



Camp Registration Form

ABC Childcare,
Douglas, Cork

ABC34

☎ (021) 4899 309

✉ littleones@abc-childcare.ie

ABC Childcare collects, secures and processes data in full compliance with Data Protection legislation and statutory obligations. We take the safety and security of your data very seriously, and will not share or divulge your data to any third parties not authorised to receive it. Please visit our website to view our Privacy Statement. If you have any queries, please contact the Data Protection Officer.

CHILD Details

| | | | |
|----------------------------|----------------|---|----------------|
| Date of Application | DD / MM / YYYY | Requested Start Date (Fees commence accruing) | DD / MM / YYYY |
| Child Name | | | |
| Date of Birth | DD / MM / YYYY | Boy / Girl | |
| Home Address | | | |

Your Childcare Requirements

| Days & Times Childcare will be required? <i>(subject to availability)</i> <i>(please tick all that apply)</i> | | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|----------------------|--------|---------|-----------|----------|--------|
| Full Day | 7.45 am - 6.15 pm | | | | | |
| Half Day - Morning | 7.45 am - 1.00 pm | | | | | |
| Half Day - Afternoon | 1.00 pm - 6.15 pm | | | | | |
| Session | 9am -12 noon | | | | | |



PARENT / GUARDIAN Details

| | | | |
|--|--|--|--|
| Parent/Guardian (1) (Primary Contact) | | Parent/Guardian (2) | |
| Email Addresses (Not obligatory, however we request it for the purposes of communication/invoicing/newsletter) | | Email Addresses (Not obligatory, however we request it for the purposes of communication/invoicing/newsletter) | |
| Work address (Not obligatory but recommended in case of emergency) | | Work address (Not obligatory but recommended in case of emergency) | |
| Daytime telephone ☎ | | Daytime telephone ☎ | |
| Mobile ☎ | | Mobile ☎ | |
| Relationship to Child | | Relationship to Child | |


EMERGENCY CONTACT Details

| | | | | | | | |
|-----------------------------------|--|--------------------|--|--|--|---------------------------------------|----|
| Emergency Contact NAME(1) | | Telephone ☎ | | Password (Required to collect the child) | | Authorised to collect? INITIAL | |
| | | | | | | YES | NO |
| Emergency Contact NAME (2) | | Telephone ☎ | | Password (Required to collect the child) | | | |

We the undersigned confirm that _____ will be the **PRIMARY CONTACT** in respect of the child enrolled in **ABC Childcare**. We further confirm that the persons named as Emergency contacts are authorised to collect the child as initialled.

 _____  _____

(Parent/Guardian 1) **(Parent/Guardian 2)**

| | | | | | |
|--------------------|--|---|--|-----------------------|--|
| Doctor Name | | Telephone  | | GP Card Number | |
| Address | | | | | |

Medical information of your Child

| | |
|--|--|
| Does your child have any allergies? (including sun cream) (Please provide details) | |
| Does your child have any special dietary needs? (Please provide details) | |
| Is your child taking prescribed medication? (Please provide details) | |
| Does your child have/had a serious illness? (Please provide details) | |
| Does your child have a Disability or Special Needs? (Please provide details) | |


| Declarations & Permissions: | Parent/Guardian (1) | Parent/Guardian (2) |
|---|----------------------------|----------------------------|
| I/We give my/our permission to act on my/our behalf in case of emergency or accident and to take such action as may be necessary for the benefit of the child. The decision to be taken by the person in charge at the time of the emergency. | | |
| I/We give my/our permission for my/our child to be observed while in the care of the staff and under the supervision of the Manager and those observations documented. We understand that any observations made and recorded will be totally confidential, retained securely and not shared with any third parties not authorised to receive them. | | |
| In the event that our child is unwell and you are unable to contact either parent/guardian, I/We hereby give my/our permission for my/our Child to be given Calpol or Nurofen when necessary, such as in instances of a temperature of 39 degrees plus. The medicine as outlined, will be administered by the Manager. It is our policy to administer this medicine once only in any given day. | | |
| I/We hereby give my/our permission for my/our child to be photographed, while in the care of the childcare staff and under the supervision of the Manager. | | |
| I/We hereby give my/our permission for staff to apply Sun Cream to my child as necessary. | | |
| I/We hereby give my/our permission for staff to change my child in the event of a toileting accident. I/We hereby give my/our permission for staff to toilet or clean my child as necessary. | | |

 _____  _____ Date: _____

OFFICE USE ONLY

| | Initials/Date |
|------------------------|----------------------|
| Waiting list | |
| Place confirmed | |
| Deposit paid | |
| Receipt issued | |
| Assigned place | |

While we make every effort to place your child in ABC's camp, please note that completion of this form does not guarantee a placement. Places offered are confirmed/secured only when a deposit has been paid.

Signature:  _____ **Date:** / /