

# Registration Form: Strictly Confidential



## Note to Parents/Guardians



*Please ensure that you read this form carefully and answer all questions. We have a responsibility under the Child Care Act 1991 (Early Years Services) Regulations 1991 to collect specific information relating to your child. Also, the more information we can gather the better quality a service we can provide. Thank You!*

### BOOKING INFORMATION

START DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_

PLACE TYPE: FULL  PART  SESSIONAL  ECCE

FUNDING SCHEMES \_\_\_\_\_

DAYS PER WEEK \_\_\_\_\_

HOURS PER DAY \_\_\_\_\_

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Names of Other Children Attending the service \_\_\_\_\_

\_\_\_\_\_

Parent /Guardian name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address: \_\_\_\_\_ (Tel) Home: \_\_\_\_\_

\_\_\_\_\_ Work: \_\_\_\_\_

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

Email \_\_\_\_\_

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Parent /Guardian name \_\_\_\_\_  
child \_\_\_\_\_

Relationship to

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Tel) Home: \_\_\_\_\_

Work: \_\_\_\_\_

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

Email \_\_\_\_\_

Who may be contacted in an **emergency** if parents are not available?

**Name and Address:**

(Tel) Home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

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

## Family doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact number \_\_\_\_\_

Medical history (Please outline any illnesses your child may have)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: You may be required to complete separate care plans in respect of your child relating to their needs. Please supply as much information about the illness above or attach relevant information to this form.*

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Does your child have any allergies? Yes \_\_\_ No \_\_\_

**If Yes, please complete the form below**

What is the child allergic to?
What is the nature of the allergic reactions? e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
What to do in case of allergic reactions, any medication used and how it is to be used? (e.g. Epipen).
Is Medication is used?
Control measures – such as how the child can be prevented from contact with the allergen.
Other Comments

To be filed in the child's records and be available to staff

*Note: You may be required to complete separate care plans in respect of your child relating to their needs. Please supply as much information about the allergy above or attach relevant information to this form.*

## HEALTH INSURANCE

Do you have private health insurance? Yes  No

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If yes, who are you insured with?

\_\_\_\_\_

What is the policy number of the insurance? \_\_\_\_\_

## MEDICATION (other than anti-febrile medication)

Parents must sign and complete a medication authorisation form before prescribed and non-prescription medication can be administered. This includes such items as arnica. Consent for anti-febrile medication is given in advance on this form. See below

## AGREEMENT FOR MEDICAL TREATMENT

I hereby give consent to (name of child): \_\_\_\_\_ receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

In the event of an emergency an ambulance will be called. The parent will be contacted and informed about the emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT FOR ANTI FEBRILE MEDICATION

The service will only administer 'Calpol' (paracetamol) or Nurofen (Ibuprofen) if a child becomes unwell, and has high temperature. If a child has a high temperature the parent will be contacted before staff administer the *temperature reducing medication* and they will be asked to collect the child.

My child **does/ does not** have an allergy to anti-febrile medication.

I hereby give consent/ do not give consent to (name of child) \_\_\_\_\_ to receive anti-febrile medication, in the event of a high temperature.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

## IMMUNISATIONS

6 in 1 (All) Yes  No  Dates \_\_\_\_\_

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Pneumococcal Conjugate Vaccine(PCV) Yes  No  Dates \_\_\_\_\_

Meningococcal C (Men C) Yes  No  Dates \_\_\_\_\_

Mumps / Measles / Rubella(MMR) Yes  No  Dates \_\_\_\_\_

Haemophilus Influenzae B (HIB) Yes  No  Dates \_\_\_\_\_

Oral Polio Yes  No  Dates \_\_\_\_\_

Meningitis C Yes  No  Dates \_\_\_\_\_

**We ask Parents to supply copy of all vaccinations the child has received  
If your child is not immunised we require you to sign a disclaimer form at end  
of this form.**

Copy of vaccination record attached? Yes  No

I confirm that my child has been immunised on dates as above

Signed Parent \_\_\_\_\_ Date \_\_\_\_\_

I confirm that my child has been immunised but cannot access details of dates  
Signed Parent \_\_\_\_\_ Date \_\_\_\_\_

Does your child have any additional needs (e.g. disability)?

*Note: You may be required to complete separate care plans in respect of your child relating to their needs.  
Please supply as much information about the disability below or attach relevant information to this form.*

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If your child is attending the ECCE programme (the free preschool programme) he/she may be eligible for support under the Government funded Better Start Access and Inclusion Model (AIM). It provides a model of supports designed to ensure that children with disabilities can access the Early Childhood Care and Education (ECCE) programme. You should discuss this with the manager who will assist with your application for assistance. We strongly encourage parents to avail of any supports available.

