

Bright Beginnings, Kilmichael

Child Record

Please complete ALL parts of this form and return to Bright Beginnings. All information supplied is strictly confidential and will only be used to enhance our service to your child.

Child's Full Name:	Date of Birth:
Child's Home Address:	Sex: Male / Female:

Parent / Guardian Details.	Parent / Guardian Details.
Name:	Name:
Daytime Contact Number:	Daytime Contact Number:
Home Address:	Home Address:
Email Address:	Who does the child live with:

Designated people to collect your child, other than the parents/ guardians.

Name:	Name:
Address:	Address:
Contact Number:	Contact Number:
Relationship to Child:	Relationship to Child:

Name of Family Doctor:	Doctor Address:
Contact Number:	

Does your child suffer from any medical conditions or illnesses? If 'yes' please outline details:
Does your child have any allergies? If 'yes' please outline details:
Does your child have any specific dietary requirements? If 'yes' please outline details:

Will your child need medication administered on a regular basis while attending our service? If 'yes' please note that you will need to complete 'Administration of Oral Medication Parents/Guardian Consent Form'.
Does your child have any additional needs? If 'yes' please outline details:

Please note if you have answered 'yes' to any of the above questions, further information may follow.

Which days will your child be attending the afterschool service. (Please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

Office Use

Date of Commencement	Date of Cessation

Permission to be photographed or video recorded while attended Bright Beginnings.

I/We hereby give permission for _____ to be photographed or video recorded, for observation purposes, display areas within the facility and special events.

Accident and/or Emergency Consent Form

I/We _____ parent/ guardian of _____

give permission to Bright Beginnings to act on my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child. This decision can be taken by the person in charge at the time of the emergency.

Sign and Date:

Parents/guardians:	Bright Beginnings:

Facebook Page

I/We _____ parent/ guardian of _____

Give permission for our child's photo to be shared on Bright Beginnings facebook page.

Sign and Date:

Parents/guardians:	Bright Beginnings: