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**Chilids' Information**

Child's Surname \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Gender \_\_\_\_\_

Parents or Guardians Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Contact Telephone Numbers:

Home \_\_\_\_\_

Mother: Mobile \_\_\_\_\_

Work \_\_\_\_\_

Place of Work \_\_\_\_\_

Father: Mobile \_\_\_\_\_

Work \_\_\_\_\_

Place of Work \_\_\_\_\_

**Authorised Persons Picking up Child (Including Parents / Guardians)**

<u>Name</u>	<u>ID Card No</u>	<u>Relation to Child</u>
_____	_____	_____
_____	_____	_____

**Child's Special Requirements (Including medical requirements)**

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**Permission to Photograph**

I grant BeeSmart permission to photograph my child and use images of my child in future for the following purposes; promotional material, child care's facebook page, child care's website, bulletin boards shown to current and prospective clients and to give photographs possibly containing your child to current clients. Yes \_\_\_\_\_ No \_\_\_\_\_

**Picking up Procedure.**

Kids will be dismissed from school according to the timings pre noted in this application form thus it is the responsibility of the parents / guardians to advise should any changes occur. BeeSmart will not be responsible for any irregular pickups should timings differ.

**Behavior**

BeeSmart will not tolerate any misbehavior in such way that a child will disrupt the whole group, speak rudely, physically hurts children or even bullying.

If this will be an ongoing situation, the child will be dismissed from BeeSmart immediately after prior notice is given to parents. No refund will be given.

Individual attendants are not available therefore children that are in need of an LSA should have a qualified facilitator provided by the parents for the whole stay.

**Outings Consent**

BeeSmart offers the children the opportunity to go on outings. Please tick Yes if you give consent for your child to leave the registered premises to go on a trip or an outing on your confirmation or No if you would not want your child to participate in external activities. A consent form will still be issued prior to each and every outing. Yes \_\_\_\_\_ No \_\_\_\_\_

**Kindly keep note of the days and weeks you are going to book. Please choose Form:**

**Scheme A – 3 day week 8.30-13.00**      Tick Days Attending:   Mon    Tue    Wed    Thur    Fri

**Tick attending weeks (Min of 8 weeks Max 12 weeks)**

Week 1 <input type="checkbox"/> 3 <sup>rd</sup> Jul - 7 <sup>th</sup> Jul	Week 2 <input type="checkbox"/> 10 <sup>th</sup> Jul–14 <sup>th</sup> Jul	Week 3 <input type="checkbox"/> 17 <sup>th</sup> Jul–21 <sup>st</sup> Jul	Week 4 <input type="checkbox"/> 24 <sup>th</sup> July– 28 <sup>th</sup> July	Week 5 <input type="checkbox"/> 31 <sup>st</sup> Jul–4 <sup>th</sup> Aug	Week 6 <input type="checkbox"/> 7 <sup>th</sup> Aug–11 <sup>th</sup> Aug
Week 7 <input type="checkbox"/> 14 <sup>th</sup> Aug–18 <sup>th</sup> Aug	Week 8 <input type="checkbox"/> 21 <sup>st</sup> Aug–25 <sup>th</sup> Aug	Week 9 <input type="checkbox"/> 28 <sup>th</sup> Aug–01 <sup>st</sup> Sept	Week 10 <input type="checkbox"/> 4 <sup>th</sup> Sept–8 <sup>th</sup> Sept	Week 11 <input type="checkbox"/> 11 <sup>th</sup> Sept–15 <sup>th</sup> Sept	Week 12 <input type="checkbox"/> 18 <sup>th</sup> Sept–22 <sup>nd</sup> Sept

Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_ Total Extra Hours \_\_\_\_\_

**Scheme B – 4 day week 8.30-13.00**Tick Days Attending: Mon  Tue  Wed  Thur  Fri 

Tick attending weeks (Min of 8 weeks Max 12 weeks)

