



Name of Family Doctor:  Contact Number:	Doctor Address:
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Your Child's Blood Group (if known):
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 hearing and/or speech difficulties? 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.

**Helping Us to Know Your Child Better.**

Name of siblings and/or close personal relationships and/or pets in your child's life:
Spoken language at home:
Additional information that might help us to get to know your child better:

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

**Preschool (9:30 – 12:30)** Please provide 50 Euro deposit to secure your child's place in this session which will be refunded once your child has started preschool.

Bank details: Please state the child's name on the deposit

BIC: BOFIE2DXXX

IBAN: IE39BOFI90579068534383

Monday	Tuesday	Wednesday	Thursday	Friday

**If your child will be staying until 2pm (at an additional charge) please tick the days staying.**

Please note 2 weeks' notice must be given if your child does not turn up on the days booked below or you will still need to pay for the service.

**12-30 – 2.00pm**

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 eg graduation photos in Lee Valley Outlook.

Bright Beginnings asks parents/guardians attending events at Bright Beginnings eg. Christmas concert only take pictures/recordings of their own children and refrain from putting images/videos up on social media. Bright Beginnings does not accept any responsibility for images/videos put on social media by parents/guardians.

We give permission for photos of \_\_\_\_\_ to be in group photo's which may be in another child's scrapbook which are brought home at the end of the child's time in preschool.

Sign and Date:

Parents/guardians:	Bright Beginnings:

**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:

