**Booking/Registration Form 2024-2025**

Dear Parents/Guardians,

Below is a list of our booking options and prices for **Sherpa Kids Ballinora NS** Please complete this registration form below and return by email to**BALLINORANS@SHERPAKIDS.IE**by **5pm Monday 29th April.**

If your child has any medical or additional needs [and if they attend an ASD unit, Autism class or have an SNA] including communication or behaviour issues, please include this in the information below to ensure that we will be able to facilitate your child’s individual needs fully, from a resource and staffing perspective.

Please note CHICK codes (for NCS) must be submitted in ‘screenshot’ form no less than 1 week prior to the commencement of services in order to avail of your awarded subsidy in the first week, otherwise, full fees will apply until the CHICK code is received.

A €100 deposit will be required (per family) to hold your place (if we do not already have one on file for your family). The deposit is required to be paid within 7 days of your confirmation email from Sherpa Kids. **Please note that any cancellations or amendments to a booking require** 4 weeks’ notice **in writing. Each family is only permitted to cancel (without charge) up to 5 absence days only in one school/academic year (with 4 weeks written notice)**. **These days must run consecutively, within a 1-week timeframe, or across 1 weekend only.**  **If an amendment is made to a booking following confirmation of a booking form, or without 4 week’s written notice of the change, you risk being added to our waiting list.** **Please note that your booking commences on the first day of the new school year in Aug/Sept (the first day the school opens)** **We do not accommodate the Junior Infant early collection times for the first weeks in line with the school’s settling in policy – our services will be open from the regular school finish times.**

**Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Junior Infants & Senior Infants:**  |
| **Booking Option**  | **Price** **(before NCS)** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Rise then Shine** (Breakfast Club) **08:00am-09:00am**  | €7 per day  | ​​[ ] ​ | ​​[ ] ​ | ​​[ ] ​ | ​​[ ] ​ | [ ]  |
| **Junior Hour** 1:40pm -2:40pm  | €7.00 per day  | ​​[ ] ​ | ​​[ ]  | ​​​[ ]  | ​​ [ ]  ​ | ​ [ ]  ​ |
| **Stay and Play** (After School) 4:40pm Pick Up  | €21.00 per day  |[ ] [ ] [ ] [ ] [ ]
| 5:40pm Pick up  | €26.00 per day  |[ ] [ ] [ ] [ ] [ ]
| 6:00pm Pick up  | €27.50 per day  |[ ] [ ] [ ] [ ] [ ]
| **Stay and Play** Mon – Fri 1:40pm -6:00pm  | €137.50. per week |  [ ]  |

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| **First Class – 6th Class:** |
| **Booking Option**  | **Price** **(before NCS)** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Rise then Shine** (Breakfast Club) **08:00am-09:00am**  | €7 per day  | ​​[ ] ​ | ​​[ ] ​ | ​​[ ] ​ | ​​[ ] ​ | [ ]  |
| **Stay and Play** (After School)4:40pm Pick up  | €14.00 per day | ​​[ ] ​ | ​​[ ]  | ​​​[ ]  | ​​ [ ]  ​ | ​ [ ]  ​ |
| 5:40pm Pick up  | € 19.50 per day  |[ ] [ ] [ ] [ ] [ ]
| 6:00pm Pick up  | €21.00 per day  |[ ] [ ] [ ] [ ] [ ]
| Full week: Mon – Fri 2:40pm -6:00pm  | €105.00 per week |  [ ]  |

**Enrolment Form 2024-2025**

**1. CHILD INFORMATION – Please complete form for each child (\*required)**

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| **\*First Name:**  | **\*Surname:**  | **Nationality:**  |
| **\*Date of Birth:**  | **\*Age:**  | **Gender:**  |
| **Class in September 2024:****Teachers Name (if known):**  |
| **\*Address:**  |
| **\*Has your child been immunised?** Including 6 in 1 and MMR. [ ]  Yes [ ]  No |

