|  |
| --- |
| **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 (IF GUARDIANS UNAVAILABLE) |
| Contact Name |  | Mobile Telephone |  |
| Address |  | Home Telephone |  |
|  |  | Work Telephone |  |
| Who does the child reside with? |  |
| Separated or Divorced ParentsMarried 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 grated 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.
 |

**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 arevetted 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 serviceis 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.

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

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| MEDICAL DETAILS |
| Family Doctors Name |  | Telephone |  |
| Doctors Address |  | Medical History – Please outline \* |  |
|  |  |  |
|  |  |  |
| Permission to contact Creche doctor in case of illness | ⃣ Yes |   |  |
| ⃣ No | Additional Needs – Please outline |  |
| Does your child have allergies \*\* | ⃣ Yes |  |
| ⃣ No |  |
| \*\* If Yes, please complete following form | \* Please note that Care Plans may be required |

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| **ALLERGIES** |
| 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? | ⃣ Yes |  Control measures – such as how the child can be prevented from contact with the allergen. |  |
| ⃣ No |  |
|  |  |  |
|  |  |  |  |
| Other Comments |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| **IMMUNISATIONS** |
| 6 IN 1 (ALL) | ⃣ Yes ⃣ No | Date  | / / |
| Pneumococcal Conjugate Vaccine PCV | ⃣ Yes ⃣ No | Date  | / / |
| Meningococcal C (men C) | ⃣ Yes ⃣ No | Date  | / / |
| Mumps / Measles / Rubella (MMR) | ⃣ Yes ⃣ No | Date  | / / |
| Tuberculosis (B.C.G) | ⃣ Yes ⃣ No | Date  | / / |
| Haemophilus Influenzae B (HiB) | ⃣ Yes ⃣ No | Date  | / / |
| Oral Polio | ⃣ Yes ⃣ No | Date  | / / |
| Meningitis C | ⃣ Yes ⃣ No | Date  | / / |

|  |  |
| --- | --- |
| Copy of Vaccination record received | ⃣ Yes ⃣ No |

|  |  |
| --- | --- |
| I confirm that my child has been immunised on the dates above  | I confirm that my child has been immunised on the dates above – but cannot access details of dates  |
| Parents Signature |  | Parents Signature  |  |
| Date | / / | Date | / / |

**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 >37.5 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 his 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PARENT CONSENT FORM** |
| I HEREBY GIVE CONSENT FOR MY CHILD TO (RECEIVE OR PARTICIPATE IN) |
| EMERGENCY MEDICAL CARE – HOSPITAL (IF GUARDIAN AND EMERGENCY UNCONTACTABLE) | ⃣ Yes ⃣ No |
| EMERGENCY MEDICAL TREATMENT – DOCTOR ON CALL | ⃣ Yes ⃣ No |
| APPROPRIATE FIRST AID IN THE CASE OF EMERGENCY | ⃣ Yes ⃣ No |
| TRIPS / OUTINGS AND WALKS | ⃣ Yes ⃣ No |
| CHANGE OF CLOTHES PERMISSION | ⃣ Yes ⃣ No |
| PHOTO AND VIDEO PERMISSION  | ⃣ Yes ⃣ No |
| CHILD OBSERVATION | ⃣ Yes ⃣ No |
| SUPERVISED ACCESS TO ANIMALS AND/OR INSECTS | ⃣ Yes ⃣ No |
| APPROPRIATE INTERNET ACCESS | ⃣ Yes ⃣ No |
| BIRTHDAY AND FESTIVE TREATS | ⃣ Yes ⃣ No |
| \*\* you may be asked to sign for other specific relevant permissions from time to time |
|  |  |
| Parents / Guardians Signature |   |
| Date | / /  |

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| 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 outdoorsWhere 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 | / /  |

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| **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. |
| Does your child have brother and or sisters  | Names | Relationship |
|  |  |
|  |  |
|  |  |
| What are the names of other family members or significant people who are close to the child  | Names | Relationship |
|  |  |
|  |  |
|  |  |
| Do you have any pets | Names | Type of Pet |
|  |  |
|  |  |
| 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 |  |  |

**Financial Agreements**

1. Upon enrolment a Booking deposit is required - **€400.00** (€200 refundable upon successful enrolment to ECCE system) and an enrolment fee of **€50.00** (non-refundable). Deposits are deducted from final week/month of care with Tir Na nÓg provided 1 months’ notice has been given in writing and should you decide not to take your place with us, your deposit will be returned again provided one months’ notice has been given. Failure to give the required notice will result in loss of Deposit.

2. Payment of Fees must be made 1 month in advance of care – On the 1st Monday of each calendar month for the preceding month. Fees are based on a 52-week year. No reduction of fees can be made if a child is absent for any reason, other than long term illnesses, a long-term illness is a period of more than 1 month whereby the child cannot attend the After-School. A doctor’s certificate is required and a retainer fee will apply in this instance. An additional Fee will be imposed for any late collection of your child, please see late fee policy in Parents Handbook.

3. Arrears in payment of fees may result in termination of your child’s place.

4. All Standing orders must be set up by parents. Parents are responsible for ensuring prompt payments. To ensure that all payments are assigned correctly please ensure that your child’s name or family surname is clearly marked on your banking transaction.

5. Extra Sessions where required are invoiced accordingly and same payment policy applies.

**Health & Safety**

1. For health & Safety and Insurance purposes, parents or a nominated person must bring their child directly onto premises and collect them from premises. For reasons of safety and security children must not be dropped in or collected by other children.

2. The management take no responsibility for loss or damage to children’s property or belongings. Toys should not be brought into Tir Na nÓg that have sentimental value and all other toys that children may wish to bring in Tir Na nÓg should be very clearly marked with your child’s name.

**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 in the areas with \* and signed by the service witness or designated person in charge.

|  |
| --- |
| **BOOKING INFORMATION** |
| Start Date | / / | Leaving Date | / / |
| **CARE PROVIDED** |
|  ⃣ Full |  ⃣ Part |  ⃣ Sessional |  ⃣ ECCE |
| DAYS PER WEEK | \_\_\_\_\_ HOURS | HOURS PER WEEK | \_\_\_\_\_ DAYS |

**Data Privacy - Consent for Collection and Usage of your personal data**

Please ensure that all parents or guardians whose information has been supplied in this form read and complete the following.

I have read the Service’s Privacy Notice, and I understand the reasons for requesting the personal information sought about myself and my child in this Registration form.

I consent to the collection and processing of the data given, for these purposes, by TNN Creches Ltd

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

I understand all the above information and I can receive a copy of these forms upon request.

Parents signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager / Designated Person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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