

# Klever Kidz Preschool Application Form

## Registration & Contract

20\_\_\_\_ - continued

*(This application form will continue with your child if they are with us for 1 - 3 years. Please ensure to update us of any changes during their time with us)*

This Application form is for;

**I consent for Klever Kidz Preschool to reuse my child's application form for their forthcoming years with them: Yes**

**Session Time: 9.00 - 12.00  or 12.30 - 3.30**

*(Your child may not receive the session time you have selected due to demand. Management will confirm with you if your child's session is secured, you may be offered a different session)*

**Dep Rec (€20.00): Y N Date Rec: \_\_\_\_\_**

**Contribution Fee (€30.00): Y N Date Rec: \_\_\_\_\_**

### Consent Form

**I, the parent / guardian gives Klever Kidz Pre-school the consent to hold any data I have supplied until the recommended time scale required by them, Tusla, Pobal etc. as per the GDPR.**

**I understand my data may be passed onto third parties such as Pobal, Tusla and others if necessary. I may be required from time to time to provide the pre-school with personal information regarding myself and my child to which these documents will be stored safely and securely or otherwise disposed of immediately when not required any longer.**

**Please refer to Klever Kidz Pre-school "PRIVACY STATEMENT & PRIVACY POLICY & PROCEDURE" displayed in the pre-school.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Parent / Guardians signature)**

# Registration Form & Contract

20\_\_\_\_\_ - to continued date

## Child's details

Child's name: \_\_\_\_\_

Pronounced as: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's name: \_\_\_\_\_ Tel: \_\_\_\_\_

Father's name: \_\_\_\_\_ Tel: \_\_\_\_\_

Home ph. no: \_\_\_\_\_

***If applicable, in the case of an emergency, please provide your work contact number:***

Mother's workplace & contact no.: \_\_\_\_\_ Tel: \_\_\_\_\_

Father's workplace & contact no.: \_\_\_\_\_ Tel: \_\_\_\_\_

## Child Daily Collection Details

**\*\*\*DUE TO COVID-19, 4 NAMES & CONTACT NUMBERS MUST BE PROVIDED\*\*\***

On a daily basis, my child will be collected by;

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Signed: \_\_\_\_\_

(Relationship to child) \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Signed: \_\_\_\_\_

(Relationship to child) \_\_\_\_\_

If the above-named persons cannot collect my child, I authorise the below to collect in their absence;

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Signed: \_\_\_\_\_

However, if any of the above authorised individuals cannot collect my child, I / they will notify the staff of Klever Kidz Pre-school in advance, either by phone via text message or in person, of who the designated person is to collect him / her on a particular day, **also providing a contact number for this individual**. Signed parent / guardian: \_\_\_\_\_

*I, the above-named person/s for the Daily Collection of the child stated, give my consent to the parent's / guardians named on this application form to allow Klever Kidz Pre-school to hold my details under the **GDPR** for the time recommended by such bodies as Tusla, Pobal etc. to which my details will then be deleted/shredded from their database as required.*

If you require a minor to collect your child (a minor is classed as a child under 16 years of age), you must provide a written letter, signed, and dated by you, the parent, giving your consent for a once off collection or collection on a regular basis. Otherwise, we will not release your child to a minor.

### **Emergency Contact details**

**\*\*\*DUE TO COVID-19, 2 NAMES & CONTACT NUMBERS MUST BE PROVIDED\*\*\***

If I, the parent / guardian cannot be contacted by Klever Kidz Pre-school in an emergency, we will try your place of work with the details provided above. However, if we cannot contact you, the below "Emergency Contact's" details will be contacted in your absence:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Signed: \_\_\_\_\_

(Relationship to child) \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Signed: \_\_\_\_\_

(Relationship to child) \_\_\_\_\_

*I, the above-named person/s for the Emergency Contact of the child stated, give my consent to the parent's / guardians named on this application form to allow Klever Kidz Pre-school to hold my details under the **GDPR** for the time recommended by such bodies as Tusla, Pobal etc. to which my details will then be deleted/shredded from their data base as required.*

### **Child's Medical History**

**\*\*\*DUE TO COVID-19, YOU MUST PROVIDE YOUR GP's DETAILS\*\*\***

Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **Medical History:**

Please provide any illness, disability, allergies, operations or other suffered by the child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any special requirements, special care or attention needed for the above-named child's specified medical history? If yes, please provide details;

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**Immunisations:**

Has your child had the following vaccinations?

