



Head Office: St Olaves
 Kinsealy, Co.Dublin
Freephone: 1800 93 00 88
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.

Please fill in all sections of the form in BLOCK CAPITALS except for where a signature is required

CHILD'S INFORMATION

Child's First Name: (Please use 'Baby' if not yet born)	Date of Birth/Due date:	Sex	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Child's Surname:	Start Date as offered:		
Home Address				

LINKS BRANCH NAME ENROLLING WITH (Insert Creche location here):

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Does/Did your child's sibling attend Links Childcare? Yes/No If Yes, please provide siblings name:

PARENT OR GUARDIAN INFORMATION

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

With whom does the child normally reside:



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CARE INFORMATION

Please tick relevant care option below as offered:

	Full Day Care	Mixed Pre-School Term Time Half Day Care 9.30am-1pm Term Time* select 1 or 2 days only <u>Booked in conjunction with 3 or 4 full days</u>	Pre-school Half Day Care 9am-2pm Only available 5 days from pre-school, in Links Malahide and Portmarnock only	Pre-School Term Time Half Day 9.30am-1pm <u>5 days</u> Term Time*	After School Programme	Additional Information:
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

*Pre-School Term Time Half Day 9.30am-1pm, operates 38 weeks of the year. Any places offered for the Sessional Care hours of 9.30am-1pm are not guaranteed for each programme year that your child may be eligible to avail of the scheme.

After School Care Details (if applicable)

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

WAITING LIST REQUIREMENTS

Please complete if you would like to be included on the waiting list for alternative care/creche/start date:

Location: Dates: Type of Care (Number of days)

GRANT DETAILS

If you wish to avail of a scheme*, please outline the name of the scheme:

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*If you are applying for the National Childcare Scheme (NCS) you must complete our parent agreement form following enrolment and allocate your CHICK number to Links Childcare before your awarded funding can be applied to your account, funding can only be applied for and allocated to your account following commencement of care, full fees will apply until your funding is received, 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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Does your child have any medical history or allergies? YES NO Not yet known

If yes please outline any medical illnesses or allergies your child may have (Note Links Childcare Medical Care Plans may be required)

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GENERAL INFORMATION (continued...)

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 and agree to all Links Childcare Policies and Procedures which are available at www.linkschildcare.ie and are periodically reviewed. (please tick the box to confirm acceptance)

PARENT/GUARDIAN SIGNATURES

(all parent/guardians are required to sign the application form, we can only accept handwritten signatures or e-signatures – typed signatures will not be accepted.)

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

OFFICE USE ONLY

Place Approval:	Yes		No	Date of Approval:	Initial:
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Room allocation.....	Applicable Rate
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DEPOSIT	Date of Payment:/...../.....	Amount:
	Receipt Emailed Yes / No Authorisation Number:	
	Method: Card: / Bank Transfer:	
Deposit/Billing Agreement Form Submitted: Yes No		

ECCE Scheme*	ECCE Deposit Amount.....	*ECCE DAF Submitted:
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Confirmation Issued	Yes	No	Planning Updated	Yes	No
Entered on ECCE Soft	Yes	No	Enquiry Log Updated	Yes	No