

**[PLEASE FILL THIS DOCUMENT BY TYPING, DO NOT PRINT AND HANDWRITE]**

**REGISTRATION FORM**

**Child’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Date of Birth: |  | Nationality: |  |
| Religion (if any): |  | Language(s) spoken: |  |
| Home address: |  |  |  |

**Parent(s) and/or legal guardian(s) details:**

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |
| Address: |  |
| Mobile: |  |
| Email: |  |
| Home Phone: |  |

**Parent(s) and/or legal guardian(s) details:**

|  |  |
| --- | --- |
| Name and surname: |  |
| Relationship to the child: |  |
| Address: |  |
| Mobile: |  |
| Email: |  |
| Home Phone: |  |

**GP details:**

|  |  |
| --- | --- |
| Name and surname: |  |
| Address: |  |
| Work phone number: |  |

**Information about the child:**

**Does your child have any of the following?**

Medical conditions:

Disability:

Learning difficulties:

Allergies (to any medicines, food, fabrics, animals, etc.):

Special dietary needs:

|  |
| --- |
| Is there **any** specific relevant information we need to know about the caring for your child? |
|  |

**Enrolment details:**

*Are you enrolling for ECCE?*

*If enrolling for ECCE but NOT availing of 5 days, please indicate what days of the week your child will be attending:*

*If availing of extended hours (part-time/full day rate), please specify what your requirements are:*

*If you are availing of any of the additional hours, please read and acknowledge the following:*

* Breakfast is provided at 8am if booking from 7:30am.
* Children staying for the afternoon will be offered a hot meal at 1pm and afternoon snack at 4pm as part of their enrolment.
* Children doing the ECCE session (9:00 to 12:00) must bring a mid-morning snack. Please see our *Healthy Eating Policy*.
* To avail from extended hours outside of ECCE, additional fees must be paid to the setting.
* Fees are paid in advance for the upcoming month via bank transfer.
* This service is subject to availability.
* Adult-child ratio for this service differs from the requirements during preschool hours, so pre-booking is necessary.
* In the event that you wish to avail of the service on a specific day but haven’t booked it, you may ring the service and, if there is availability, you may book it for the day and pay when dropping the child.

**A deposit of €100 is required to confirm enrolment. Please note this is only to secure a place and it will be fully refunded once the place has been confirmed. This payment should be made by bank transfer, stating the name and surname of the child on the reference.**

**Bank Account Name: PQR Ireland Ltd. - BIC:** AIBKIE2D **- IBAN:** IE88AIBK93412741131085

***Toilet training policy***

New Generation Preschool kindly asks that, where their developmental stage allows it, all children attending the setting are fully toilet trained.

***Early dropping and late collections policy***

Due to the ratios enforced upon all Preschool Services by ***Childcare Act Regulations***, we are obligated to provide adequate staffing abide by these regulations. Therefore, any child that is being dropped earlier or collected later than the previously agreed timeframe, will incur a cost to PQR Ireland Ltd. These costs will be passed on to the parent(s) and/or guardian(s) of said child.

I/we **(X)**, parent(s)/guardian(s) of **(X)** have read and understood the information stated on this Registration Form and I/we confirm that the information provided is truthful and accurate to my child/children.

***Name of parent(s) and/or guardian(s):***

***Signature of Manager:***

*Date:*

*Thank you for registering with New Generation Preschool.* *We look forward to welcoming you in our centre!*

