

Group Membership Form 2019-2020

Please note this membership year will run from 1 September 2019 to 31 August 2020

Please tick as applicable:

New Member Where did you hear about us? _____

Membership Renewal Membership No

It is very important that you complete ALL sections of this form.

<p>Group Details (Please ensure you give the full address including postcode)</p> <p>Group Name: _____</p> <p>Address: _____ _____ _____</p> <p>City/Town: _____</p> <p>County: _____ Postcode: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Correspondence Details/Primary Contact (Where possible this should be the Group Leader/Manager)</p> <p>Contact Name: _____</p> <p>Contact Position: _____</p> <p>Address (where all correspondence will be sent): _____ _____ _____</p> <p>City/Town: _____</p> <p>County: _____ Postcode: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sector
Is your setting: Community/voluntary Private Statutory

Group Details

Is your group notified to HSE? _____

How many children are you registered for? _____

How many children are on your roll? _____

Does your setting have a waiting list for places? _____

What is the age range of children attending?

From Years Months To Years Months

How many employees do you have? _____

Is your group run by a Committee? _____

If yes, please complete the following:

<p>Chairperson (Please ensure you give the full address including postcode)</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>City/Town: _____</p> <p>County: _____ Postcode: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>	<p>Treasurer (Please ensure you give the full address including postcode)</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>City/Town: _____</p> <p>County: _____ Postcode: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

How many Committee Members do you have? _____

Opening Hours

Days Open	From	To
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

Insurance Details

Does your setting avail of the discounted Early Years/Allianz Insurance Scheme? _____

If No, please state:

Name of Insurance Company: _____

Type of Insurance: _____

Renewal Date: _____

If you would like to avail of the discount on insurance offered through Lockton Ltd to members, please contact Roisin McCarthy at Lockton, Tel. 048 9024 8989 (new customers only).

Membership Fees

NB You must pay the full membership fee for one service or setting, the value of which should be greater than or equal to any additional settings being discounted.

Please tick membership category below:

Playgroup	€106.00	
Creche	€106.00	
Full Day Care	€144.00	
After-school Club	€106.00	
Multi-Service Provider*	€205.00	

*A setting which offers more than one service under one roof eg a day care that provides after-school service or playgroup. Please note that each setting in a day care chain must be registered individually.

Number of session/rooms in setting? _____

Please tick any of the following services that apply to your setting:

Parent and Toddler Playgroup Creche Out of School Club Full Day Care

Total Fee: _____

Additional Services or Sites

Where a member wishes to register more than one service or premises which are under the same ownership, a 10% discount will be applied to each additional service. You must complete a separate membership form for each service or premises, return the forms together and clearly state on each application form which other setting(s) or service(s) each membership application relates to. You can then apply the 10% discount to each additional setting.

Please give the following Information as accurately as possible:

HSE Area: _____

Is your setting ECCE funded? _____

Data Protection

Early Years may use information you have supplied to the Early Years Members Pension Scheme and the Early Years Members Insurance Scheme only.

Please tick this box if you wish your details to be provided for this purpose.

Please Note: We do not release members' details for any other purpose (eg third party companies).

Exclusive Email Updates

Early Years provides email updates to keep you informed of the latest developments, news, events and information briefings. If you wish to receive information in this format, please tick here

If you are not receiving regular updates through email, please contact Marian Baker, HighScope Trainer and Curriculum Development Advisor, on 0861 856 465 or email marianb@early-years.org

Membership Acceptance

We (whose name and address appear above) apply to become a member of Early Years - the organisation for young children/HighScope Ireland Institute ("the company"), subject to the provisions of the Articles of Association of the company. In doing so, the group subscribes to the Objects and Values of Early Years. Early Years - the organisation for young children/HighScope Ireland Institute, reserves the right to withdraw membership from any settings which act in a way which could bring the organisation into disrepute.

Signed on behalf of the applicant

Signature _____ Date _____

Name _____ Position _____

Please return this completed form along with membership payment to: Marian Baker, HighScope Trainer and Curriculum Development Advisor, HighScope Ireland Institute, 1A Tamarisk View, Kilnamanagh, Tallaght, Dublin 24, Tel: 0861 856 465

Please make cheques payable to Early Years