

Form 1: Accident and/or Emergency Consent Form

I/we _____ parent/guardian of

give my permission to the management of Crawford Childcare to act on my behalf in the case of an emergency or accident and to take such action as may be necessary for the benefit of my child including emergency medication if required.

This decision to be taken by the person in charge at the time of the emergency.

Parent/guardian signature: _____

Manager signature: _____

Form 2: Personal Details

(1) Family Doctor: _____

Address: _____

_____ Tel No: _____

(2) Immunisation Record: Please tick and enter date

B.C.G	Diphtheria	Tetanus	Whooping Cough	Polio	HIB	MMR	Meningitis C

(3) Does your child suffer from any medical conditions, and/allergies? Yes/No

Please outline details and special requirements, if any: _____

(4) Does your child have any disabilities/special needs? Yes/No

Please give details: _____

(5) Does your child suffer from any hearing and/or speech difficulties? (Please give details):

(6) Does your child have any specific dietary requirements?

(7) Does your child use 'pet' language for special comfort toys?

(8) Name of siblings and or/close personal relationships in your child's life:

(9) Home language and Nationality

(10) Parents' home language(s) and Nationality.

(11) Additional information that might help us to get to know your child better:

Form 3:

FAMILY CHILD RECORD FORM

Child's Full Name: _____ Date of Birth: _____

Home Address: _____

Contact Telephone No: _____ Sex: Male/Female _____

Contact email: _____

Date of Commencement: _____ Date Ceased attending: _____

Parent/Guardian:

Name: _____ Name: _____

Workplace Address: _____ Workplace Address: _____

Work Contact No: _____ Work Contact No: _____

Home Address for either if different from child:

Who does the child live with? _____

Designated people to collect child (other than parents)

(1) Name: _____ (2) Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Nominated emergency contact person:

Name: _____

Address: _____

_____ Tel: _____

Form 4:

GDPR PARENTAL CONSENT FORM

I, _____(PARENT/GUARDIAN) confirm that
_____ (CHILD’S NAME) is below the age of 16 years old and I am
hereby consenting on his/her behalf that Crawford Childcare can process personal data and the
sensitive personal data relating to _____ (CHILD’S NAME) for the
purpose of the following as indicated below:

Please tick each appropriate box to indicate that you give consent.

Operational Documents

Attendance Record, Accident and Incident record, Administration of medicine, Sickness log,
Daily diary, Incidental observations, Photo observations, Group observations, Learning
stories, Special books, Event samples, Checklist observations, Family records and
vaccinations, Booking forms, Sun cream log, Sleep log, Temperature control, Cot allocation,
Curriculum updates, Curriculum planning, Child background information, Team meetings.

Please tick each appropriate box to indicate that you give consent.

Photographs/Video

I give permission for my child to be photographed/videoed for use inside the facility.
*Our team take photographs/videos of the children that are in our care, these
photographs/video are used for recording their learning and for display in our facilities,
internal support and supervision and training purposes.*

I give permission for my child to be photographed/videoed for use outside the facility.
*Photographs/videos are sometimes used in conjunction with curriculum planning and
implementation as part of course work, training and quality assessment programmes.
Photographs may be sent to external 3rd parties.*

I give permission for my child to be included in photographs that are used on our social
media platform (Website, Facebook, Twitter, Instagram etc.).
Please refer to our Social Media Consent form for further details.

*Note: All photographs will be deleted/destroyed 21 years after your child has left the
childcare service.*

Consent

I am hereby consenting on his/her behalf that Crawford Childcare can process the Personal
Data relating to Minor Data Subject as indicated above.

I am hereby explicitly consenting on his/her behalf that Crawford Childcare can process the
Sensitive Personal Data relating to _____ (CHILD’S NAME) as indicated
above. _____

This record of consent will be saved in your child’s file and retained for a period of 21 years after
your child has left our service. I am aware that I may withdraw the consent of
_____ (CHILD’S NAME) at any time by using the “PARENTAL CONSENT
WITHDRAWAL FORM.”

