



Please read this document carefully and ensure all information is correct and up to date. Under the Child Care Act 1991 Regulations (2016) to collect specific information about your child for our records. Our Policies and Procedures can be found on our website. They are pin protected. If you are accepting a place with us please let us know and we will forward you the access pin number.

Child Information:

Full Name: _____

Address: _____

Date of Birth: _____

Intended Start Date: _____

Care Required:

Type of Care	Tick appropriate
Wombats (12mths – 24mths)	
Koalas (2yrs – 3yrs)	
Kangaroos (3yrs – 6yrs incl. ECCE)	
Kookaburras (ECCE 9.15 – 12.15)	
Dingo's After School Club (Breakfast Club, After School and Holiday Cover)	
Dingo's After School Club (After School and Holiday Cover)	
Stay and Play for ECCE (up to two hours)	

Tick the days you require for your child. There is a min of two days a week.

Monday	Tuesday	Wednesday	Thursday	Friday

Breakfast & After School Parents Only:

School Child Attends: _____

Class/Teacher Name: _____

Parent / Guardian Information:

Mother

Name: _____

Address: _____

Contact Number: _____

Father

Name: _____

Address: _____

Contact Number: _____

Emergency Contact:

Name: _____

Address: _____

Contact Number: _____

Medical Information:

Child's GP Name: _____

Address: _____

Contact Number: _____

Record of Vaccinations:

Have you provided a copy of your child's vaccination record for their file

Yes [☐]

No [☐]

Does your child have any of the following: Please use N/A where applicable.

Allergies: _____

Additional Needs: _____

Intolerances: _____

Illnesses: _____

Any other information?: _____

Consent Section:

I/We consent to prescribed medicines by oral administration and others (inhalers/injectable adrenaline) in accordance with the policies and procedures of this service. Parents will always be asked to complete an Administration of Medication form prior to the medicines being given.

Parents/Guardians Signature: _____

Child(rens) Name: _____

Date: _____

I consent to the administration of teething gels and temperature control medicine (Calpol or equivalent) in accordance with the policies and procedures of this service. Parents will always be informed when medication has been administered to their child(ren).

Parents/Guardians Signature: _____

Child(rens) Name: _____

Date: _____

In the event of a medical emergency I hereby give permission to the management of Chatterbox 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.

Parents/Guardians Signature: _____

Child(rens) Name: _____

Date: _____

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

Parents/Guardians Signature: _____

Child(rens) Name: _____

Date: _____

Authorisations

People authorised to collect my child(ren) other than their parents/guardians. Photographic identification will be requested upon collect:

Person 1

Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Person 2

Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Photographs/Videos

I hereby give permission for my child(ren) to be photographed/video recorded whilst in the care of Chatterbox Childcare for the following reasons:

	Yes	No
◇ Documented learning i.e observations	[]	[]
◇ Inspections i.e TUSLA/DES/DCYA	[]	[]
◇ Service Evaluations	[]	[]
◇ In-house Displays & Information	[]	[]
◇ Chatterbox Childcare Facebook & Website	[]	[]

Parents/Guardians Signature: _____

Child(rens) Name: _____

Date: _____

Changing Clothes

I hereby understand that sometimes it may be necessary to change my child(rens) clothes due to wet/soiled, messy play activities and therefore give my permission to Chatterbox Childcare staff to change my child(rens) clothes.

Parents/Guardians Signature: _____

Child(rens) Name: _____

Date: _____

Sunscreen Policy

Sunscreen is a vital part of protecting children from the sun. During the Summer months parents are asked to provide your child(rens) own bottle of sunscreen clearly marked with their name. We ask that this is a min of SPF 15 and that you apply it first thing in the morning before attending the service. Please sign below to give staff of Chatterbox Childcare permission to top up your child(rens) sunscreen throughout the day. Should your child have any allergies to particular brands please make a note below and known to staff.

Parents/Guardians Signature: _____

Child(rens) Name: _____

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, Diphtheria. Whooping Cough, Rubella, Covid-19

Parents/Guardians Signature:

Child(rens) Name:

Date:

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

Must be signed by all parents/guardians whose information has been documented on this form.

Chatterbox Childcare collects personal data about you and your child(ren) to provide care and education to your child. By registering your child(ren) with our services at Chatterbox 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.

Parent/Guardian (1):

Parent/Guardian (2):

Parental Agreement

I have read the Parental Information Booklet, Registration Pack and the Policies & Procedures and in signing this agreement I confirm that:

- ◇ I have read and understand the Parental Information Pack, Registration Pack and the Policies and Procedures
- ◇ I agree to adhere to all stated Policies & Procedures
- ◇ I have read and understand the service's Privacy Notice
- ◇ I understand that Chatterbox Childcare is a business name owned by Nexus Educational Hub Ltd
- ◇ I understand that a booking deposit of €50 is non-refundable if my child does not attend the service
- ◇ I understand that my booking deposit cannot be transferred to another child
- ◇ I understand that my booking deposit will be deducted from my final bill should I terminate my contract with Chatterbox Childcare
- ◇ Unless otherwise agreed, I agree to pay my fees in advance by the 7th of each month by standing order or direct debit
- ◇ I understand that there will be an administration fee of €10.00 if I do not pay my fees via the bank
- ◇ I understand that there will be a fee of €10.00 per day that my fees are late unless discussed and agreed with Management **prior** to the fees due.
- ◇ I understand that Chatterbox Childcare will be entitled to terminate service with immediate effect if any payment stands overdue by more than 7 days and as such termination will be without prejudice to Chatterbox Childcare's right to enforce all of its entitlements herein to include payment
- ◇ I understand that a registration fee of €30.00 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 €5.00 per five minutes, or part thereof, will be charged
- ◇ Although my child(rens) homework may be completed at Chatterbox Childcare, I understand that it is my responsibility to check that it is all done and signed.
- ◇ I understand that all written work is completed at Chatterbox Childcare and reading work should be done at home
- ◇ I have read the rule of behaviour management and understand that constant disruptive behaviour can lead to my child(ren) being asked to leave the service
- ◇ I understand that all staff at Chatterbox Childcare 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(ren) cannot start at Chatterbox Childcare until such time as their registration has been confirmed by Pobal/DCYA or that its is agreed that full fees will be paid until such time

Parents/Guardians Signature: _____

Print Name: _____

Date:

Bank Details:

Account Name: Nexus Educational Hub Ltd

Bank: Bank of Ireland

Branch: Main Street, Bray, Co. Wicklow

BIC: BOFIE2D

IBAN: IE11BOFI90113287956389

Sort Code: 901132

Account Number: 87956389

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Child(rens) Profile

We would like to get to know a little bit about your child and your family life. The information provided here will allow us to incorporate your family life, culture and traditions into our programming and planning.

Child(rens) Name(s): _____

Any nicknames?: _____

Age: _____

Date of Birth: _____

Nationality: _____

Who lives at home in your house? (parents, siblings, grandparents etc)

Any Siblings? What are their ages?

Any pets? What are their names?

What languages are spoken at home?

What is your child(ren)s religion & ethnic background?

Are there any holidays, celebrations or cultural events that we should be aware of?

Are there any family traditions you would like to share your knowledge about or provide to your child(ren)s group?

What are your child(ren)s likes and dislikes?

What's your child(ren)s general personality like?

Any favourite toys or hobbies that your child(ren) enjoy?

Any other information you believe we should be aware of?

Privacy Notice

How we use your information:

This privacy notice provides information about the ways in which Chatterbox Childcare collects, stores, shares or keeps personal information provided by our customers. We will only use information you provide in order to make contact with you to supply the information on our services, or regarding jobs or employment with Chatterbox Childcare that you have requested.

Using our website:

Our website uses cookies. The purpose of the cookies is solely to assist us in managing our website.

Emailing us:

Any emails sent to us and any messages received through our online contact form are recorded and forwarded to the relevant section. The sender's email address will remain visible to all staff tasked with dealing with the query.

Contacts:

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Co. Dublin

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Data Protection Commissioner; Dublin and Portarlington

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info@dataprotection.ie