

# CORNER HOUSE REGISTRATION FORM



## CHILDS DETAILS

Child's Name:	
Address:	
D.O.B.	
Age of child:	
Doctors Name:	
Doctors Telephone No:	
Medical details, Allergies, Medication etc:	

## PARENT/CARER 1

Parent/Carer Name:	
Parent/Carer Address:	
Parent/Carer home telephone No:	
Parent/Carer Mobile No:	
Email Address:	
Place of work:	
Work telephone Number:	

## PARENT/CARER 2

Parent/Carer Name:	
Parent/Carer Address:	
Parent/Carer home telephone No:	
Parent/Carer Mobile No:	
Email Address:	
Place of work:	
Work telephone Number:	

## EMERGENCY CONTACT 1

Name:	
Relationship:	
Home telephone Number:	
Mobile Number:	

## EMERGENCY CONTACT 2

Name:	
Relationship:	
Home telephone Number:	
Mobile Number:	

<i>Please tick your preferred day and session required for your child/children</i>				
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>am</i>	<i>am</i>	<i>am</i>	<i>am</i>	<i>am</i>
<i>Not Available</i>	<i>pm</i>	<i>pm</i>	<i>pm</i>	<i>Not Available</i>
<i>Preferred Start Date:</i>				

<i>Names of people you wish to collect your child/children from Corner House Crèche</i>
<i>Name:</i>

<i>Names of people you <u>DO NOT</u> wish to collect your child/children from Corner House Crèche</i>
<i>Name:</i>

<i>Information about your child:</i>
<i>Likes/ Dislikes:</i>
<i>Favorite Activities/Toys:</i>
<i>Family/Child Information:</i>

<i><b>CHILD SMILE CONSENT:</b> Please circle <u>YES</u> OR <u>NO</u> if you are happy for your child to participate in the Child Smile Programme (If you answer No to this question please provide a letter stating you do not want your child to participate)</i>
<b>YES</b> <b>NO</b>

<i><b>Corner House Crèche Consent form:</b> * Delete where appropriate</i>
<i>I do/do not* give my consent for emergency medical assistance to be sought for my child</i>
<i>I do/do not* give consent for my child to have plasters applied when necessary</i>
<i>I do/do not* give my consent for my child to have sun cream applied and I am happy to supply sun cream with my child's name on it as well as a sun hat</i>
<i>I do/do not* give my consent for my child to have photographs taken during activities</i>
<i>I do/do not* give my consent for my child to be included within press coverage</i>
<i>I do/do not* agree to abide by B.A.S.I.C. &amp; Corner House policies and procedures at all times.</i>
<i>It is accepted that 2 weeks' notice will be given in the event that I wish to withdraw my child from the crèche. I understand that no refund will be given for sessions which have been pre-paid or are within this two-week notice period.</i>

<b><u>IMPORTANT INFORMATION REGARDING REGISTRATION TO OUR ORGANISATION AND ONGOING PARENT/CARER RESPONSIBILITIES</u></b>
<i>By signing this application form, you will automatically become a member of our organization (B.A.S.I.C. SCIO) and as such a charity trustee.</i>
<i>As a charity trustee, there are certain general duties which are required under our constitution these include participating from time to time in AGM's and Board Meetings to help make decisions on how we run our business. (A full copy of the constitution detailing your duties can be obtained from our Service Manager).</i>
<b><i>Print Name:</i></b>
<b><i>Signature:</i></b>
<b><i>Date:</i></b>

