer from any:**  |
| Medical conditions or illness: yes/no | Allergiesyes/no | Special needsyes/no | Special requirementsyes/no |
| If you answer “yes” for any of above questions, please outline details: |
| **Parent/guardian 1**  | **Parent/guardian 2** |
| Name:  | Name:  |
| Home landline  | Home landline |
| Mobile number  | Mobile number  |
| Work place name & address | Work place name & address |
| Work phone number | Work phone number |
| Email:  | Email:  |
| **Persons authorised to collect child (other than parents)** |
| Name | Name | Name | Name |
| Relationship: granny, grandad, family friend etc | Relationship: granny, grandad, family friend etc | Relationship: granny, grandad, family friend etc | Relationship: granny, grandad, family friend etc |
| Mobile number | Mobile number | Mobile number | Mobile number |
| **Nominated emergency contact person if parents are not available:** |
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**Permission to change clothes** **(mandatory)**

I hereby give permission for my child’s clothes to be changed should the need arise.

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| Signature (parent/guardian)  |

**Permission for Outings/Application of Sun Protection Cream (mandatory)**

I hereby give permission for my child to part take in walks and other outings outside the childcare service ground, on the understanding that the adult/child ratio as required by DCYA and the insurance company will be adhered to at all times. I hereby give permission for staff to apply or assist in application of sun protection cream.

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| Signature (parent/guardian)  |

**Accident and/or Emergency Consent Form (mandatory)**

I give permission to the management of Play Together to act on my behalf on case of emergency or accident and to take such action as may be necessary for benefit of my child. This decision is to be taken by the staff person in charge at the time of the emergency

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| Signature (parent/guardian)  |

**Permission to be photographed or video recorded while in the creche (mandatory)**

 I hereby give permission for my child to be photographed or video recorded for HSE inspection, service evaluation, documentation of curriculum and observation purposes ONLY. Photographs/videos may be:

- shared by Little vista software to provide feedback to the parents,

- shared in Play Together WhatsApp group,

- displayed on Play Together boards and in the playrooms.

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| Signature (parent/guardian)  |

**Extended permission to be photographed or video recorded while in the creche (not mandatory)**

 I hereby give permission for placing my child’s photos:

* on Play Together website (no individual authorisation needed): yes/no
* on Play Together website after my authorisation of each picture: yes/no
* on Play Together Facebook page (no individual authorisation needed): yes/no
* on Play Together Facebook page after my authorisation of each picture: yes/no

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| Signature (parent/guardian)  |

**I have read, understand and agree to abide by terms and conditions of Play Together. All the policies and procedures are available on the website: www. playtogethergalway.com. The hard copy of Policies and Procedures is available in the office upon request.**

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| Signature (parent/guardian)   | Date: |
| Signature (Play together staff/ owner)   | Date: |