**2. PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER (\*required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:**  | **\*First Name:** | **\*Surname:** | **Nationality:** |
| **\*Relationship to the chid:**  |
| **\*Residential Address (if different from above):**  |
| **\*Contact number:**  | **\*Email:**  |
| **With whom does the child mostly reside?** |
| **\*Is this child involved in court orders, parenting plans or orders?** [ ]  Yes [ ]  No |

**SECOND PARENT/GUARDIAN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:**  | **First Name:** | **Surname:** | **Nationality:** |
| **Relationship to the chid:**  |
| **Residential Address:**  |
| **Contact number:**  | **Email:**  |

**3. EMERGENCY CONTACTS (other than Parent/Guardian, must be aged 18 or over)**

**Permission must be received from Emergency Contacts in order to share their contact details with Sherpa Kids. Please confirm by ticking the box that you have received permission from your emergency contacts to share their contact details with Sherpa Kids*.*** [ ]

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| **Please provide a list of people approved to collect your child from Sherpa Kids:** *(must be aged over 18 years of age)* |
| **Contact 1** | **Contact 2** |
| **Name:**  | **Name:**  |
| **Number:** | **Number:** |
| **Relationship to child:** | **Relationship to child:** |

 **N.B.** We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Sherpa Kids staff should attempt to collect your child from the service, permission will be refused.

**4. MEDICAL DETAILS AND OTHER INFORMATION (\*required)**

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| **Child’s Doctor/GP:** | **Phone number:** |
| **\*Does your child have any allergies?**  [ ]  Yes [ ]  No**If yes please give allergy details:** |
| **\*Does your child have any medical, developmental disorders, conditions or additional/complex needs (such as ASD) that we should be aware of to cater fully for their needs?**[ ]  Yes [ ]  No**If yes, please give further details:** |
| **\*Does your child attend an Autism Class (AC) or ASD Unit at school?** [ ]  Yes [ ]  No |
| **Does your child have an SNA at school?** [ ]  Yes [ ]  No**If yes, please indicate whether this is on a full or part-time basis (number of hours)** Full time [ ]  Part time [ ]  [If part-time, approximate number of hours per week: \_\_\_\_\_] |
| *Children with complex/additional needs are to book in more than 2 weeks in advance to ensure correct staffing. Please contact Sherpa Kids staff to discuss. Please also provide any medical management plans, assessments, reports, other documentation or medication & equipment that are related to the child’s needs, prior to commencement at Sherpa Kids.* |
| **Where applicable, I authorise Sherpa Kids to notify children, parents and any third parties that my child has an allergy and that certain things should or should not be done in his/her vicinity. This notification may be by way posting a sign on premises used by Sherpa Kids or by direct communication.** **Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_ |

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| **PLEASE READ AND TICK THE FOLLOWING STATEMENTS:** |
|[ ]  I understand my child cannot attend Sherpa Kids if suffering from an infectious or transmissible disease. |
|[ ]  I hereby give my permission for the Sherpa Kids staff to treat my child if a minor accident occurs. In the case of a more urgent matter, I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred. |
|[ ]  I understand the provider of the Sherpa Kids service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee. |
|[ ]  I understand Sherpa Kids staff have no responsibility to my child outside of the operational hours of Sherpa Kids. I will not drop or collect my child outside of the operational hours of service.  |
|[ ]  I hereby give Sherpa Kids permission to transport my child off a Sherpa Kids designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip). Notification of any outing or excursion will be given to parents.  |
|[ ]  I acknowledge that the information contained herein is confidential and pursuant to the *Data Protection Act (1988, 2003 & 2018)*, will only be strictly used by the Sherpa Kids team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the programme assessment process. (**A copy of our data protection policy is available onsite and on our website)** |
|[ ]  I authorise that my child’s school has permission to release all relevant personal information about my child (example an accident/incident that occurred during school) to Sherpa Kids. |
|[ ]  I understand closed in shoes should be worn at each session of care and on excursion days. |

