



Naas Child and Family Project

Application Form for Play Group

1. Name of child for Play Group: _____ D.O.B. _____

2. Family Composition (Parents/Guardians/Carers)

Mothers Name: _____ Fathers Name: _____

Address: _____

Date of Birth: _____ Date of Birth: _____

Tel No: _____ Tel No: _____

Contact tel: _____ Contact Tel: _____

Currently Employed Unemployed Currently Employed Unemployed

3. Children:

Name: _____ D.O.B.: _____ Gender: _____ At Home: _____

Name: _____ D.O.B.: _____ Gender: _____ At Home: _____

Name: _____ D.O.B.: _____ Gender: _____ At Home: _____

Name: _____ D.O.B.: _____ Gender: _____ At Home: _____

4. Are any of the following agencies currently involved or have been involved with your family ?
(Please give details including contact names, telephone numbers and dates involved)

Social Worker	Public Health Nurse	Schools
Child Guidance	Community Welfare Officer	Vincent de Paul
MABS	Psychiatric Services	Family Mediation Service
J.L.O.	Probation Service	Others

5. Family Doctor: Name _____

Address: _____

Phone No: _____

6. Please give information in relation to general health of children
(Please indicate allergies, medication, hospitalisations etc).

7. Is special care and attention needed ? Yes / No (If yes give details)

8. Immunisations

- | | |
|---------------------------------------|----------|
| ▪ Mumps/Measles/Rubella | Yes / No |
| ▪ Diphtheria, Tetanus, Whooping Cough | Yes / No |
| ▪ Tuberculosis (B.C.G.) | Yes / No |
| ▪ Hib | Yes / No |

9. Food: Special Diet, likes/dislikes

10. Please give additional information as to why your child should receive a place in the Play Group. (When answering this question consider family problems/difficulties, financial pressures, housing/accommodation issues, behavioral problems with children, poor supports as parents, parenting alone, medical problems etc)

11. Anything else we should know about your child. Yes / No

12. Who may be contacted in an emergency if parents are not available.

Name: _____

Name: _____

Address: _____

Address: _____

Phone No: _____

Phone No: _____

Relationship to child: _____

Relationship to child: _____

13. Person authorised to collect child (other than parents)

I give permission for _____ and/or _____ to collect my child from playgroup in the event of my absence.

14. Accident and/or Emergency Consent

I/We _____ parent/guardian of _____ give my permission to the management of The Naas Child and Family Project to act on my/our behalf in case of an emergency or accident and to take such action as may be necessary for the benefit of my child. This decision is to be taken by the staff person in charge at the time of the emergency.

15. Permission to be photographed

I _____ parent/guardian of _____ give my permission for my child to be included in photographs which are taken as part of the playgroup and which could be used in window displays and future promotional literature by KYS and NCFP.

16. Permission to change clothes

16. I _____ parent/guardian of _____ give permission for clothes to be changed should the need arise.

17. Permission for Outings/Application of Sun protection Cream

I _____ parent/guardian of _____ give permission for _____ (child's name) to partake in walks and other outings outside of NCFP on the understanding that the adult/child ratio as required by NCFP and the insurance company will be adhered to at all times. I/We hereby give permission for staff to apply or assist in the application of sun protection cream.

Signature of parent: _____

Date: _____

Signature of parent: _____

Date: _____

Signature of Play Group Leader: _____ Date: _____

For NCFP use only

Date Application received: _____

Date Application accepted/not accepted: _____

Date of admission to Play Group _____

Date of leaving Play Group _____