



After School Enrolment Form 2023/2024

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____

_____ Eircode: _____

Telephone No: _____

Date of Birth: _____

PPS No: _____

Mum's Name: _____ Mobile No: _____

Dad's Name: _____ Mobile No.: _____

Email contact: _____

If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.

Collection of your Child:

Please give names, addresses and phone numbers of the people who have permission to collect your child from After School. If there is any change in this routine **please inform the school.**

Person who usually collects child/children:

Name: _____

Mobile No: _____

Person(s) who have permission to collect my child/children:

Name: _____

Mobile No: _____

After School Policies:

I acknowledge that I can access the After School policies on the school website castleplunkettns.com and can access hard copies on site. I will read, discuss and explain the same with my child. We agree to abide by mandatory policies of Castleplunkett NS After School Service at all times while _____ (insert child's name) is attending Castleplunkett NS After School Service.

Signed (Parent/Guardian) _____

Photographs:

I hereby give my/our permission to the management of Castleplunkett NS After School Service to photograph my child, under staff supervision. Photographs maybe displayed on notice boards within the service.

Signed (Parent/Guardian) _____

Emergencies/Sickness/Unexpected Closures, etc.

If your child gets sick, or the service has to close unexpectedly, etc and there is no one at home/the service is unable to contact you, please provide the name and phone number of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1_____

2_____

Mobile No:_____

Mobile: No:_____

Medical Emergency/Accident:

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/ Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/ Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Family Doctor (Only if you wish):

Doctor's Name _____ Telephone No: _____

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or additional needs?

It is the responsibility of Parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

Select the option you wish to avail of and tick the days you require the service.

Option 1:

Time 1:50-2:50pm - €5 per day

Monday

Tuesday

Wednesday

Thursday

Friday

Option 2:

Time 2:50-5:30pm - €10 per day

Monday

Tuesday

Wednesday

Thursday

Friday

Option 3:

Time 1:50-5:30pm - €15 per day

Monday

Tuesday

Wednesday

Thursday

Friday

Please note: Once off or occasional attendance can be facilitated with reasonable notice. The relevant fees as outlined will apply, but the National Childcare Scheme will not apply to once off or occasional attendance.