



Marlin Academy Childcare

Enrollment Registration Form

STRICTLY PRIVATE & CONFIDENTIAL

Full Name: _____

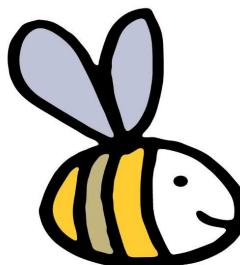
Date of Birth: _____

Proposed Start Date: _____

***Please note that should your child not attend their booked in session payment is still required to hold your child's place.**

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlaigh
Child and Family Agency



**National
CHILD CARE
Scheme**
Early Learning & Care
www.ncs.gov.ie

Part One: Details of the Child

	First Name	Surname
Name of Child:		
Home Address:		
Date of Birth:		
Home telephone No.:		
Nationality:	Religion:	
Date child first Attended Services:	Date Child Ceased Attending Service:	

Your Contact Details:

Parent's/Guardian's Name:	Parent's Guardian's Name:
Work: Tel. No:	Work No:
Mobile No.:	Mobile No:

Emergency Contact Details:

Name:	Name:
Telephone No:	Telephone No:
Relationship to Child:	Relationship to Child:

Name of any other person/s who may collect the Child other than the Parent/Guardian.

I authorise _____ **and/or** _____

To collect my Child (name) _____ **from the centre in the event of my absence.**

Signed _____ **PARENT/GUARDIAN**

Part Three: Record of Immunisation:

	BCG	DIPHTHERIA	TETANUS	WHOOPING COUGH	POLIO	HIB	MMR	MENINGITIS C
Please tick received:								
Date received:								

Details of GP for the child/ren:

Name:	Address:	Telephone Number:

Medical Conditions:	No	Yes (Specify)
Disability:	No	Yes (Specify)
Allergy:	No	Yes (Specify)
Special Dietary Needs	No	Yes (Specify)
Feeding Pattern:	Likes	Dislikes

Is the relevant information provided by parent/guardian specific to provision of special care for their child:

Are there any other details you wish to inform us on your child's toilet/eating habits?

Part Four: Attendance Schedule

Date	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Full Day Care	Mon / Tues / Wed / Thurs / Fri
Mornings Only	Mon / Tues / Wed / Thurs / Fri
Afternoons Only	Mon / Tues / Wed / Thurs / Fri

Type of Booking – PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND**Anticipated booking period from:**

Signed _____ Date _____

Relationship to Child: _____

**PLEASE NOTE IT IS MARLIN ACADEMY FEE POLICY TO BE PAID IN ADVANCE.
SHOULD YOU REQUIRE A STANDING ORDER FORM, PLEASE ASK.**

SHOULD YOUR ACCOUNT STAY IN ARREARS, A LATE PAYMENT PENALTY CHARGE OF €2 WILL BE ADDED TO YOUR CHILDCARE FEES PER DAY UNTIL THE ACCOUNT IS CLEARED.

**IF YOU WISH TO LEAVE THE SERVICE THEN A MONTH NOTICE IN WRITING
MUST BE SUBMITTED EVEN IF YOU HAVE PAID A DEPOSIT THIS WILL BE
REFUNDED IN YOUR LAST MONTHS FEES. THE NCS CAN ALSO BE CLAIMED
FOR 4 WEEKS BY THE SERVICE**

Please complete any questions or follow ups here:

Questions or follow up for parent area: