

Childs' Information						
Child's Surname						
Child's Name						
Child's Date of Birth						
Kindly attach a copy of your ch	nild's birth ce	ertificate and a copy	of the flu inoculations record.			
Child's Gender						
Parents or Guardians Full Nam	ie					
Address						
Email Address						
Contact Telephone Numbers:						
Home						
Mother: Mobile		Work	Place of Work			
Father: Mobile	Work _	Place of Work				
Other Emergency Contac	t Details					
Name		<u>Mobile</u>	Relation to Child			
<u>Authorised Persons Picki</u>	ng up Chi	ld (Including Par	ents / Guardians)			
<u>Name</u>		ID Card No	Relation to Child			

1.	Does your child have any type of allergy? If yes specify:	Yes	No				
2.	If yes, please describe it:						
	If yes, in which month and year did it occur?						
3.	Does your child have any specific dietary needs? If yes specify:	Yes	No				
4.	Is your child currently talking any prescription medicine? If yes specify drug: Dosage						
5.	Please describe any other health condition or physical / psychological condition of your child (or any other conditions) about which we should be informed.						
	-						
	Service Applying for Childcare Also applying for Free Child Care Scheme; Y / N						
	Weekly Hours Required: Please tick - 25hrs 30hrs 40hrs Days & Period of Hours: Indicate the time (from 06.30h-18.00hr) next to the days req	uired.					
	Monday						
	Applications will be accepted on first-come-first-served basis and must be accompanied by the registration fee of25Euro. Kindly make cheque payable to BeeSmart.						
	Please note that no refunds for schemes will be affected, no credit for hours will be issued and schemes cannot be shared. Schemes are to be used from Monday to Friday, between 06:30 and 18:00.						
	Date of Commencement:						

Please answer all questions carefully.

Permission to Photograph

for the following purposes; p	mart Child Care Centre to photograph my child and use images of my child in future romotional material, child care's facebook page, child care's website, bulletin boards ctive clients and to give photographs possibly containing your child to current clients.
centre and for correspondent	be processed by the administrators of BeeSmart for the general administration of the se with participants themselves. Under no circumstances will this data be passed on to this information is required so that, should the need arise, procedures may be carried delays.
-	mation is correct in all aspects and have read and agreed to the centre's policies. I also onsibility to update this form which will remain in effect during the term of my child's
Parents Signature	OBO BeeSmart's Child Care Centre Date
For office use only	
Registration Fee Paid:	Date of Payment
Name & Signature of Recip	pient: