



Head Office: St Olaves
 Kinsealy, Co.Dublin
Telephone: (01)8666620
Email: info@linkschildcare.ie
Web: www.linkschildcare.ie

APPLICATION FORM

Links Childcare has a responsibility under the Child Care Act 1991 (Early Years Services) Regulations 2016 to collect information relating to your child. This form should be signed by the parents/guardians of the child.

CHILD'S INFORMATION

Child's First Name:	.....	Child's Surname:	.....	Date of Birth:	.....
Home Address	.....			
Start Date	.....	Finish Date	.....	Sex	Male: <input type="checkbox"/>
			(to be completed by creche)	Female:	<input type="checkbox"/>
Does/Did your child's sibling attend Links Childcare? Yes/No If Yes, please provide siblings name:					

LINKS BRANCH NAME (LOCATION) ENROLLING WITH:

<u>Waiting List Requirements</u>	Please include details here if you would like to be included on the waiting list to transfer to an alternative Links location or offered alternative days care than is currently available:
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PARENT OR GUARDIAN INFORMATION

First Parent/Guardian Information

Name	Relationship to Child
Work Address	..... Work Contact No.....		
Home Address	Same as child's address: <input type="checkbox"/>		
Contact No.	.....	Email Address	.....

Second Parent/Guardian Information

Name	Relationship to Child
Work Address Work Contact No.....		



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Home Address	Same as child's address: <input type="checkbox"/>
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Contact No.	Email Address
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With whom does the child normally reside:

CARE INFORMATION

CARE BOOKING DETAILS					CARE GROUP	
	Full Day Care	Half Day Care 9am-2pm Pre-School Room Only	Pre-School Term Time Half Day 9.30am-1pm, 5 day Term Time*	After School Programme	Type of Care Group	Please tick your child's care group
Monday					Baby/Wobbler Care	
Tuesday					Toddler Care	
Wednesday					Pre-School Care	
Thursday					After School Care	
Friday						

*Pre-School Term Time Half Day 9.30am-1pm, operates 38 weeks of the year, must be booked for 5 days and not in conjunction with any other care. Subject to creche availability/care offering.

After School Care Details (if applicable)

Name of School		Class/Teacher Name	
Drop Off Time		Collection Time	

GRANT DETAILS

If you wish to avail of a scheme*, please outline the name of the scheme: Please note that scheme availability must be approved before a place under a scheme can be accepted:

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*If you are applying for the National Childcare Scheme (NCS) you must complete our parent agreement form and allocate your CHICK number to Links Childcare before your awarded funding can be applied to your account, for further information please contact us.

GENERAL INFORMATION

Has your child previously attended Links or another Crèche?	YES	NO	If 'Yes' please provide the creche name and for how long?
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If there is an additional information that you wish to tell us about your child and his/her personality that you think will help us get to know him/her please outline below:

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Medical History: Please outline any medical illnesses your child may have (Note **Links Childcare** Medical Care Plans may be required)

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Not Applicable

GENERAL INFORMATION (continued...)

Does your child have any allergies? YES NO

Does your child have any additional special needs? Note: You may be required to complete separate care plans in respect of your child relating to their additional/special need. YES (if yes, please outline below) NO

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LINKS CHILDCARE POLICIES & PROCEDURES

I/We understand the Links Childcare Policies and Procedures are available on www.linkschildcare.ie (tick the box)

PARENT/GUARDIAN SIGNATURES

(all parent/guardians are required to sign the application form)

Name of Parent/Guardian (BLOCK CAPITALS)	Signatures of Parent/Guardian	Date
Name of Parent/Guardian (BLOCK CAPITALS)	Signatures of Parent/Guardian	Date

OFFICE USE ONLY

Place Approval: Yes No Date of Approval: Initial:

Room allocation..... Applicable Rate

DEPOSIT	Date of Payment/...../.....	Amount: Receipt Emailed Yes / No Authorisation Number:
	Method: Card: / Bank Transfer: / Cheque:	
	Deposit/Billing Agreement Form Submitted: Yes No	

Scheme* Scheme Deposit Amount..... *ECCE DAF Submitted:

Confirmation Issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Planning Updated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entered on ECCE Soft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Enquiry Log Updated	Yes <input type="checkbox"/>	No <input type="checkbox"/>