



FORMS & ENROLMENT
Enrolment Form

One form per child · return to fiona.tynan@yahoo.co.uk

Complete in full · stored securely per our Privacy Notice · return with Consent Forms

Child details

Child's full name _____ Date of birth _____

Home address _____ PPS number (if applying for funding) _____

Programme requested

- ECCE / preschool
- After-school care
- School-age day care

Preferred start date _____ Days / sessions required _____

School (if after-school) _____ Class / year _____

Parent / guardian 1 _____

Full name _____ Relationship to child _____

Phone _____ Email _____

Parent / guardian 2 (optional) _____

Full name _____ Phone _____

Emergency contacts (not parents)

Name	Phone	Relationship

Health & care

Allergies, medical conditions, additional needs

GP name & phone

Authorised collectors

Name	Phone	Relationship

Declarations

- Information is accurate to the best of my knowledge.
- I have received the Parent Handbook and policies.
- I understand fees, notice periods, and funding conditions.

Parent / guardian signature _____ Date _____



Tick one option per section where applicable · return with Enrolment Form

Child's full name _____ **Date of birth** _____

1. General care consent

I consent to routine care, first aid, and staff contacting emergency services or my GP if necessary.

I agree

2. Medication administration

Medication	Dose	Times	Reason

I consent to staff administering medication listed above.

4. Local outings & transport

I consent to local outings and authorised transport.

5. Emergency treatment

If unreachable, I consent to staff seeking appropriate medical treatment.

6. Sun cream & outdoor play

I consent to staff applying parent-supplied sun cream before outdoor play.

3. Photographs & video

- Internal use only
- Website / social media
- No photographs or video

Parent / guardian confirmation

Parent / guardian signature _____

Name (print) _____

Date _____

Phone _____