

Registration Form
The Treehouse Playschool, Ballinrea, Carrigaline.
Samantha Chambers Dorgan Tel: 021-4365228/087-2233933

PERSONAL DETAILS:

Childs Name: _____

Home Address: _____

Date of Birth: _____ Home Tel No.: _____

Fathers Name: _____ Mobile No.: _____

Mothers Name: _____ Mobile No.: _____

Family Doctor: _____ Tel No.: _____

Pupils sometimes take ill in school and need to be taken home. On such occasions there may not always be someone at home. It is necessary to have an address and telephone number of someone we can contact in an emergency. _____

Name & address of alternative person, other than above named, for collection of child:

In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your child to hospital? _____

SPECIAL NEEDS:

Sight: _____

Hearing: Speech: _____

Allergies: _____

Special Dietary Requirements: _____

Others: (Specify) _____

Disabilities/Illnesses:

IMMUNISATION RECORD: (Please circle applicable)

Diphtheria	Y/N	Tetanus	Y/N
Whooping Cough	Y/N	Measles	Y/N
Poliomyelitis	Y/N	HIB	Y/N
Measles/Mumps/Rubella	Y/N		

CHILDHOOD ILLNESSES: (Has your child had any of the following? Please circle applicable)

Measles	Y/N	Chicken Pox	Y/N
Mumps	Y/N	Whooping Cough	Y/N
Rubella	Y/N		

Has your child any specific fears or phobias? _____

Do you give permission to have photographs taken of your child during the course of the school year? These photographs will only be used within the school and will not be used for any external purposes. Yes: _____ No: _____

Start Date: _____

Deposit Enclosed: _____

Parents/Guardian Signatures: _____

Date: _____