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| **TERMS AND CONDITIONS:** To view our Privacy notice please go to [www.sherpakids.ie](http://www.sherpakids.ie) |
| **By signing below, I, the Account holder, acknowledge and understand:*** That I have read the Sherpa Kids Parent handbook in full including the section with regards payments, late fees etc
* I have the right to request from Sherpa Kids a copy of the information retained by Sherpa Kids and the right to request Sherpa Kids to correct any incorrect information about myself and my family held by Sherpa Kids
* I acknowledge by signing this form I understand and accept the Centre Policies and Procedures.
* I acknowledge all information I have provided on this form is true and correct. I am aware it is my responsibility to advise Sherpa Kids immediately of any change in the above information.
* I have received permission from my emergency contacts to share their contact details with Sherpa Kids.
 |
| **Name:** | **Signature:**  | **Date:**  |

**parent contract 2024-2025**

**CHILD’S NAME:**

**PARENT OR GUARDIANS NAME:**

* I consent for my child to attend Sherpa Kids School Aged Childcare. I understand that the service has policies and procedures (which are available for reference at the service), and that there are expectations and obligations relating both to the service and to myself and my child, and I agree to abide in accordance with the Parent Handbook.
* My child will be provided with a healthy and nutritious snack and drink (water) by Sherpa Kids unless otherwise requested. I may be asked to provide additional foods during Holiday Programmes or Excursions.
* Once my child arrives at the service, he/she will be in the care of Sherpa Kids until collected and signed out by an authorised person.
* I will notify the service before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the service. I understand that I will be charged for the booked session.
* I will receive my bill on a Friday and will pay weekly for all booked sessions whether my child attends or not (eg due to illness or holidays), unless I have made other arrangements with the manager.
* **Four** **weeks’ written notice** (by email or text) is required for cancellations or changes to bookings, otherwise regular fees will be applied.
* **A maximum of five** **consecutive days** of absence can be cancelled during the school year (with 4 weeks’ notice given) between September and June. I understand these can occur within 1 week or roll across 1 weekend only.
* In order to avail of my awarded NCS subsidy (my childcare discount) in the first week of attendance, I understand I must submit a screenshot of my CHICK code no less than 1 week before my child commences Sherpa Kids.
* It is my responsibility to keep the Service Manager informed (in writing, by email) of any alterations to the information regarding my child (eg contact details, authorised collection persons, medical conditions, diagnoses etc.,).
* The service closes at 6.00pm during term time and 5pm during Holiday care. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible by phone.
* If I do not collect my child by 6.00pm during term time or 5pm during holiday care I will pay a charge of to cover the costs of the staff who are legally required to supervise my child. Please see parent handbook.
* Whilst the service tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child’s property whilst at the Service.
* I have read the parents handbook and completed all the necessary forms for my child to attend the service.
* If there are any accidents or incidents at the service involving my child, I will be informed and may be required to read and sign an incident report form.
* If my child has an accident at the service, he/she will be treated by a qualified first aider and I will be informed as soon as possible.
* I understand that aggressive, undermining, threatening and/or abusive behaviour towards staff will not be tolerated. These behaviours may result in a request to remove your child from our services.

**I have read and understood the above terms and conditions and I agree to abide by them.**

Signature: \_

Date: \_

**PERMISSIONS 2024-2025**

**Please read through the list of products and activities below and put a tick next to the ones you wish your child to participate in.**

**I/We give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to participate in the following activities and apply the following products.**

[ ]  **Face paint**

[ ]  **Nail Varnish**

[ ]  **Nail art**

[ ]  **Organic/Natural Face masks**

[ ]  **Hair products (hair chalk, glitter etc)**

[ ]  **Temporary Tattoos**

[ ]  **Participate in Outings/trips with my prior knowledge (ex. Library, park)**

[ ]  **Water Games with my prior knowledge (water balloons, water guns etc)**

[ ]  **To give your child suncream if you have not provided it and it is required.**

[ ]  **To give your child a treat on Fridays or for a celebration such as a birthday.**

[ ]  **I give permission for my child’s photograph to be taken and used on Sherpa Kids Ireland Social Media Sites, i.e. Facebook, Instagram etc.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**