



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