

# Breakfast club and Afterschool Enrolment Form 2024/2025

## Gorthaganny National School

Email: [gorthaganny@hotmail.com](mailto:gorthaganny@hotmail.com)

Telephone: 094 9649323

### Please fill all sections on this form.

Birth surname: \_\_\_\_\_ Birth Forename: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male/Female

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

\_\_\_\_\_ Eircode: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Father's name: \_\_\_\_\_ Phone No \_\_\_\_\_

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

**(Should any of the phone numbers or email address change please inform the after -school leader as soon as possible)**

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an unexpected closing.

- **WhatsApp;** Always ensure we have your correct mobile number. Should you change your number please inform the school immediately.

- **Alternative Contact numbers (not your own number). Please let us know if this person is a relation, minder, family or friend etc.**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

**Should any of these numbers change please inform the after-school leader immediately**

Family Doctor's Name _____ Phone No: _____		
Does your child suffer any medical condition?	Yes	No
Might this condition require administration of medication either on a regular or an emergency basis during school hours?	Yes	No

**Give details of any health conditions (e.g. asthma, eyesight, hearing, etc) or emotional problems which may affect your child:**

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**Give details of any food allergies**

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I hereby give permission for my child in relation to the following	Yes	No
To access the internet during supervised lessons on school devices and accept school rules on this matter as per our Internet Use Policy		
To your child's uniform being changed by a member of staff in the presence of another adult in case of illness or toilet accident?		
To be taken immediately to a doctor or hospital in case of serious illness/accident (if we cannot contact you).		

I agree to abide by the afterschool Code of Behaviour as drawn up by the children attending the service which will be displayed in the after-school space.

Gorthaganny schools Internet Use Policy and Child Protection and Welfare Policy will apply to the after-school service. These are available to view on our school website.

Please tick which service/s you wish your child to attend.

Breakfast club

☐

After-school

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Parents/Guardians \_\_\_\_\_

Date: \_\_\_\_\_