

Sherpa Kids Dublin 5 and 13

Enrolment Form 2016/2017

Please complete and return a form for each child.



CHILD INFORMATION

Family Name: _____ First name(s): _____

Date of Birth: _____ Age: _____ Gender: M / F _____

School/Year Level: _____

Address: _____

Nationality: _____

Country of Birth: _____

Language(s) spoken at home: _____

ATTENDANCE REQUIREMENTS Preferred start date of permanent booking: _____

Please tick if you require Casual Care ☐ or Permanent Care ☐ (If permanent booking, please also tick which days below)

Session	Monday	Tuesday	Wednesday	Thursday	Friday	All
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

Title: _____ Family Name: _____

First Name: _____

Date of Birth: _____ Relationship to Child: _____

Residential Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Occupation: _____

Nationality: _____

Country of Birth: _____

Language(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 _____

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PARENT/GUARDIAN INFORMATION *(Please give full name)*

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: _____
Nationality: _____
Country of Birth: _____ Language(s) spoken at home: _____
Occupation: _____

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 a list of 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? ☐ 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: _____

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Does your child have any of the following:

- | | |
|--|--|
| <input type="checkbox"/> A.D.D. / A.D.H.D | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergies (see box below) | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anaphylaxis |
| <input type="checkbox"/> Physical needs | <input type="checkbox"/> Behavioural needs |
| <input type="checkbox"/> Educational needs | <input type="checkbox"/> Any other special needs _____ |

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.

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	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A
Medication or Action to be taken:				<input type="checkbox"/> N/A
2. Food Allergy	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A
Names of food/s & action to be taken				<input type="checkbox"/> N/A
3. Allergy to Medication Please name medication & action to be taken:				<input type="checkbox"/> N/A
4. Other Allergies Please describe & action to be taken (inc plasters, latex etc)				<input type="checkbox"/> 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)				<input type="checkbox"/> N/A

Child's Interests: (Please tick below)

- | | | | | |
|------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games |

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

Please read and sign the following statements:

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.

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

Name: _____ Initial: _____ Date: _____

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 form.

Name: _____ Initial: _____ Date: _____

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.

Name: _____ Initial: _____ Date: _____

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.

Name: _____ Initial: _____ Date: _____

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.

Name: _____ Initial: _____ Date: _____

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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).

Name: _____ Initial: _____ Date: _____

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.

Name: _____ Initial: _____ Date: _____

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.

Name: _____ Initial: _____ Date: _____

I authorise that my child's school _____ has permission to release all personal information about my child to Sherpa Kids.

Name: _____ Initial: _____ Date: _____

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

Name: _____ Initial: _____ Date: _____

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

Name: _____ Initial: _____ Date: _____

TERMS AND CONDITIONS

By signing below I, the Account holder, understand:

- For a permanent booking, payment is required two weeks in advance. All payments must be made weekly or fortnightly via bank account/credit card or direct debit.
- The rate charged, is dependent on whether it is a 'permanent' booking or not. When a child attends extra days, which are outside of the confirmed permanent booking, these will be charged at the casual rate. Late fees are charged for late pickups, as specified in the Centre Policies and Procedures.
- I have attached the first two weeks payment in advance. 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.
- No refunds are given for absences and all public holidays are charged at the applicable rate for bookings normally required that day.
- Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of five percent (5%) per day after as well as before any judgment.
- 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.
- If any account remains overdue after thirty (30) days then an amount of the greater of twenty euro (€20.00) or ten percent (10%) of the amount overdue (up to a maximum of two hundred euro (€200.00)) shall be levied for administration fees which shall become immediately due and payable.
- Sherpa Kids can collect, retain and use any information about me for the purpose of assessing credit worthiness or marketing products and services and disclose information, whether collected by Sherpa Kids from myself directly or obtained by Sherpa Kids from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself.
- 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: _____

Signature: _____

Date: _____

Office Use Only: Date Processed: _____

Staff Initial: _____

Return forms to: Sherpa Kids Dublin 5 and 13
Email: dublin5and13@sherpakids.ie
Postal Address: 5 Dunree Park, Coolock,
Dublin 5
Phone: 086 276 8222