



## PRESCHOOL BOOKING FORM

PLEASE PRINT CLEARLY

By completing this form, you are hereby consenting to your information being held by Ballybrack/Killiney Montessori & Afterschool in accordance with our GDPR Policy. Should your child attend our school we are obliged by law to retain information for two years following your child's last day with our services. Should your child not attend our school as expected, this information will be disposed of carefully. All information given will be strictly confidential and kept secure.

### Personal details

Child's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Guardian 1: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian 2: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Has your child attended any other pre-school? (if so, please include any relevant information): \_\_\_\_\_

How long will your child be attending Ballybrack/Killiney Montessori & Afterschool? (please tick)

### ECCE placement

1 year ECCE full time (5 days)  2 years ECCE full time (5 days)

Morning session 9.30 – 12.30pm  Full - Time care 8am - 6pm

(£50 per month top-up for ECCE children in morning session to start at 9am)

### Private placement (non ECCE)

5 days  3 days  2 days

Please note that part-time places are very limited and priority is given to full-time places. We will endeavour to accommodate your requested days. **Please indicate preferred days:** \_\_\_\_\_

Please specify which year your child will be starting with us: \_\_\_\_\_



## Monthly Private Montessori Fees (10 mths)

	2 days per week	Please tick ✓	3 days per week	Please tick ✓	5 days per week	Please tick ✓
Morning session 9.00 – 12.30	€159.60		€239.40		€399	

### ECCE Top-up Fee:

Please tick ✓

Half hour (9 – 9.30am)	€50 per month	
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## Monthly Club Fees (10 mths)

	2 days per week	Please tick ✓	3 days per week	Please tick ✓	5 days per week	Please tick ✓
Breakfast Club (8 – 9am):	€44.40		€66.50		€111	
Lunch Club (12.30 – 3.00 pm):	€111		€166.50		€277.50	

## Monthly Full-time Fees

10 Months	2 days per week	Please tick ✓	3 days per week	Please tick ✓	5 days per week	Please tick ✓
8-6pm (ECCE deducted)	€259		€388.50		€647.50	
9-6pm (ECCE deducted)	€222		€333		€555	
8-6pm Non ECCE	€356.97		€535.26		€892.43	
9-6pm Non ECCE	€320.36		€480.54		€800.90	
12 Months						
8-6pm (ECCE deducted)	€272.23		€408.35		€680.58	
9-6pm (ECCE deducted)	€241.40		€362.10		€603.50	
8-6pm Non ECCE	€530.88		€530.88		€884.80	
9-6pm Non ECCE	€323.36		€485.05		€808.41	



## Monthly Club Fees (12 mths)

	2 days per week	Please tick ✓	3 days per week	Please tick ✓	5 days per week	Please tick ✓
8-3pm (ECCE deducted)	€44.40	<input type="checkbox"/>	€66.50	<input type="checkbox"/>	€442.48	<input type="checkbox"/>
9-3pm (ECCE deducted)	€111	<input type="checkbox"/>	€166.50	<input type="checkbox"/>	€391.56	<input type="checkbox"/>

please indicate what days you require below:

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We will also run camps during Mid-terms, Halloween, Easter and the month of July. Part-time (9.30am – 1pm/ 9.30am – 3pm) or full-time hours (8am – 6pm) will be available.

As per our enrolment policy, places are offered each January for the year ahead. Places are offered in this order: Current Children, Siblings (of children attending in the same year together), Full-time, ECCE, Part-time. ***Please note that we require a non-refundable deposit of €100 with this booking form to hold a place for your child.*** Places will not be secured without this deposit. Once your child starts with us this deposit will either be returned to you and the end of October or deducted from your final month's fees. If we are not in a position to offer you a place your deposit will be returned. Should you be offered a place but choose not to take it you will forfeit your deposit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Child Information & Consent Form

By completing this form, you are hereby consenting to your information being held by Ballybrack/Killiney Montessori & Afterschool in accordance with our GDPR Policy. Should your child attend our school we are obliged by law to retain information for two years following your child's last day with our services. Should your child not attend our school as expected, this information will be disposed of carefully. All information given will be strictly confidential and kept secure.

