**School Age Childcare and Pre-School services**

**Grove After School**

**S**

**A**

**G**

The Old Convent, Our Lady’s Grove, Goatstown Road, Goatstown, Dublin 14

Tel: 2157710; Email: [groveafterschool@eircom.net](mailto:groveafterschool@eircom.net)

**Please complete the following, which are required for our records for the safety of your child.**

**Please note a separate form is required for each child attending the service**

**Name of Child: Address:**

**Date of Birth:**  **Class:**

**Dates and Times Required**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8-8.40am |  |  |  |  |  |
| 1.35-2.35pm |  |  |  |  |  |
| 2.35-6pm |  |  |  |  |  |

**Mother’s Name:** **Father’s Name**:

Mobile No: Mobile No:

Daytime Telephone No: Daytime Telephone No:

Email Address: Email Address:

(please print email address) (please print email address)

**In an Emergency**

I/we agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ being brought to hospital in the case of an emergency and if we cannot contact you immediately.

Signature Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative contact name & number in an emergency where neither parent can be contacted:

Name:

Phone No:

**Your Plan–Your Future**

** Company Registered by Guarantee in Dublin, Ireland; Registered No. 367577; CHY No. 16533**. 

Directors: M. Farrell, S. Walsh, J. Candon

**Part-funded by the Irish Government under the National Development Plan, 2000-2006**

**2.**

**Persons Nominated to collect your child other than Parents**

If anyone else will be collecting your child on a regular basis please provide their name and contact details below:

Name:

Phone No:

Name:

Phone:

**Notification of allergies/Medicines:**

**Please let us know if your child has any allergies or is on any medication.**

|  |
| --- |
|  |
|  |
|  |

**Permission for your child to be brought/collected from Our Lady’s Grove Primary School by GAS staff:**

I/We give permission for my child to be brought/collected to and from Our Lady’s Grove Primary School.

Signature: Date:

**After School Activities in Our Lady’s Grove Primary School:**

I/We give permission for my child to be brought/collected to and from Our Lady’s Grove Primary School for any afterschool activities that I have registered my child for:

Signature: Date:

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