



Rathkeevin National School, Clonmel,  
Co Tipperary.

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# Registration Form

Child's name: \_\_\_\_\_

Male/Female: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Nationality: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Who does the child live with: \_\_\_\_\_

## Parent/Guardian Details

Main contact: \_\_\_\_\_

Workplace: \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Contact:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

**Workplace:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Contact:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

## **Emergency / Medical Information**

**If either parent or guardian can not be contacted in case of emergency call:**

**Child's Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Child's dentist:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Insurance information:** \_\_\_\_\_

**Please supply a copy of your child's immunisation documents**

**Information about your child:**

**Please give information concerning your child.**

**Play habits:** \_\_\_\_\_

**Eating behaviour:** \_\_\_\_\_

**Likes/Dislikes:** \_\_\_\_\_

**Fears:** \_\_\_\_\_ **My child's  
temperament is usually:** \_\_\_\_\_

**Does your child have a comfort item/toy?** \_\_\_\_\_

**Is your child toilet trained?** \_\_\_\_\_

**What words does He/She use for the toilet:** \_\_\_\_\_

**Does your child have any food allergies?** \_\_\_\_\_

**Does your child have any health issues?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does your child suffer from any speech/language difficulties?**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any special dietary requirements?**

\_\_\_\_\_  
\_\_\_\_\_

## **Parental Consent**

**Each of these consents relate to a policy and procedure in our service. Please ask any member of staff should you wish to see these in more detail**

**1. Emergency medical care:**

I understand that every effort will be made to contact the named parent/guardian in the event of an emergency requiring medical treatment. However if none of these can be contacted I hereby authorize Busy Bees Preschool to transport my child to their local doctor or hospital as necessary and to secure the necessary medical treatment.

**2. First Aid:**

I authorize the staff of Busy Bees Preschool that is trained in first aid to administer first aid when appropriate.

**3. Trip/Outing/Walk Permission:**

I authorize that my child may be taken on outings/walks that may be planned. I understand that the necessary precautions will be taken to ensure my child's safety and that the adult/child ratios will be adhered to. Notification will be given prior to any outings.

**4. Photo/Video Permission:**

I give permission for my child to have their photograph/video taken and used in the following ways:

Within the service: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Facebook: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Website: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**5. Work Experience:**

From time to time throughout the year students on work experience will be visiting Busy Bees Preschool and observing children throughout play time as part of their ongoing studies.

(Students will never be left unsupervised)

**6. Animals/Pets:**

I give permission for my child to have access to animals/pets/insects.

**7. Sunscreen:**

I give permission for my child to have sunscreen applied as necessary.

**8. Change of Clothes:**

I give permission for staff at Busy Bees Preschool to change my child's clothes as necessary.

**9. Fees Policy:**

I understand that all fees must be paid on a weekly basis. This is to ensure that my child may continue to avail of the Preschool service.

**10. Sickness Policy:**

I understand that if my child has been unwell or is taking an antibiotic that they must not attend preschool until such a time as they are feeling better or being on an antibiotic for 48 hours.

**Child release form:**

No child will be released from Busy Bees Preschool to any person other than his/her parents or guardian or the person currently designated in writing by such parent to receive the child. Those people authorized to pick up the child need to present photo id each day until easily recognized by the provider. All children must be signed in and out of the Preschool daily.

The following persons have permission to pick up my child from Busy Bees Preschool.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

I/We certify that all of the above information given in this form is correct and accurate to the best of our knowledge. I/We promise that I/We will notify Busy Bees Preschool of any changes to the information should they arise.

\_\_\_\_\_  
Mothers (Guardian) Signature

\_\_\_\_\_  
Father's (Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Managers Signature

\_\_\_\_\_  
Date