-----PLEASE PRINT CLEARLY-----

### Personal details

Child's name (as it appears on Birth Cert): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Child's place in family: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

People authorised to collect: 1. \_\_\_\_\_ Relationship to child: \_\_\_\_\_,

2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_, 3. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact in case of Emergency where neither guardian, above available:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

At Ballybrack Killiney Montessori & Afterschool we use email as our main method of communication along with WhatsApp.

Any group emails will be sent by 'blind copy', i.e. no email addresses will be visible by others. By providing your email address we will assume your consent for us to use this form of communication.

WhatsApp messages are sent via class group messages (therefore, phone numbers are visible). Please sign here if you consent to be added to class WhatsApp group: \_\_\_\_\_ or tick here if you do **NOT** wish to be added to the group

If at any time you wish to be removed from our contacts, please email us at [ballybrackkillineymontessori@gmail.com](mailto:ballybrackkillineymontessori@gmail.com)

### Medical Information:

GP name, address and telephone: \_\_\_\_\_

Does your child have any allergies? any medical conditions? or does s/he have any Special Needs? Please specify (use back of page if necessary): \_\_\_\_\_



All parents are also asked to complete the enclosed Medical history form and consent form.

## Immunisations record:

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Has your child been immunised? \_\_\_\_\_

### Please tick as relevant

- BCG
- 2 months (6 in 1 & PCV)
- 4 months (6 in 1 & Men C)
- 6 months (6 in 1 & Men C & PCV)
- 12-15 months (MMR & PCV)
- 13 months (Men C & Hib)
- 4-5 years (4 in 1 & MMR)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medicine Consent and Administration Record

I / We \_\_\_\_\_ give permission for the administration of Calpol or Neurofen in the event of Pyrexia (fever/temperature) in my/our child \_\_\_\_\_.

I / We \_\_\_\_\_ give permission to the management of Ballybrack/Killiney Montessori Preschool to act on our behalf in the case of emergency or accident and to take such actions as may be necessary for the benefit of my/our child \_\_\_\_\_.

I / We \_\_\_\_\_ give permission to the management of Ballybrack/Killiney Montessori Preschool to contact my/our child's G.P. in case of emergency.

This decision is to be taken by the person in charge at the time of the emergency.

All possible efforts will be made to contact the parents prior to treatment or administration of medicine in each instance to ensure verbal permission is also obtained.

If you do not administer Calpol or Neurofen please state below your alternative and supply us with such:

Alternative (with dosage): \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENTAL CONSENT FORM

I / We, \_\_\_\_\_ (Parent/Representative/Legal Guardian Name), confirm that \_\_\_\_\_ (Child's name) is below the age of 16 years old and I am hereby consenting on his/her behalf that Ballybrack Killiney Montessori & Afterschool can process personal data and the sensitive personal data relating to \_\_\_\_\_ (Child's name) in order to provide a care and education service to my child.

During the course of the year we sometimes take photographs of the children in plays, doing their work, participating in sports day, etc. I give permission for Ballybrack/Killiney Montessori & Afterschool to take photographs of my child \_\_\_\_\_ (insert name). I understand that they will only be used for purposes directly related to Ballybrack/Killiney Montessori & Afterschool, such as on their Facebook page (with faces obscured). [www.facebook.com/ballybrackkillineymontessori.com](http://www.facebook.com/ballybrackkillineymontessori.com)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As we spend time outside during the summer time, protection from the sun is very important. I agree to put sun cream on my child prior to attendance at the preschool during the Summer when needed. I also give consent for Ballybrack/Killiney Montessori & Afterschool to reapply sun-cream if needed and will supply same.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby confirm that I have received and read a copy of Ballybrack Killiney Montessori & Afterschool 'School Policies for Parents' which is on our website.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This record of consent will be saved in your child's file and retained for a period of two years after your child has left our service.

I am aware that I may withdraw the consent of \_\_\_\_\_ (Child's name) at any time by using the "PARENTAL CONSENT WITHDRAWAL FORM." (please email us and we will provide you with this)

Signed by Parent/Representative/Legal Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT NAME: \_\_\_\_\_

Should you require any further information on our GDPR policies please see our website [www.ballybrackkillineymontessori.com](http://www.ballybrackkillineymontessori.com) or contact Eve Berea, Owner/Manager at [ballybrackkillineymontessori@gmail.com](mailto:ballybrackkillineymontessori@gmail.com)