Week 1 <input type="checkbox"/> 3 <sup>rd</sup> Jul - 7 <sup>th</sup> Jul	Week 2 <input type="checkbox"/> 10 <sup>th</sup> Jul-14 <sup>th</sup> Jul	Week 3 <input type="checkbox"/> 17 <sup>th</sup> Jul-21 <sup>st</sup> Jul	Week 4 <input type="checkbox"/> 24 <sup>th</sup> July- 28 <sup>th</sup> July	Week 5 <input type="checkbox"/> 31 <sup>st</sup> Jul-4 <sup>th</sup> Aug	Week 6 <input type="checkbox"/> 7 <sup>th</sup> Aug-11 <sup>th</sup> Aug
Week 7 <input type="checkbox"/> 14 <sup>th</sup> Aug-18 <sup>th</sup> Aug	Week 8 <input type="checkbox"/> 21 <sup>st</sup> Aug-25 <sup>th</sup> Aug	Week 9 <input type="checkbox"/> 28 <sup>th</sup> Aug-01 <sup>st</sup> Sept	Week 10 <input type="checkbox"/> 4 <sup>th</sup> Sept-8 <sup>th</sup> Sept	Week 11 <input type="checkbox"/> 11 <sup>th</sup> Sept-15 <sup>th</sup> Sept	Week 12 <input type="checkbox"/> 18 <sup>th</sup> Sept-22 <sup>nd</sup> Sept

Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_ Total Extra Hours \_\_\_\_\_

**Scheme C – 5 day week 8.30-13.00**Tick Days Attending: Mon  Tue  Wed  Thur  Fri 

Tick attending weeks (Min of 8 weeks Max 12 weeks)

Week 1 <input type="checkbox"/> 3 <sup>rd</sup> Jul - 7 <sup>th</sup> Jul	Week 2 <input type="checkbox"/> 10 <sup>th</sup> Jul-14 <sup>th</sup> Jul	Week 3 <input type="checkbox"/> 17 <sup>th</sup> Jul-21 <sup>st</sup> Jul	Week 4 <input type="checkbox"/> 24 <sup>th</sup> July- 28 <sup>th</sup> July	Week 5 <input type="checkbox"/> 31 <sup>st</sup> Jul-4 <sup>th</sup> Aug	Week 6 <input type="checkbox"/> 7 <sup>th</sup> Aug-11 <sup>th</sup> Aug
Week 7 <input type="checkbox"/> 14 <sup>th</sup> Aug-18 <sup>th</sup> Aug	Week 8 <input type="checkbox"/> 21 <sup>st</sup> Aug-25 <sup>th</sup> Aug	Week 9 <input type="checkbox"/> 28 <sup>th</sup> Aug-01 <sup>st</sup> Sept	Week 10 <input type="checkbox"/> 4 <sup>th</sup> Sept-8 <sup>th</sup> Sept	Week 11 <input type="checkbox"/> 11 <sup>th</sup> Sept-15 <sup>th</sup> Sept	Week 12 <input type="checkbox"/> 18 <sup>th</sup> Sept-22 <sup>nd</sup> Sept

Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_ Total Extra Hours \_\_\_\_\_

No refunds will be given for any deposit, public holidays & illness. Schemes cannot be shared or transferred. Incomplete forms will not be accepted and will be sent back. Adding days or weeks is possible but will be subject to availability.

The data requested will only be processed by the administrators of BeeSmart for the general administration of the centre and for correspondence with participants themselves. Under no circumstances will this data be passed on to commercial third parties. All this information is required so that, should the need arise, procedures may be carried out without any unnecessary delays.

I declare that the above information is correct.

Deposit of €125.00  Remaining Balance \_\_\_\_\_ OR Full amount of \_\_\_\_\_Paid by: cash  cheque  cheque no \_\_\_\_\_ bank \_\_\_\_\_\_\_\_\_\_  
Parents Signature\_\_\_\_\_  
OBO BeeSmart\_\_\_\_\_  
Date