

Young Explorers' Afterschool  
2020/2021

**CHILD RECORD**

Child's Name:	_____
Address:	_____ _____
Date of Birth:	____/____/____ Child's PPS _____

**DETAILS OF PARENT(S) / GUARDIAN(S)**

Name(s):	_____
Address(es):	_____ _____
Contact Number(s):	_____ PPS Parent _____
Parent Date of Birth	____/____/____ Required for CCS, NCS & TEC registrations

**IN CASE OF AN EMERGENCY**

<b><u>Who may be contacted in an emergency if parents are not available?</u></b>	
Name(s):	_____
Address:	_____ _____
Contact Number(s):	_____
Relationship to Child:	_____

**PERSONS AUTHORISED TO COLLECT YOUR CHILD**

<b>Name(s):</b>	_____
<b>Address:</b>	_____ _____
<b>Contact Number(s):</b>	_____
<b>Relationship to Child:</b>	_____

**PRIMARY SCHOOL INFORMATION**

<b>Name of School:</b>	_____
<b>Class and Teacher:</b>	_____
<b>Do you require your child to be collected:</b>	Yes ( <input type="checkbox"/> )                      No ( <input type="checkbox"/> )
<b>Time for Collection:</b>	_____

**MEDICAL RECORDS**

<b>General Practitioner's Name:</b>	_____
<b>Address:</b>	_____ _____
<b>Contact Number:</b>	_____

**RECORD OF IMMUNISATIONS**

<b><u>Which of the following immunisations has your child received?</u></b>					
<b>Measles / Mumps / Rubella</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>	<b>Tuberculosis (B.C.G.)</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>
<b>Diphtheria</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>	<b>Whooping Cough</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>
<b>Tetanus</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>	<b>Hib</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>
<b>Polio</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>	<b>Meningitis C</b>	[ <input type="checkbox"/> ] <b>yes</b>	[ <input type="checkbox"/> ] <b>no</b>

**OTHER MEDICAL INFORMATION**

**Does your child have any of the following? (If yes please give details.)**

**Allergies:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_  
\_\_\_\_\_

**If there is any further information relevant to your child which we should be aware of, please include it here:**

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

I hereby give permission to allow a staff member of Young Explorers' Pre-School/Afterschool to seek medical assistance, on behalf of my child, in the event of an emergency.

Yes (  )                      No (  )

I authorize the administration of Calpol as an antifebrile medication (reduce temperature) in the event that my child develops a temperature over 38 degrees. Parents/guardians will always be notified by telephone prior to the administration of this medication.

Yes (  )                      No (  )

I hereby give permission to sign up to Young Explorers afterschool Whatsapp group and to receive messages and notifications regarding Afterschool.

Yes (  )                      No (  )

I understand that if I must enter the service, I will do so with a facemask on.

Yes (  )                      No (  )

Please note, due to Covid -19, any child who is brought out of the country on holidays must remain out of the service for 14 days after their return from abroad. Please tick to agree/disagree.

Yes (  )                      No (  )

Due to Covid-19, Young Explorers afterschool will no longer be in the position to do extra collections ie. Home work Club, Doodle Den etc. Please Tick to agree/ disagree

Yes (  )                      No (  )

I hereby give permission to allow a staff member of Young Explorers' Afterschool to liaise with my child's primary school about homework concerns, routine or behavioural matters in order that continuity is achieved in the care of the child and communication between school, afterschool and parent is effective. Any information received is confidential.

Yes (  )                      No (  )

I hereby give permission for any photographs, videos or observations of my child, taken at the pre-school, can be used for training purposes.

Yes (  )                      No (  )

I understand that photographs that my child may be pictured in may be distributed to other parents at the end of the year via learning journals and learning stories.

Yes (  )                      No (  )

I undertake **not** to post such photos on any social media site or share them with others.

Yes (  )                      No (  )

I hereby give permission for any photographs of my child to be displayed on the Dominic's Community Centre web site.

Yes (  )                      No (  )

I have received a Parents Handbook, Curriculum Booklet and Healthy Eating Booklet

**Applies to New Starters Only**

Yes (  )                      No (  )

I understand that the full cost of the place is €100 per week. Subvention payment will be determined by POBAL and the full cost will be subsidized according to my circumstances. I undertake to pay any arrears incurred due to misinterpretation of the band allocation.

(If I think it will come back at band A and pay at that rate and it comes back at Band B, C or D, I agree to pay the balance due)

Yes (  )                      Band A = €20, Band AJ = €20, Band B = €65, Band D = €75

### **ATTENDANCE INFORMATION**

**Date of First Attendance:** \_\_\_\_\_

**Date of Last Attendance:** \_\_\_\_\_

**Days and Hours of Attendance:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_