Signed by Parent/Representative/Legal Guardian, _____ (PRINT NAME)

Signature:

Date:

Form 5 : PARENTAL CONSENT & EMERGENCY & COLLECTION CONSENT TO HOLD PERSONAL DATA

Under the Early Years Services Regulations (2016), our early years' service is required to have specific information on your child, their family and emergency contacts. This information is obtained in our Child Record Form.

Our Service's Data Protection Policy and Privacy Notice outlines how we store, access and dispose of personal data.

Parent/Guardian Agreement I (Parent/Guardian's name) acknowledge the service is required to hold details and information on my child and our family. I am aware this is a requirement under the Early Years Services Regulations (2016).

I have received and read a copy of the Service Privacy Notice and I will inform the early years' service regarding any details which change throughout my child's time within the early years' service.

I/We consent to the processing of the data given in this form.

Parent/Guardian's signature:

Date: / /

Emergency contact details: Persons named as emergency contacts on your child's record form must consent to their personal details being held on file in the early years service and the purpose for holding this information.

I, (name) am named on the child record form for (child's name) as an emergency contact. I give consent for these details to be held on file.

Signed: Date: / /

I, (name) am named on the child record form for (child's name) as an emergency contact. I give consent for these details to be held on file.

Signed: Date: / /

Name of Service: CRAWFORD CHILDCARE LTD.

Name of Child:

Date Completed:

Persons authorised to collect: Persons named as authorised to collect on your child's record form must consent to their personal details being held on file in the early years' service and the purpose for holding this information.

I, (name) am named on the child record form for (child's name) as an authorised person to collect. I give consent for these details to be held on file.

Signed: Date: / /

I, (name) am named on the child record form for (child's name) as an authorised person to collect. I give consent for these details to be held on file.

Signed: Date: / /

Form 6: CRAWFORD CHILDCARE PAYMENT TERMS & CONDITIONS

Effective from September 2019

Monthly Calendar Rates

	5 days	4 days	3 days	2 days
	PER MONTH	PER MONTH	PER MONTH	PER MONTH
Full Time Over 1 yr (> 5 hrs)	€1,006.07	€930.06	€696.28	€465.27
Full Time Under 1 yr (> 5 hrs)	€1,083.81	€1,032.89	€774.97	€515.97
Part -Time (up to and inc. 5 hrs)	€774.02	€619.71	€465.27	N/A
Part-time w/dinner (up to and inc. 5 hrs)	€903.20	€722.54	€542.06	N/A
Part- Time Under 1 yr (up to and inc. 5 hrs)	€903.28	€722.54	€541.97	N/A
Part-time w/ dinner U1 yr (up to and inc. 5 hrs)	€1,032.17	€825.55	€619.71	N/A

EXTRA HOURS SUBJECT TO AVAILABILITY

Daily rate for under 1's = €60
Daily Rate for over 1's = €55
Half day rate for under 1's = €50 (€55 with dinner)
Half day rate for over 1's = €45 (€50 with dinner)
Late Collection = €20 per hour or ther part of
Ex hours = €10 per hour
Dinner = €10 per hour

Note: Full day rate is anything over 5 consecutive hours, part time rate is anything up to and including 5 consecutive hours.

Fees are payable monthly for 52 weeks of the year by standing order/online transfer, **one month in advance on the 1st day of the month.** Child's-name MUST be the reference on the payment to avoid confusion. Fees must be paid for even when children are absent, sick days, public holidays, Christmas period & closures due to exceptional circumstances beyond our control e.g adverse weather.

AIB, South Mall Cork

BIC: AIBKIE2D

IBAN:IE 73 AIBK 9363 8312 4410 95

Service Enrolment Details

- An enrolment fee of €500 is required to secure a private place and is not connected to government schemes. Once an enrolment fee is paid there will be no reduction in the number of days for the first 6 months. After this period, if you require a change of days it is with the agreement of management and one full calendar months' notice. E.g if your last day is the 20th August notice must be given no later than 1st July.(This is because staff are employed and allocated based on the projected number of children in each room).
- Booking enrolment fee can only be refunded if one full calendar months' notice is given in writing should you decide not to commence or leave the service.
- Final fees must be paid in full prior to Booking Enrolment fee being refunded. Failure to do so will result in any fees/charges/ overpayment of government subsidies being deducted.
- In the month following a child's first birthday the monthly fee will decrease as per fees table above
- Late collections will result in a payment of €20 per 15 minutes or part thereof. The charge will apply after two incidents of late pick-ups.
- Crawford childcare reserves the right to withdraw a place and issue a full enrolment refund with one month's notice.
- Fees can be increased with one calendar months' notice and more detailed information on admissions and enrolment can be found in our policies & procedures on our website.

Government Schemes

Children who wish to participate in the ECCE & NCS schemes are entitled to a subsidy on fees once their application has been approved. Full fees must be paid until the subsidy is agreed. Any overpayment will be reimbursed to your bank account within 7 working days. **If the subsidy (funding) is revoked for any reason e.g prolonged periods of absence (20 consecutive days or patterns of non-attendance on the agreed days over a 4 week period or longer, the difference between the payment and fee must be paid for by parents/guardians.**

A ECCE booking deposit separate to the creche enrolment fee of €150 is required to hold a place on the ECCE scheme. The annual value of the ECCE subsidy is spread over 52 weeks/12 months from Sept -Aug each year.

NCS subsidy deductions are worked out by totalling the weekly values of the subsidy from the commencement date until the end date of the award. This total value is then divided among the number of months within the award and applied to the child's monthly invoice for those months. This ensures that at the full value of the subsidy is given to during the time period of the award. No deposit is required for those wishing to participate in the NCS scheme.

Should an ECCE/NCS award end early or a child depart the service a reconciliation will be done and any outstanding subsidy under or overpaid will be included the child's final invoice.

Further details are available in our Policies & Procedures and detailed information on all government schemes is available on <https://ncs.gov.ie/>.

I have read Crawford Childcare Payment Terms & Conditions document (Form 6, 2 pages) which is also included in the services Policies & Procedures and by signing this document I agree to keep to the terms and conditions within.

Signed by Parent/Guardian: _____

Date: _____

Form 7: Parent/Guardian Permission for Crawford Childcare (“the Service”) to Apply Sun Cream (A Form must be completed for each child)

We ask parent(s)/Guardians to leave a ‘sunny day bag’ with sun hats, sun glasses etc. in our service. All children will be required to wear a hat when playing outside in the sun. The service will encourage all children to wear clothes that provide good sun protection e.g. sun hats, sunglasses. The service will also encourage children to cover very exposed areas of the skin, such as shoulders.

We ask parent(s)/Guardians to bring in a labelled bottle of unopened sun-cream of at least 40 SPF. Staff will apply the sun-cream to children before they go outdoors.

I give permission for sun-cream to be applied to my child _____ from the labelled sun cream supplied. The sun cream will be applied in the correct way all over the body and in the correct amount. I will bring in an unopened and labelled bottle of sun-cream of at least 40 SPF.

*Signed: _____ Date: _____

Witnessed: _____ Date: _____

FORM 8: AGREEMENT OF TERMS, POLICIES & PROCEDURES

I have downloaded and read a full copy of this service's Policies & Procedures on the Parent Info section of www.crawfordchildcare.ie and have provided all requested information and understand that future policy updates will also be on the website and notified via email and I agree to keep to the terms and conditions within.

I have read all 9 pages of this Family Records document which is included in the services Policies & Procedures and by signing this document I agree to keep to the terms and conditions within.

Signed by Parent/Guardian: _____

Date: _____

This signed document will be kept with your Child's records in the service.