NEW SHAPES AFTER-SCHOOL

Child Registration Form

ACE Enterprise Centre, Neilstown, Clondalkin, D22 TH28 · 085 175 7680 · newshapesdublin@hotmail.com

Under the Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018, our service is required to hold specific information on your child, their family and emergency contacts. Each child is unique, and it is important we get to know your child — this information helps with settling in and with the care of your child. All information is kept private and confidential.

1. Child's Details

Child's name	
Date of birth	
Sex	
Home address	
NCS CHICK (if using the National Childcare Scheme)	
Expected start date	

Service required (please tick):

☐ After-School (term time, 1:15pm – 6:00pm) ☐ Breakfast Club (7:30am – 9:00am) ☐ Holiday / mid-term camps (9:00am – 2:00pm)

Days required (Mon–Fri)	

2. Parent / Guardian

	Parent / Guardian 1	Parent / Guardian 2
Name		
Home address		
Phone number		
Work address		
Email		

Who does the child live with?	
Password (for security reasons)	

3. Personal Details

Family doctor	
Doctor's address	
Doctor's phone number	
What is your child's native language?	
Does your child have any siblings?	

4. Medical / Additional Needs

Does your child suffer from any medical illnesses or allergies? If yes please describe in detail and outline requirements.

Does your child have a physical or intellectual disability? If yes please describe in detail and outline requirements.

Do you have any concerns about your child's development or behaviour?

Does your child have any special dietary requirements?

Does your child have any cultural requirements?

Does your child have any further requirements that have not been mentioned?

5. Parental Consent

The following relate to New Shapes After-School Policies. Please read each item in detail before signing.

1) Emergency Medical Consent

I understand that every effort will be made to contact the named guardian in the event of an emergency requiring medical attention. However, if none of these can be contacted, I hereby authorise the New Shapes After-School service to transport my child to their registered doctor or to the appropriate hospital A/E department by ambulance or as is necessary and to secure the necessary medical treatment for my child.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

2) Emergency Medical Treatment

I give permission for my child to be given appropriate emergency medical treatment in the case of an emergency.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

3) First Aid

I authorise that staff trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

4) Antipyretic

I consent to teething gels and temperature control medication (Calpol) in accordance with policy and procedure of the service. NB: Parents will always be informed when medication has been administered to their child.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

5) Outing Permission

I authorise that my child may be taken on outings/walks that may be planned outside of New Shapes After-School grounds on the understanding that the adult/ratio recommended by the Insurance Company will be adhered to at all times. I understand that necessary precautions will be taken to ensure my child's safety. A trained first aid person will be present on all outings.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

6) Permission In-House

I authorise that my child may be taken to other areas of the building to utilise the facilities on the understanding that the adult/ratio recommended by school age care Regulations will be adhered to at all times.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

7) Permission to Change Clothes

I give permission for my child's clothes to be changed should the need arise.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

8) Photo / Video Permission

I give permission for my child to be photographed or video recorded for the following reasons:

1. Tusla inspections and service evaluations Yes ☐ No ☐
2. Displays and information in the service Yes ☐ No ☐
3. New Shapes After-School social media sites Yes ☐ No ☐

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

9) Access to Animals / Insects

I give permission for my child to be in contact with or have supervised access to animals or pets. Care will be taken to ensure that the health, safety and welfare of the children is not put to risk.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

10) Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the service Sun Protection Policy.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

6. Authority to Collect

Child's name	
Parent's name	
Parent's contact number	
Password	

I hereby give permission that the following nominated people have authority to collect my child:

Name: Address: Phone No:	Name: Address: Phone No:

Relationship to Child:	Relationship to Child:
Name: Address: Phone No: Relationship to Child:	Name: Address: Phone No: Relationship to Child:

Are there any legal restrictions / court orders around who has permission to collect your child? **Yes** ☐ **No** ☐

If YES please give details:

If there is any change to the above agreement, please ensure you make management aware immediately. Contact can be made by phone 085 175 7680 or email newshapesdublin@hotmail.com.

7. School Information

School name	
School address	
Teacher's name	
Class	
School collection time	
School phone number	

I give permission for New Shapes After-School to collect my child each day from school.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

I have informed my child's teacher that a member of New Shapes After-School has permission to collect my child from school each day.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Please notify us of any changes to your child's attendance in school by phone: 085 175 7680.

8. Parent / Service Declaration

I have read and understand the policies referred to above. I understand that it is my responsibility to notify management in writing if there are any changes to the details of this form.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Manager Signature: _____ Date: ____ / ____ / _____

Office Use Only — Registration Checklist

Item	Complete
Induction Form / Permission	
Authority to Collect	
Fee Payment Policy Signed	
Child Profile	
School Calendar	

Start Date: ____ / ____ / _____ Date ceased attending: ____ / ____ / _____