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## SUN POLICY

We ask parent(s)/ Guardians to leave a 'sunny day bag' with sun hats, sun glasses etc. in our service. All children will be required to wear a hat when playing outside in the sun. The service will encourage all children to wear clothes that provide good sun protection e.g. sun hats, sunglasses. The service will also encourage children to cover very exposed areas of the skin, such as shoulders.

We ask parent(s)/Guardians to bring in a labelled bottle of unopened sun-cream of at least 40 SPF. Staff will apply the sun-cream to children before they go outdoors.

I give permission for sun-cream to be applied to my child \_\_\_\_\_ from the labeled sun cream supplied. The sun cream will be applied in the correct way all over the body and in the correct amount. I will bring in an unopened and labelled bottle of sun-cream of at least 40 SPF.

\*Signed \_\_\_\_\_ Date \_\_\_\_\_

### I give permission for my child

To go on local outings Yes  No  N/A

To have their photo taken (by tablet, app, camera, phone) Yes  No  N/A

To be recorded on video Yes  No  N/A

To have their photo uploaded to Facebook or other social media (if applicable)  
Yes  No  N/A

To have their photo uploaded to our website (if applicable)  
Yes  No  N/A

To be observed by our professional staff and developmental checks to be carried out  
Yes  No  N/A

\*To eat birthday treats sent in from other parents (if applicable)  
Yes  No  N/A

To access the internet under supervision  
Yes  No  N/A

You may be asked to sign for other specific permission relevant to the service.

\*No homemade cakes and treats allowed due to allergies and food hygiene policies

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## CHILD PROTECTION

We have a moral and legal obligation to ensure that all children in our care are protected, and their health and welfare are safeguarded.

All staff in the service are vetted through the Garda vetting unit and have the correct qualifications to work with children. We act to protect children from harm, which may arise. It is our duty in this case to question the cause of any behaviour, bumps, bruises or unusual markings. Our main concern in the service is to safeguard and protect the welfare of children. We have a responsibility to identify report and record any suspicions of child abuse to Tusla the Child and family Agency. We have a responsibility to respond to all child protection concerns.

## COLLECTION AUTHORISATION

I authorise the following people to collect my child \_\_\_\_\_ in the event of my absence. I acknowledge unless I have spoken to the Manager my child **cannot** be collected by any other person.

1. Name: \_\_\_\_\_ (Tel)Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ (Tel)Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ (Tel)Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Separated and Divorced Parents

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months (applies to children born after

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18 January 2016.)

- We cannot refuse either parent to collect their child unless a court order is in place.
- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents i.e. custody order, barring order we would ask you to provide us with a copy to keep on file.



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## ALL ABOUT ME

We believe it is important to know as much as we can about a child before they start our service. We believe it helps us to get to know the child, and it helps settle a child into the service if we know things about them.

Does your child have any brothers or sisters?

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What are the names of other family members and other significant people close to the child?

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Do you have any pets?

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What languages are spoken at home?

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What is your child's favourite food?

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Has your child any previous experience of early childhood services/toy library/parent and toddler groups?

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Does your child have any play interests at the moment, or particular toys he/she likes to play with?

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What other things does your child show interest in or talk about?

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Does your child enjoy and get involved in imaginative type play and/or activities such as drawing, painting, puzzles, and building?

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Does your child enjoy books and listening to stories? Does he/she have any favourite rhymes, stories, videos or CD's?

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How do you comfort your child when he/she is upset? Does he/she need any comfort toys?

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Do you have any concerns or worries about your child's development?

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Is there any other information you would like us to know

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Religion \_\_\_\_\_

Food: special diet, restricted foods

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**We encourage parental involvement at every reasonable opportunity, and we believe only you know your child best. We encourage parents to share information on your child, however, big or small.**

**This form should be signed by the parents and witnessed by the service manager or designated person in charge.**

**We encourage you to keep a copy of the completed form for your own records.**

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Parent's signature:

\_\_\_\_\_

Manager/designated person's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please ensure the following are attached**

Copy of immunisation record

Photo of child, parent/guardian and other collectors

**And if applicable**

Medical Emergencies Care Plan

Other Care Plans

Dr/ Consultant Notes

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## FORM FOR COMPLETION IN RELATION TO UNVACCINATED CHILDREN

NAME OF CHILD: \_\_\_\_\_

CHILD'S DOB: \_\_\_\_\_

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children attending the setting.

All information regarding your child remains confidential

Signed; \_\_\_\_\_

Parent/Guardian

Signed: \_\_\_\_\_

Manager

Date: \_\_\_\_\_