Preschool Registration Form 

Rathkeevin​ ​National​ ​School,​ ​Clonmel, ​ ​Co​ ​Tipperary.

​ ​ ​ ​ ​ ​ ​Email​ :​ vanessa@busybeesclonmel.com ​ ​ ​ ​ ​ ​ ​Phone:​ ​​ ​086​ ​0444202

# 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:​ ​ ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Emergancy​ ​/​ ​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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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## 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.

1. First ​ Aid:​

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

1. 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.

1. 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\_\_\_\_\_\_\_

1. 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)

1. Animals/Pets:

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

1. Sunscreen:

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

1. Change​ ​of​ ​Clothes:

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

1. 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.

1. 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.

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| --- | --- |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mothers​ ​(Guardian)​ ​Signature | Father’s​ ​(Guardian)​ ​Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Managers​ ​Signature | Date |