



## REGISTRATION FORM

Name of Child	_____	Date of Birth	_____ / _____ / _____
Address	_____		_____
	_____		_____
	_____	Names of other children attending the service	_____
	_____		_____

## PARENT / GUARDIAN DETAILS

Name	_____	Relationship to child	_____
Home Address	_____	Work Address	_____
	_____		_____
	_____		_____
Home Telephone	_____	Work Telephone	_____
Mobile Telephone	_____	Email	_____

Name	_____	Relationship to child	_____
Home Address	_____	Work Address	_____
	_____		_____
	_____		_____
Home Telephone	_____	Work Telephone	_____
Mobile Telephone	_____	Email	_____

## EMERGENCY CONTACT

Contact Name	_____	Mobile Telephone	_____
Address	_____	Home Telephone	_____
	_____	Work Telephone	_____
Doctors Name	_____	Telephone	_____
Doctors Address	_____	Medical History * (if any)	_____
	_____		_____

\* Please note that Care Plans may be required



## 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 Witnessed: my child **cannot** be collected by any other person.

COLLECTION AUTHORISATION			
Name	_____	Relationship to child	_____
Home Telephone	_____	Mobile Telephone	_____
Name	_____	Relationship to child	_____
Home Telephone	_____	Mobile Telephone	_____

### Separated or Divorced Parents

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

- 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 who **does not** have legal access to the child
- Where custody of the 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 is any legal documentation (i.e.: custody order, barring order etc..) we would ask you to provide us with a copy to keep on file.

MEDICAL DETAILS			
Doctors Name	_____	Telephone	_____
Doctors Address	_____	Medical History – Please outline	_____
Permission to contact Creche doctor in case of illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Needs – Please outline	_____
Does your child have allergies **	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____

\*\* If Yes, please complete following form



### ALLERGIES

What is the child allergic to	<hr/> <hr/> <hr/>	What is the nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.	<hr/> <hr/> <hr/>
What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).	<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>
Is Medication is used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control measures – such as how the child can be prevented from contact with the allergen.	<hr/> <hr/> <hr/>
Other Comments	<hr/> <hr/> <hr/>		

### IMMUNISATIONS

6 IN 1 (ALL)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Pneumococcal Conjugate Vaccine PCV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Meningococcal C (men C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Mumps / Measles / Rubella (MMR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Tuberculosis (B.C.G)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Haemophilus Influenzae B (HiB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Oral Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/
Meningitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	/	/

Copy of Vaccination record received  Yes  No

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

Parents Signature

Date / /

I confirm that my child has been immunised on the dates above – but cannot access details of dates

Parents Signature

Date / /

Does your child have any additional special needs

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#### HEALTH INSURANCE

If insured, who with \_\_\_\_\_ Policy Number \_\_\_\_\_

#### PRESCRIBED MEDICATION

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name dosage, date and expiry date

#### 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. A member of staff will go with the child in the ambulance to the hospital and wait until the parents arrive.

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

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

#### AGREEMENT FOR ANTI-FEBRILE TREATMENT

The service will only administer 'Calpol' (paracetamol) or 'Nurofen' (Ibuprofen) if a child becomes unwell and has a high temperature of >38 degrees Celsius. If a child has a high temperature, the parent will be contacted before staff administer the temperature reducing medicine and they will be asked to pick up her or her child.

Is your child allergic to anti-febrile medication?  Yes  No

I hereby give consent to (name of child) \_\_\_\_\_ receiving anti-febrile medical treatment

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

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



## PARENT CONSENT FORM

I HEREBY GIVE CONSENT FOR MY CHILD TO

GO ON LOCAL OUTINGS	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE THEIR PHOTO TAKEN (BY TABLET, CAMERA, PHONE)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
BE RECORDED ON VIDEO	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE THEIR PHOTO UPLOADED TO SOCIAL MEDIA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE THEIR PHOTO UPLOADED TO OUR WEBSITE (IF APPLIC)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
BE OBSERVED BY OUR PROFESSIONAL STAFF AND DEVELOPMENT CHECKS	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
EAT BIRTHDAY TREATS SENT IN FROM OTHER PARENTS	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

\*\* you may be asked to sign for other specific relevant permissions from time to time

Parents / Guardians Signature

Date

\_\_\_\_\_ / /

## SUN POLICY

We ask parents / guardians to leave a sunny day bag with sun hats, sunglasses 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 protection from the sun such as sunglasses, sun hats etc.. The service will also encourage children to cover very exposed areas of the skin.

\*\* We ask parents / 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

Where possible, staff and children avoid going outside to play in hot weather between 1100hrs and 1500hrs

Do you give permission for sun cream to be applied to your child  Yes  No

Parents / Guardians Signature

Date

\_\_\_\_\_ / /



**ALL ABOUT ME**

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

	Names	Relationship
Does your child have brother and or sisters	_____	_____
	_____	_____

	Names	Relationship
What are the names of other family members or significant people who are close tot the child	_____	_____
	_____	_____

	Names	Type of Pet
Do you have any pets	_____	_____
	_____	_____

What languages are spoken at home \_\_\_\_\_

What is your child's favourite food? \_\_\_\_\_

Does your child have any previous experience of early childhood services \_\_\_\_\_

Does your child have any particular interests, toys and/or hobbies at the moment \_\_\_\_\_

What other things or subjects does your child show interest in \_\_\_\_\_

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

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

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

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

Is there any other information you would like us to know \_\_\_\_\_

Religion \_\_\_\_\_

Any other information you would like us to know \_\_\_\_\_

