Seed to Tree Childcare,
Email: seedtotreechildcare@gmail.com
Web: https://seedtotreechildcare.ie/
Phone: 089 274 8118

# APPLICATION FORM

***Seed to Tree 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** | |
| **Child's Last Name** | |
| **PPSN** | |
| **CHICK No. If applicable** | |
| **Date of Birth(DD/MM/YYYY)** | |
| **Sex** | |
| **Address with Eircode** | |
| | |

## Parent's Information

| | |
|---|---|
| **Parent 1** | |
| **Name** | |
| **Address** | |
| **Contact Number** | |
| **Email Address** | |
| | |
| **Parent 2** | |
| **Name** | |
| **Address** | |
| **Contact Number** | |
| **Email Address** | |
| | |
| **With whom child normally reside** | |
| **Relationship with Child** | |
| | |
| **Emergency Contact Name** | |
| **Emergency Contact Number**<br>**Persons Authorised to collect(other than parents)** | |

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| | |
|---|---|
| **Name**<br><br>**Contact Number**<br><br>**Relationship to child** | |

## Grant Details

**If you wish to avail of a scheme*, please outline the name of the scheme (ECCE, NCS):**
**Please check more details at https://earlyyearshive.ncs.gov.ie/downloads/**

**……**

***If you are applying for the National Childcare Scheme (NCS) you must complete our parent agreement form followin enrolment and allocate your CHICK number to seed to tree Childcare before your awarded funding can be applied to account, funding can only be applied for and allocated to your account following commencement of care, full fees wil until your funding is received, for further information please contact us**

| | |
|---|---|
| **Chick number if applicable** | |
| | |

## General Information

**Does your child have any medical history or allergies?**

- Yes
- No
- Unknown

### Medication Consent Form

**I, the parent/guardian of _____ (child's name----------), give permission to seed to tree childcare to give;**
**☐ Paracetamol ☐ Ibuprofen**
**for fever or pain, as needed, following age-appropriate dosage.**

**Allergies/Medical Conditions:**
**_____**

**Emergency Contact:**
**_____**

Parent/Guardian Signature: _____

Date: _____

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| | |
|---|---|
| **If yes please outline any medical illnesses or Food allergies your child may have** | |
| **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<br>○ No<br><br>If Yes, Please provide the details below |
| **Preschool Photo Consent Form**<br><br>**I,** the parent/guardian of _____ (child's name----------), give permission to seed to tree childcare to take and use photographs or videos of my child for educational, display, or promotional purposes (e.g., classroom projects, newsletters, website, or social media). | ☐ Yes, I give consent<br>☐ No, I do not give consent<br><br>Parent/Guardian Name: _____<br>Signature: _____ Date: _____ |
| **Help us to get to know your child**<br>**1. What interest does your child have?**<br>**2. What makes your child laugh?**<br>**3. Can you give us suggestion to comfort your child if they become upset?**<br>**4 what language do the child speak at home?** | |

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

| | | |
|---|---|---|
| **Name of Parent/Guardian (BLOCK CAPITALS)** | Signature of Parent/Guardian<br><br>…… | Date<br><br>…… |
| **Name of Parent/Guardian (BLOCK CAPITALS)** | Signature of Parent/Guardian<br><br>…… | Date<br><br>…… |

## For Office Use only

| | |
|---|---|
| **Date Received** | |

***Please attach a copy of Immunisation card of child with this form.***