



Ballinderreen Community Childcare and Education

Final Enrolment Form

Attending Child Information:

Name of child:	Date of Birth:
Address:	
Names of Other Children Attending the service:	

Parental/Guardian Information:

Parent /Guardian name:	
Relationship to child:	
Address:	
Tel Home:	Tel Work:
Tel Mobile:	Email Address:

Parent /Guardian name:	
Relationship to child:	
Address:	
Tel Home:	Tel Work:
Tel Mobile:	Email Address:





Final Enrolment Form (cont'd)

Emergency Contact Information:

Who may be contacted in an emergency if parents are not available?		
Address:		
Tel Home:	Tel Work:	Tel Mobile:

Name of Family Doctor
Address:
Tel:
Medical history (Please outline any illnesses your child may have) NOTE Medical Care Plans maybe required

Does your child have any allergies?		Yes	No	(If Yes, Please Fill In the Form Below)
1.	What is the child allergic to?			
2.	What is the nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.			
3.	What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).			
4.	Is Medication is used?			
5.	Control measures – such as how the child can be prevented from contact with the allergen.			
6.	Other Comments			





Final Enrolment Form (cont'd)

To be filed in the child's records and displayed where staff can see it.

Do you have private health insurance?	Yes No
If yes, Who are you insured with	
What is the policy number of the insurance	

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





Final Enrolment Form (cont'd)

AGREEMENT FOR ANTI FEBRILE MEDICATION

The service will only administer 'Calpol' (paracetamol) **Nurofen is not permitted in this service** if a child becomes unwell, and has high temperature of over 38°C. If a child has a high temperature the parent will be contacted before staff administers the temperature reducing medication and they will be asked pick up his/her 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) _____
receiving anti-febrile medication.

* Signed	Date
Witnessed:	Date

IMMUNISATIONS	Yes	No	Date
6 in 1 (All)			
Pneumococcal Conjugate Vaccine(PCV)			
Meningococcal C (Men C)			
Mumps / Measles / Rubella(MMR)			
Tuberculosis (B.C.G.)			
Haemophilus Influenzae B (HIB)			
Oral Polio			
Meningitis C			
Parents must supply a copy of all vaccinations the child has received			
Copy of vaccination record attached?	Yes	No	

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





Final Enrolment Form (cont'd)

Does your child have any additional special needs or are they undergoing any assessment or additional care? *Note: You may be required to complete separate care plans in respect of your child relating to their additional/special need.*

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. Where possible, staff and children will avoid going outside to play in hot weather between the hours of 11am and 3pm.

I give permission for sun-cream to be applied to my child _____ from the labeled sun cream supplied. The sun cream will 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
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I give permission for my child		Yes	No
1.	To go on local outings		
2.	To have their photo taken (by tablet, camera, phone)		
3.	To be recorded on video		
4.	To be observed by our professional staff and developmental checks to be carried out		
5.	To eat birthday treats sent in from other parents (if applicable)		
You may be asked to sign other specific permission relevant to the service.			





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 (name of service) my child **cannot** be collected by any other person.

Name:	
Relationship to child:	
Address:	
Tel Home:	Tel Work:
Tel Mobile:	Email Address:

Name:	
Relationship to child:	
Address:	
Tel Home:	Tel Work:
Tel Mobile:	Email Address:





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 also it helps settle a child into the service if we know things about them.

Does your child have any brothers or sisters?

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

Do you have any pets?

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?

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





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

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?

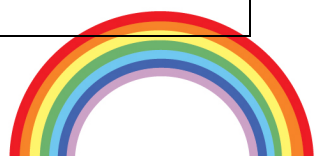
Do you have any concerns or worries about your child's development?

Is there any other information you would like us to know

Religion

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Food: special diet, restricted foods





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 witnessed by the service manager or designated person in charge.

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

Parent's signature
Manager/designated person's signature:
Date

Please ensure the following are attached prior to your child commencing.

- 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

Other comments

Transforming Ireland

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