

Foirm Chláraithe Naíonra

Day Care & Afterschools Application Form

<i>Ainm/ Child's Name</i>	
<i>Dáta Breithe/ D.O.B</i>	
<i>Seoladh/ Address</i>	
Are you happy to be added to the WhattsApp Group?	YES / NO
<i>Seoladh Ríomhphoist/ Email Address</i>	
<i>Ainm na dTuismitheoirí Parents names</i>	
<i>Máthair/Mother Athair/Father</i>	
<i>Cé acu a bhfuil freagracht tuismitheoireachta don pháiste? Please indicate who has parental responsibility for your child.</i>	<i>Máthair /Mother Yes/No Athair/Father Yes/No Eile/Other (please specify)</i>
<i>Guthán/Home Tel No:</i>	
<i>Uimh Oibre/Work Tel No:</i>	
<i>Guth Póca/Mobile</i>	
<i>An bhfuil sainriachtanais ar bith ag do pháiste/Does your child have any additional needs?</i>	Tabhair sonraí, ldt/Please give details: Tá/YES Níl/ NO

<p><i>An bhfuil ailléirgí ar bith ag do pháiste/ Does your child have any allergies?</i></p>	<p>Tabhair sonraí, ldt/Please give details: Tá/YES Níl/ NO</p>
<p>An bhfuil riachtanais chothaithe ar bith ag do pháiste/Does your child have any Special Dietary requirements?</p>	<p>Tabhair sonraí, ldt/Please give details: Tá/YES Níl/ NO</p>
<p>Tabhair sonraí do bheirt theagmhálithe éigeandála/Please give details of two emergency contacts</p>	<p>1. Ainm/Name: Seoladh/Address:</p> <p>Guth/Tel: : Póca/Mob:</p> <p>2. Ainm/Name: Seoladh/Address:</p> <p>Guth/Tel: Póca/Mob:</p>
<p>Ainm & Seoladh Dochtúra/Name & Address of GP.</p> <p>Uimh Guth/Tel No</p>	
<p>Ainm & Seoladh OibríShóisialta/ Name & Address of Social Worker</p> <p>Uimh Guth/Tel No</p>	
<p>An bhfuil riocht sláinte ar bith ag do pháiste/Does your child suffer from a medical condition?</p> <p>Ríomhphost/Email:</p>	<p>Tabhair sonraí, ldt/Please give details: Tá/YES Níl/ NO</p>

Cúram Lae/Day care

Séisiún de dhíth/ Sessions required Please tick	Full Day/ Lá Iomlán (8am-6pm)	Séisiún Maidne/ Morning Session (8am – 1pm)	Tráthnóna 1/ Afternoon 1 (12pm - 6pm)	Tráthnóna 2/ Afternoon 2 (1pm – 6pm)
Luan/Monday				
Máirt/Tuesday				
Céadaoin/ Wednesday				
Déardaoin/Thursday				
Aoine/Friday				

Cumann Iarscoile/ Cumann Bricfeasta

Afterschools / Breakfast club

Séisiún de dhíth/ Sessions required Please tick	Cumann Bricfeasta/ Breakfast club	Cumann Iarscoile/ Afterschools Club 2pm – 3pm	Cumann Iarscoile/ Afterschools Club 2pm -5.30pm
Luan /Monday			
Máirt /Tuesday			
Céadaoin /Wednesday			
Déardaoin /Thursday			
Aoine /Friday			

Síniú/Signed:

Dáta/Date:

Léirigh thíos má tá imdhíonadh do pháiste suas chun dáta, agus más féidir cén dáta a fuair iad:

Please indicate below if your child's Immunisation for the following, are up to date, and where possible the date Immunisation's were given:

DIPHTERIA	
TETANUS	
POLIOMYELITIS	
MMR	
WHOOPING COUGH	

H.I.B	
Any known departure from Health?	
Ainm & Uimhir Dochtúra: Doctor's Name & No	

Síniú/Sign

Dáta/Date

CONSENT FORMS

Tugaim cead do chéad-chabhair a bheith tugtha do mo pháiste i gcás éigeandála.

I consent to basic first Aid being administered to my child in the event of an emergency.

Síniú/Signed **Dáta/Date**.....

Tugaim cead don fhoireann mo pháiste a athrú i gcás taisme leithris.

I consent to staff changing my child in the event of an accident or a toileting incident.

Síniú/Signed **Dáta/Date**.....

Tugaim cead do mo phaiste dul ar siúlóid ainmnithe

I consent to my child being taken on walks following a designated route.

Síniú/Signed **Dáta/Date**.....

Tugaim cead do ghrianghraf a bheith glactha de mo pháiste, le bheith ar taispeáint ar an suíomh.

I consent to Photographs being taken of my child at play, to display within the setting.

Síniú/Signed Dáta/Date

Tugaim cead do ghriangrafanna de mo pháiste ag súgradh a bheith in úsáid do fhógraíocht agus margaíocht.

I consent to the use of Photographs of my child at play, to use for advertising purposes and promotions.

Síniú/Signed Dáta/Date.....

Tugaim cead do ghriangrafanna do mo pháiste ag súgradh a bheith in usáid do fhógraíocht agus margaíocht ar leathanach Facebook An Droichead.

I consent to Photographs being taken of my child at play, to add to for information and advertising on An Droichead's Facebook Page.

Síniú/Signed Dáta/Date.....

Tugaim cead do ghriangrafanna mo pháiste a bheith in usáid ar shuíomh idirlíon An Droichead/ I consent to photographs being taken of my child to use on our website.

Síniú/Signed Dáta/Date

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Tugaim cead d'íomhá mo pháiste a bheith in úsáid ar fhíseanna poiblíochta/ I consent to my child's image being used on our promotional videos

Síniú/Signed Dáta/Date

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Tugaim cead do bhreathnóireacht scríofa ar mo pháiste a bheith in úsáid do chúrsaí pleanála.

I consent to written observations of my child to be used for planning purposes.

Síniú/Signed Dáta/Date.....

Tugaim cead do Calpol/Disprol a bheith tugtha do mo pháiste i gcás ard teochta.

I consent for my child to be administered Calpol/Disprol

In the event of a high temperature.

Síniú/Signed **Dáta/Date**.....

Tugaim cead do uachtar clúidín a bheith curtha ar mo pháiste.

I consent for my child to have nappy cream applied

Síniú/Signed **Dáta/Date**.....

Tugaim cead d'uachtar gréine a bheith curtha ar mo pháiste le linn gníomhaíochtaí taobh amuigh nó siúlóidí ar laethanta te.

I consent to the application of Sun cream, During outdoor activities or walks on hot days.

Síniú/Signed **Dáta/Date**.....

Tugaim cead do strapa láimhe nó srian a bheith in úsáid do shiúlóidí agus turais.

I consent for the use of hand straps or reins to be used for Walks & Outings.

Síniú/Signed **Dáta/Date**.....

N.B To comply with data protection legislation and our child protection policy, we require your permission before we can take an image of your child.

We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

We will not include any personal details without good reason. For example, we may include the full name of a competition prizewinner if we have consent.