

ST.RAPHAEL'S PRESCHOOL APPLICATION FORM 2012



Dominican Campus, Ballyfermot, Dublin 10 TEL: 086-6096132 Email: straphaelspreschool@hotmail.com

Date of Application ___/___/___	Start Date ___/___/___	End Date ___/___/___
Child's Name _____	D.O.B. ___/___/___	Male/Female _____
Nationality _____	Child's PPS Num: _____	Parent's PPS Num _____

Does your child understand English Yes No If NO please give details _____
 Child lives with _____

Contact Details

Home Address (where child lives)

1. Parent/Guardian Name: _____

Relationship to Child: _____

Address: _____

TEL NUM: (1) _____ (2) _____

2. Parent/Guardian Name _____

Relationship to child: _____

Address: _____

Tel No (1): _____ (2) _____

Work Address: (if applicable)

Parent/Guardian Name: _____

TEL NUM: (1) _____ (2) _____

Emergency Contact Details

Name: _____

Relationship to Child: _____

Address: _____

Tel no: (1) _____ (2) _____

Who is Authorised to collect your child: (please supply two names in addition to above contact details)

1. Name _____ Relationship _____

Address: _____

Tel No : (1) _____ (2) _____

2. Name: _____ Relationship: _____

Address: _____

Tel No: (1) _____ (2) _____

Health and welfare details:

Doctor/Clinic Details :

Name of Clinic or Doctor: _____

Address: _____

Phone No. _____

Permission to Contact Doctor in case of illness : YES

Child's Details:

Has your Child had any serious illness or Surgery YES NO

If YES please give details _____

Is your Child on any medication YES NO

If YES please give details _____

Immunisations: Please Tick if Your Child has been immunised for: (Please provided proof from your child's GP/Immunisation Passport)

B.C.G At birth in Hospital	6 in 1 + PCV (2months) GP	6 in 1 + Men C (4 months) GP	6 in 1 + PCV+ Men C (6months) GP	MMR + PCA (12 months) GP	Men c+ Hib (13 months)GP	Other

Has Your Child Had: (please tick YES or NO)

Has Your Child Any Allergies YES NO

	YES	NO
Mumps		
Chicken Pox		
Whooping Cough		
Convulsions		
German Measles		
Measles		
Hand and Mouth		
Conjunctivitis		
Slapped Check		
Impetigo		
Scarlet Fever		
Asthma		
Diarrhoea		
Dermatitis		

If YES please give details _____

Does Your Child have any impairment?

Speech _____

Language _____

Hearing _____

Sight _____

Physical _____

Other _____

DIET:

Has your Child in specific diet requirements YES NO If YES please give details _____

BACKGROUND INFORMATION ABOUT YOUR CHILD:

Number of Children in family _____ Can you list siblings names _____

Do you have children attending St. Raphael's Preschool, if NO what school are they attending? _____

What does your child like/dislike playing with: _____

Does your child have a "comfort toy", if YES what is it called : _____

Fears your Child may have: _____

Additional Information that may help us get to know your child better : _____

CONSENT:

I/We hereby give our consent for my/our child to partake in outing outside the preschool grounds Yes _____ No _____

I/We hereby give permission to act on our behalf in case of emergency or accident Yes _____ No _____

I/We also agree to pay all reasonable costs/expenses which might incurred in this event Yes _____ No _____

I/We hereby give permission for my/our child to be photographed or video recorded, while in the care of the preschool staff. Yes _____ No _____

I/We hereby give permission for my/our child to be included in Press releases issued by the service Yes _____ No _____

I/We give permission for my/our child to be observed while in the care of the preschool staff and these observations will be kept on file, I/We understand these will remain completely confidential. Yes _____ No _____

I/We hereby give permission for staff to toilet or clean my child if staff feel it is necessary. Yes _____ No _____

I/We hereby give permission for staff to apply Sun Cream to my child if staff feel it is necessary Yes _____ No _____

I/We give consent fo given my/our child Capol or _____ when necessary, while in the care of the preschool staff and under supervision of the Manager. Yes _____ No _____

Parent/Guardian Signature _____

Date ____/____/____

Manager's Signature _____

Date ____/____/____



