**CHILD INFORMATION**

Family Name: First name(s):

Date of Birth: Age: Gender: M / F

School/Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address:

Postal Address (if same write AS ABOVE):

Cultural Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENDANCE REQUIREMENTS** *Preferred start date of permanent booking:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday | All |
| After School Care |  |  |  |  |  |  |

**PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER**

Title: Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Relationship to Child: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address:

 \_\_\_ \_\_\_\_\_\_

Postal Address (if same write AS ABOVE):

Home Phone: ­­­­­­­­­ ­­­­­Mobile Phone: \_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural Background: \_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages(s) spoken at home: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have child (ren) enrolled at this service? Y / N Names:

Do you have child (ren) enrolled at another service? Y / N \_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** *(Please give full name – if same as above leave blank)*

Title: Family Name:

First Name:

Date of Birth: Relationship to Child: \_\_\_\_\_\_\_\_

Residential Address:

Postal Address (if same write AS ABOVE):

Home Phone: Mobile Phone:

Email:

Cultural Background: ­­\_\_\_\_\_\_

Country of Birth: Language(s) spoken at home: \_\_\_\_\_\_

**EMERGENCY CONTACTS** *(Other than Parent/Guardian, must be aged over 18 years of age)*

**Contact 1** Title: Family Name: First Name:

Relationship to Child: Tel: Mob:

Address:

**Contact 2** Title: Family Name: First Name:

Relationship to Child: Tel: Mob:

Address:

**Please provide TWO people approved to collect your child from Sherpa Kids:** *(must be aged over 18 years of age)*

**Contact 1** Title: Family Name: First Name:

Relationship to Child: Tel: Mob:

Address:

**Contact 2** Title: Family Name: First Name:

Relationship to Child: Tel: Mob:

Address:

**N.B.** We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Sherpa Kids staff, should attempt to collect your child from the service, permission will be refused.

**With whom does the child mostly reside?**

**Is this child involved in court orders, parenting plans or orders?** (please circle) Yes No

Please provide current and any changes to court documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide that would be helpful and assist us in the care of your child.

**MEDICAL DETAILS & OTHER INFORMATION**

Child’s Doctor: Phone:

**Does your child have any of the following?**

*Children with additional needs are to book in more than 2 weeks in advance to ensure correct staffing and funding can be organised. Please contact Sherpa Kids staff to discuss.*

*Please also provide any medical management plans, assessments, other documentation or medication & equipment that are related to the child’s needs, prior to commencement at Sherpa Kids.*

 A.D.D. / A.D.H.D Epilepsy

 Allergies (see box below) Haemophilia

 Asthma Heart problems

 Diabetes Anaphylaxis

 Physical needs Behavioural needs

 Educational needs Any other special needs

|  |  |
| --- | --- |
| Is your child on any medication? *(Please complete a Medical Information & Authorisation Form)* |  Yes No |
| **Has your child been immunised?** *(Please provide immunisation record)* |  **Yes No** |
| **Does your child wear?** |  **Prescriptions Glasses Hearing Aid** |

|  |
| --- |
| **Does your child have any of the following allergies?** *Please indicate severity e.g. High, Moderate, Low or Not Applicable* |
| 1. **Bee Sting**
 | **High** | **Moderate** | **Low** | **N/A** |
|  ***Medication or Action to be taken:*** |  | **N/A** |
| 1. **Food Allergy**
 | **High** | **Moderate** | **Low** | **N/A** |
|  ***Names of food/s & action to be taken*** |  | **N/A** |
| 1. **Allergy to Medication** *Please name medication & action to be taken:*
 |  | **N/A** |
| 1. **Other Allergies** *Please describe & action to be taken (inc plasters, latex etc)*
 |  | **N/A** |
| **Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child** (e.g. excessive fears) |  | **N/A** |

**Child’s Interests:** *(Please tick below)*

Art/Craft MusicDramaSportsStructured Games

CookingTechnology ConstructionReading Board Games

Please provide any other information about child’s interests/hobbies:

**Please read the following twelve statements and sign your agreement to them below:**

1. I hereby give permission to the staff of the above Sherpa Kids programme to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication.

**OR (delete either 1or 2)**

2. I hereby notify Sherpa Kids that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation from.

3. I acknowledge that all care will be taken and I will not hold Sherpa Kids responsible. I also understand my child cannot attend Sherpa Kids if suffering from an infectious or communicable disease.

4. I hereby give my permission for the Sherpa Kids staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

5. I understand the provider of the Sherpa Kids service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

6. I understand Sherpa Kids staff have no responsibility to my child until I or an authorised person has signed my child in/out for each session of care.

7. I hereby give Sherpa Kids permission to transport my child off a Sherpa Kids designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip).

8. I acknowledge that photographs/video of my child or items of my child’s work completed at the Sherpa Kids programme may be used at a later date for local marketing and promotional purposes Yes No, national marketing and promotional purposes Yes No I hereby give my consent and no further permission will be required.

9. I acknowledge that the information contained herein is confidential and pursuant to the *Data Protection Act (1988 and 2003)*, will only be strictly used by the Sherpa Kids team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the programme assessment process.

10. I authorise that my child’s school Gaelscoil Mhuscraí has permission to release all personal information about my child to Sherpa Kids.

11. I hereby give my permission for the Sherpa Kids staff to apply sunscreen supplied by Sherpa Kids, if no other sunscreen is provided. I understand closed in shoes should be worn at each session of care and on excursion days

12. I hereby give permission for my child to watch G & PG rated movies and games.

***Name: Signature: Date:***

**TERMS AND CONDITIONS By signing below I, the Account holder, understand: (***Please Tick)*

* For a permanent booking, payment is required one week after issue of invoice. All payments must be made promptly, failure to do so may result in your child not receiving a place in the service. Payments may be made via bank account or direct debit.
* The rate charged, is dependent on whether it is a ‘permanent’ booking or not. Late fees are charged for late pickups, as specified in the Centre Policies and Procedures.
* I am aware that any default by me for the payment of outstanding fees may result in debt collection action and all costs associated with this action will be at my cost.
* I acknowledge that in order to keep my place at Sherpa Kids, I need to keep my account and payments up to date.
* Two weeks’ notice, in writing, must be provided if a child is to be withdrawn from care or there is a change required to the days of care, otherwise a two-week fee is payable based on the previous booking.
* In the event that my payment is dishonoured for any reason then I shall be liable for any dishonour fees incurred by Sherpa Kids.
* If I default in payment of any invoice when due, I shall indemnify Sherpa Kids from and against all costs and disbursements incurred by Sherpa Kids in pursuing the debt including legal costs on a solicitor and own client basis and Sherpa Kids’ collection agency costs.
* Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) Sherpa Kids may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. Sherpa Kids will not be liable to me for any loss or damage that you may suffer because Sherpa Kids has exercised its rights under this clause.
* I have the right to request from Sherpa Kids a copy of the information retained by Sherpa Kids and the right to request Sherpa Kids to correct any incorrect information about myself and my family held by Sherpa Kids
* I acknowledge by signing this form I understand and accept the Centre Policies and Procedures.
* I acknowledge all information I have provided on this form is true and correct. I am aware it is my responsibility to advise Sherpa Kids immediately of any change in the above information.

Name:

Return forms to: Anne Marie Hegarty, Balteenbrack, Ardfield, Clonakilty, Co. Cork

Email: Annemarie.hegarty@sherpakids.ie

**Signature: Date:**

***Office Use Only:*** *Date Processed: Staff Initial:*