Measles / Mumps Rubella

Yes

No

B.C.G. Tuberculosis

Yes

No

Diphtheria, Tetnus, Whooping Cough

Other immunisation if any: \_\_\_\_\_

***About your child***

What language is spoken at home? \_\_\_\_\_ Child's position in the family: \_\_\_\_\_

Mother's nationality: \_\_\_\_\_ Father's nationality: \_\_\_\_\_

Name of sibling or other significant family members: \_\_\_\_\_

Has your child any previous crèche or pre-school experiences? Where, when & how long?

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Is your child used to playing/ interacting with other children? \_\_\_\_\_

Does your child have any favourite toys at the moment? \_\_\_\_\_

In your opinion, is your child's **language** progressing well for their development age? Yes:  No:

If no, has your child been refereed for speech therapy? \_\_\_\_\_

Has your child had a hearing test recently? Please give details; Yes:  No:  \_\_\_\_\_

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In your opinion, do you feel your child's **physical** development is expected for his/her age?

Yes:  No:

Do you have any concerns/worries about your child's overall development?

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Is your child fully toilet trained? If no, please specify why they are not toilet trained:

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Is your child capable of using the toilet on their own? Yes:  No:

Does your child sleep well at night? Yes:  No:

What do you hope your child will gain from their pre-school year? \_\_\_\_\_

Does your child have any dietary requirements, food allergies or restrictions in their diet?

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

## *Parental Consent Form*

**The following relate to Policies and Procedures in the Klever Kidz Pre-school Information document. Please refer to this before you sign the below;**

### **Emergency Medical Care:**

I understand that every effort will be made to contact the named guardian or next point of contact in the event of an emergency requiring medical attention for my child. However, if neither can be contacted, I hereby authorise the staff of Klever Kidz Pre-school to phone the doctor surgery or to request an ambulance to bring my child to the appropriate hospital's A&E Department to provide the necessary treatment for my child.

**\*\*\*Please note, practitioners will not accommodate your child in the ambulance if they are required to be located to the nearest hospital\*\*\***

Staff will liaise with the hospital until the parent / guardian are notified.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Medical Treatment**

I give my permission for my child to be given the appropriate emergency medical treatment in the case of an emergency.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **First Aid**

I authorise that staff trained in First Aid may administer First Aid to my child if appropriate and when necessary.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission to change clothes**

I give permission for my child's clothes to be changed by practitioners at Klever Kidz Preschool should the need arise.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photograph and Video Permission**

I give permission for my child to be photographed and video recorded using the pre-school camera **ONLY**. Photographs / videos may be used for:

- Child Observations and feedback to parents
- Tusla (HSE) inspection and service evaluations
- Displays and information purposes in the pre-school room & your child's year end folder to take home. Photos/videos may be shared with other parents, Tusla inspectors and other authorised personnel
- Videos and photographs may be shared on the "Parents What's Ap Group" to update and share information with parents on a daily/weekly/monthly basis to allow parents to see their children engaging in activities during the pre-school year. These videos and photographs will **NOT** be uploaded onto any social media by any staff members from Klever Kidz Preschool. However, if parents within the group choose to upload these onto social media, Klever Kidz do not hold any responsibility to the actions taken by parents / guardians uploading these images.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Child Observation Permission**

