

## Additional Information

If you have any further information that you feel would be helpful in caring for your child, please give details. For example: - Pet Name, Name of Siblings, Comforters

Start Date

End Date

## Terms & Conditions

1. All fees are paid one month in advance.
2. No fees are refundable if child leaves earlier than notice date.
3. Parents' are required to give one month's written notice when their child is leaving the crèche.
4. An interest charge of 5% will be added onto late payment of fees.
5. The registration fee of 100 euro is non-refundable.
6. In order to secure, your child's place and agreed starting date we require one month's fees, 60 days prior to your child starting. This will be used for your child's first month's fees. For any reason your child does not commence on the agreed start date, the one months fees will be forfeited and we cannot guarantee a further placement regardless of notice period given.
7. Payment of fees commence with effect of the starting date written on the registration form.

For detailed information on Terms on Conditions please refer to our Policies and Procedures. We have read and understood these conditions and are in agreement with them.

Signed:  
[Father]

Signed:  
[Mother]

Date:

**Registration Form**  
Viewing Date:

## Beechwood Crèche and & Montessori School

C/O 1 Maple Manor  
Johnstown Road,  
Cabinteely  
PH: 01 2848900

info@beechwoodchildcare.ie

Cheque  Registration Fee   
Cash

Full Time  **Type of Care** Part Time   
Sessional

Child's Name :

Child's Address :

Home Tel No:

Date of Birth:

Mother's Name:

Mother's Work Address:

Email Address:

Work Tel No:

Mobile No:

Father's Name:

Father's Work Address:

Email Address

Work Tel No:

Mobile No:

Name and Address of Person who collects child  
 [Unless Nursery is otherwise informed]

Name :  
 Address :  
  
 Home Tel No :  
 Mobile No :

Whom to contact in case of emergency  
 Relative / Friend

Name:  
 Address:  
  
 Home Tel No:  
 Mobile No:

Has your child suffered From:  
 Please circle as appropriate

<b>Chicken Pox</b>	Yes	No
<b>Mumps</b>	Yes	No
<b>Scarlet fever</b>	Yes	No
<b>Other[s]</b>		

### Immunisations & Vaccinations

Has your child been immunised against:  
 Please circle as appropriate

<b>B.C.G</b> Date	Yes	No
<b>Diphtheria</b> Date	Yes	No
<b>Tetanus</b> Date	Yes	No
<b>Whooping Cough</b> Date	Yes	No
<b>Polio</b> Date	Yes	No
<b>Tuberculosis</b> Date	Yes	No
<b>MMR</b> Date	Yes	No
<b>Meningitis</b> Date	Yes	No
<b>HIB</b> Date	Yes	No

All infectious diseases must be reported  
 immediately to the nursery for the sake of the  
 other children, staff and parents

Has your child had any?

**Allergies**  
**Dietary Requirements**  
**Sight / Speech / Hearing Defects**

Is your child on any form of medication, if so  
 Name Medication, Dosage times and Quantities

Reason for Medication?

Name of medication  
  
 Dosage Times  
  
 Quantities

Family Doctor  
 Surgery Address  
  
 Tel No