FORMS & ENROLMENT

Enrolment Form

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

SERVICE
Little Squirrels Childcare

FORM VERSION
v1.0

LOCATION
Virginia, Co. Cavan

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

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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.

3. Photographs & video

☐ Internal use only

☐ Website / social media

☐ No photographs or video

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.

Parent / guardian confirmation

Parent / guardian signature

Date

Name (print)

Phone