Child observations will be used in the Pre-school setting to ensure that the individual needs of the children are met through the curriculum and programme. I give permission for child observations to be conducted in the setting as outlined in the Policies & Procedures of our setting.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Access to Animals / Insects**

I give permission for my child to be in contact with or have supervised access to animals or pets. Care will be taken that the health, safety and welfare of the children is not put at risk.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Face Paint**

I give permission for my child to have his/her face painted every Friday as part of our "Fun day

Friday" and other special occasions throughout the year:      Yes       No

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Make-up/Nail Varnish**

I give permission for my child to use make-up and/or nail varnish in preschool should this be made

available to them during the preschool year:      Yes       No

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Events

I, the parent / guardian may attend events that are held during the pre-school year such as Christmas, Graduation, Fun day etc. By attending these events, I may wish to take photographs or videos of my child to which I understand other parents in the room may wish to do the same thing. I am aware that my child and other children may appear in the background of other photographs taken by me or other parents and these may be uploaded onto Social Media etc. to which Klever Kidz Pre-school has no responsibility or control over.

Klever Kidz Pre-school do **NOT** upload any photographs onto websites, social media etc.

I agree to the above:  I do not agree to the above:

**\*\*\*Due to COVID-19, the above events may not permit parents to enter the preschool room. This will be decided at the time of the event following best practice and following guidelines set out by the Government as stated at the time of event\*\*\***

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If, however you do not agree to the above, a member of staff will discuss with you an alternative arrangement during the event's that will take place)**

## Labelling of clothes

I give Klever Kidz Preschool permission to label my child's items such as coats, hats, scarf etc. to identify who owns them. Permanent marker will be used. Yes  No

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dental Care

I give my child permission to use toothpaste supplied by the preschool and brush their teeth in pre-school as part of our "Teeth cleaning" and "Healthy Eating Programme" in our service: Yes  No

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application form

As per the GDPR, I give my consent for Klever Kidz Pre-school to hold my child's application form and/or other documents for the extent of time they will attend Klever Kidz Pre-school and/or until they reach the mature adult age of 21 years. These records may be held for inspection purposes, insurances, or other purposes.

I will inform Klever Kidz Preschool if any details change throughout the year to keep my child's information up to date.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PPSN & Birth Certificate

As per the GDPR, I give my consent for Klever Kidz Preschool to hold copies of my child's PPSN & Birth Cert documents on file until my child is registered for their upcoming ECCE year commencing in August/September. I am aware, once these documents are submitted to Pobal, DCYA, Klever Kidz Preschool will shred/delete these documents. The above also may be required if I am availing of funding under other government funding schemes at the time of my child's registration.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Pre-school Notifications

I give my permission for Klever Kidz Pre-school to send notifications, photographs, videos and other information via What's Ap messaging during the pre-school year to inform me about school closures, COVID-19 updates, head lice, reminders etc. Two groups will be set up, one for a.m. and one for the p.m. session. I am aware that my details will be displayed within this group chat. I am aware other parents may view images/videos of my child during play and I may view images of their child during play too.

**\*\*\*PLEASE ONLY SUPPLY THE NUMBERS BELOW OF WHO WISHES TO RECEIVE THE WHAT'S AP NOTIFICATIONS, PHOTOGRAPHS, VIDEOS OR OTHER INFORMATION REGARDING YOUR CHILD'S LEARNING, PLAY & NOTIFICATIONS, ETC.\*\*\***

Parent / Guardian signature: \_\_\_\_\_ Ph no. 1: \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_ Ph no. 2: \_\_\_\_\_

### Parent Declaration

I have read and understood the above policies as per the attached Klever Kidz Pre-school

Handbook:  Yes  No

I have read the Full Klever Kidz Pre-school Handbook and understood all its contents:

I will notify management of any changes throughout the year to keep my child's file updated:

By signing the below, I agree to the terms & conditions of this contract applied by Klever Kidz Pre-school in conjunction with Pobal, DCYA and all within the Klever Kidz Pre-school Handbook:

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_