



**DETAILS OF PARENTS/GUARDIANS**

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

Telephone No (day contact): \_\_\_\_\_

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

Telephone No (day contact): \_\_\_\_\_

Home Address of either parent/guardian if different from child:

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

With whom is child living? \_\_\_\_\_

**Nominated Emergency Contact**

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

Telephone No (day contact): \_\_\_\_\_

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

**MEDICAL INFORMATION**

**Nominated Emergency Contact**

GP's Name: \_\_\_\_\_

Telephone No (day contact): \_\_\_\_\_

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

**Record of Immunisation**

Please tick and enter dates below:

**1) Vaccination Schedule for children born on or after 1<sup>st</sup> July 2015**

B.C.G.	6 in 1 + PCV	6 in 1 + Men C	6 in 1 + Menc C + PCV	MMR + PCV	Men C + Hib

**2) Vaccination Schedule for children born on 1<sup>st</sup> October 2010 – 30<sup>th</sup> June 2015**

B.C.G.	6 in 1 + PCV13	6 in 1 + Men C	6 in 1 + PCV13 + MenC	MMR + PCV13	MenC + Hib

**3) Vaccination Schedule for children born on 1<sup>st</sup> July 2008 – 30<sup>th</sup> September 2010**

B.C.G.	6 in 1 + PCV7	6 in 1 + Men C	6 in 1 + PCV7 + MenC	MMR + PCV7	MenC + Hib

**4) Vaccination Schedule for children born on 1<sup>st</sup> July 2006 – 30<sup>th</sup> June 2008**

B.C.G.	5 in 1 + MenC	5 in 1 + Men C	5 in 1 + MenC	MMR + Hib

**If your child was vaccinated prior to the dates shown in the tables above please provide us with a copy of their immunisation schedule.**

Does your child have any of the following (if not applicable please write n/a next to each heading)?

Allergies: \_\_\_\_\_

\_\_\_\_\_

Special needs: \_\_\_\_\_

\_\_\_\_\_

Disability: \_\_\_\_\_

\_\_\_\_\_

Illness: \_\_\_\_\_

Please notify us of any special care/attention that is required due to any of the above.

If your child has ever suffered from Febrile Convulsions please indicate below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I consent to prescribed medicines by oral administration and others (inhalers/injectable adrenaline) in accordance with the policy and procedure of the service.**

**NB: Parents will always be asked to complete an Administration of Medication form prior to the medicines being given.**

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**I consent to the administration of teething gels and temperature control medication (Calpol or equivalent) in accordance with the policy and procedures of this service.**

**NB: Parents will always be informed when medication has been administered to their child.**

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**In the event of a medical emergency I hereby give permission to the management of Tigers Childcare to act on my behalf in case of emergency or accident and take such action as necessary for the benefit of my child. This decision is to be taken by the staff person in charge at the time of the emergency.**

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**In the event that my child has a minor accident/injury/illness at Tigers and the staff are unable to reach me, I give my authorisation to Tigers Childcare to provide my child with Calpol (or equivalent).**

Parent/Guardian Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Information**

**Persons authorised to collect child (other than parent/guardian)**

Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone No (day contact): \_\_\_\_\_

Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone No (day contact): \_\_\_\_\_

**Permission for Photographs/Videos**

I hereby give permission for my child to be photographed/video recorded at Tigers Childcare. Photographs/videos may be used for the following:

- Documenting learning e.g. Observations, Learning Stories
- TUSLA Early Years Inspectorate / DES Inspectorate
- Service Evaluation
- In-Displays & Information
- Tigers Childcare Facebook Page & Website

Yes	No

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission to Change Clothes**

It may become necessary to change your child's clothing as a result of, for example, messy play or wet/soiled clothing.

I hereby give permission to Tigers Childcare to change my child's clothing if required.

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Sunscreen Policy**

Sunscreen is an essential part of keeping children safe in the sun. Per our Sunscreen Policy, during the summer months parents are asked to put sunscreen on their child in the morning (preferably all day sunscreen) before they arrive at Tigers. **We ask that you use a sunscreen with an SPF of 15 as a minimum.** We would ask that you leave sunscreen in your child's bag so that the sunscreen can be reapplied during the day if necessary. Please sign below to give permission for Tigers Childcare to apply sunscreen to your child. Signing below also gives your permission for Tigers Childcare to use the sunscreen held on site in the event that your child does not have their own. If your child is allergic to any particular brands, please make a note of it below.

