



LITTLE HARVARD CRÈCHE & MONTESSORI

APPLICATION FORM

NAME OF CHILD: _____ DATE OF BIRTH _____

ADDRESS: _____ START DATE _____

Deposit _____ FINISH DATE _____

PARENT'S DETAILS

Mother _____ Father _____

Address _____ Address _____

Phone (H) _____ Phone (H) _____

Mobile _____ Mobile _____

Workplace _____ Workplace _____

Phone (W) _____ Phone (W) _____

E-mail _____ E-mail _____

AUTHORISED PERSON (CONTACT PERSON)

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE _____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? YES \ NO
IF 'YES' PLEASE GIVE DETAILS.

FAMILY DOCTOR

NAME: _____

ADDRESS: _____

PHONE: _____



LITTLE
HARVARD
CRÉCHE & MONTESSORI

I _____ give permission to Leixlip Childcare
Services to take my child _____ outside of the
premises for the purpose of a walk or school trip.

Signed: _____

Date: _____

Dear Parent,

In the event that we are unable to contact you during the day, it is important that we arrange your consent in advance, in the event that your child should require calpol/nurofen(i.e. if they develop a high temperature).

If this medicine is administered it will be recorded and the Parent/Guardian will be informed.

I _____ give permission to Little Harvard crèche and Montessori to give my child _____ calpol/nurofen if necessary.

Immunisation History

CHILDS NAME _____

Did your child have the following immunisations?

Diphtheria YES / NO Age/Date _____

Tetanus YES / NO Age/Date _____

Whooping Cough YES / NO Age/Date _____

HiB YES / NO Age/Date _____

Polio YES/ NO Age/Date _____

M M R YES / NO Age/Date _____

Meningococcal "C" YES / NO Age/Date _____

Booster Immunisations (if applicable)

Diphtheria/Tetanus/whooping cough & polio YES / NO Age/Date _____

M M R YES / NO Age/Date _____

Signature _____ Date _____
(PARENT/GUARDIAN)

EMERGENCY CARE PERMISSION FORM

In case of an accident or severe illness I _____
give permission to Leixlip Childcare Services Ltd. (Little Harvard) and
their staff members to take my child _____ to the doctor \
hospital for assessment \ treatment.

I also undertake to pay all reasonable costs \ expenses in this event.

Signed: _____

Date : _____

Every effort will be made to contact parents/guardians in the case of a
serious accident or severe illness before the child receives medical
treatment.

Please note that the medical centre is _____

THE FOLLOWING NOTES SHOULD BE READ BY ALL PARENTS

1. Little Harvard opens for fifty-one weeks of the year closing only for one week at Christmas and Bank Holidays.
2. Childcare fees are payable for fifty-two weeks of the year.
Method of payment:
DIRECT DEBIT. Your child's weekly fee is multiplied by fifty-two and divided by twelve. This gives an average monthly fee which is debited from your account on the first working day of each month.
3. We cannot administer medicine to your child unless you have first signed a consent form.
4. Parent's are requested not to bring their child to the crèche if they have an illness (for example conjunctivitis \ a stomach bug). In the interest of the health of all children and staff members this is very important.
5. One months deposit is payable for each child. This deposit is not Refundable, however the deposit which you paid will go against your last month fee. **One month notice** is required to ensure this is possible.
6. One of our staff members should be informed if someone other than the child's parents are to pick them up.
7. Parents should also inform the crèche manager of any changes in Child's details e.g. change of address, doctor, and work phone numbers.

CHILD HISTORY

Infancy and Early Childhood. (Please give any details which may be relevant)

Has or does your child suffer from any illness or condition? _____

Has your child been hospitalised? _____

Has your child ever had surgery? _____

Does your child require on going treatment? _____

Immunisation Record

a) (2 mths) 5 in 1 yes\nno

d) (12mths) MMR yes\nno

b) (4 mths) 5 in 1 yes\nno

e) (4-5yrs) 3 in 1 & MMR yes\nno

c) (6 mths) 5 in 1 yes\nno

f) (at birth) BCG yes\nno

Is your child toilet trained? Daytime

Night time

Diet and Food

Does your child have any special diet requirements? (Pease give details)

Is there any particular food your child likes or dislikes?

Are there any special words your child uses to describe things?

Does your child have brothers\ sisters? (Please give details)

Is there anything else, which you feel we should know?

Signed:

Mother's signature _____