

## School Age Childcare and Pre-School services

## The Grove Pre-School

The Old Convent, Our Lady's Grove, Goatstown Road, Goatstown, Dublin 14 Tel: 2157710; Email: groveafterschool@eircom.net

Date of Birth:			
Mothers Name:		Fathers Name:	
Daytime Telephone No:		Daytime Telephone No:	
Home Telephone No:		Home Telephone No:	
Email Address:		Email Address:	
In an Emergency			
I/we agree tobeing broug	ht to hospital and/o	given appropriate medical	treatment in the event of
an emergency and if we cannot contact y	ou immediately.		
Signature Parent/Guardian:	national desired to the state of the state o	Date:	
Alternative contact name and Number, in an	n emergency where ne	ither parent can be contacted:	
Name:	Tele	ohone No:	
Address:			
Outings			
I/We agree to being	taken on short outin	gs (outside school grounds)	
	t/Guardian:		ite:
Collection		The state of the s	
Apart from the parents named above, if a	anyone else will be o	ollecting your child on a regu	ular basis, please provide
their name and contact details below:	,	0,	, , , , , , , , , , , , , , , , , , , ,
Name:	Address:		
Telephone No:			
Notification of allergies / Medicines etc.			
Is your child subject to any allergies or m		Yes	No
If yes, please notify us of details in writing	ng.		
Terms and Conditions			
I have read, and agree to the terms and $\boldsymbol{c}$	onditions attached.		
Signature Parent/Guardian	mment and a second	Date:	
		łą.	
Office use only: <u>Checklist</u> P	PS No Birth	Certificate Registration	on Form fully completed
Date 1 <sup>st</sup> att. service	ate of cessation		
		Your Plan–Your Futur	re