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Allergies to known Brands: \_\_\_\_\_

Date: \_\_\_\_\_

**Infectious Diseases**

I will notify the service as soon as possible if my child is diagnosed with an infectious disease e.g. measles, viral meningitis, rubella, mumps, whooping cough, Covid-19.

Parent/Guardian Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Data Privacy – Consent for Collection and Usage of your personal data**

*Must be signed by all parents/guardians whose information has been supplied in this form.*

Tigers Childcare collects personal data about you and your child to provide care and education to your child. By registering your child for our services at Tigers Childcare you agree to the use of your personal information as described in our 'Privacy Notice'.

I have read the Privacy Notice and I consent to the collection and processing of the data given for the purposes described therein.

I understand that I can request a copy of this information and revise or withdraw my consent at any time by contacting the service.

**Signature Parent/Guardian 1:** \_\_\_\_\_

**Signature Parent/Guardian 2:** \_\_\_\_\_



## **PARENT AGREEMENT**

I have read the Parent Information Pack and the Policies & Procedures Document and in signing this agreement I confirm that;

- I have read and understood the Parent Information Pack and the Policies and Procedures document
- I agree to adhere to all stated policies and procedures.
- I have read and understood the service's Privacy Notice.
- I understand that Tigers Childcare is a business name owned by Tiger Time Limited.
- I understand that a booking deposit equivalent to one month's fee is payable to secure my child's place.
- I understand that by booking deposit will not be refunded if my child does not commence at the service.
- I understand that my booking deposit will not be refunded if I change the date on which my child commences at Tigers Childcare.
- I understand that my booking deposit cannot be transferred to another child.
- I understand, once my child commences at Tigers Childcare that my booking deposit will not be refunded if I remove my child from Tigers Childcare without giving 30 days written notice.
- Unless otherwise agreed, I agree to pay my fees in advance on the first of each month via direct debit.
- I understand that an administration fee may be charged if I do not pay my fees via direct debit.
- I understand that Tigers may charge an additional fee of €10.00 per day for each day that I am late in paying my fee.
- I understand that Tigers will be entitled to terminate service with immediate effect if any payment stands overdue by seven days or more and such termination will be without prejudice to Tigers' right to enforce all of its entitlements herein to include payment
- I understand that a registration administration fee of €30 is payable at the time of enrolment and is non-refundable.
- I understand that if I am late in collecting my child, a fee of €10.00 per minute, or part thereof, will be charged until such time as my child is collected.
- Although my child's homework may be completed in Tigers, I understand that it is my responsibility to check that it is done and signed.
- I have read the rules of behaviour management and understand that constant disruptive behaviour can lead to my child being excluded.
- I understand that I must re-register my child at Tigers for each new school year. Failure to do so may result in my child's place being lost.
- I understand that staff at the service have a responsibility as Mandated Persons to report any child welfare concerns.
- I understand that if I am availing of any childcare subvention schemes, my child cannot start at Tigers Childcare until such time as their registration has been confirmed by Pobal/DCYA.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SEPA Direct Debit Mandate



Unique Mandate Reference

*Unique Mandate Reference (UMR) – to be completed by Tiger Time Ltd*

By signing this mandate form, you authorise (A) **TIGER TIME LTD** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **TIGER TIME LTD**.  
 As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank.  
 A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

**Please complete all the fields marked \***

Creditor's name	T   I   G   E   R     T   I   M   E     L   T   D
Creditor identifier	I   E   3   4   S   D   D   3   0   6   6   1   9
Creditor address	B   F   A   R   M   L   E   I   G   H     A   V   E   N   U   E
City	F   A   R   M   L   E   I   G   H     W   O   O   D
Post Code	C   A   S   T   L   E   K   N   O   C   K
Country	D   U   B   L   I   N     1   5

Type of payment    \*    Recurrent payment        or    One-off payment   

Debtor Name	*	
Debtor Address		
City		
Post Code		
Country		
Debtor account number – IBAN	*	
Debtor bank identifier code – BIC	*	
Date of signature	*	

**Signature(s)**

Please sign here    \*

Please return this mandate to the Creditor