



## CHILD REGISTRATION FORM

### 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 2016 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! Please read our enrolment policy before completing this form*

#### BOOKING INFORMATION

NUMBER OF FULL DAYS PER WEEK \_\_\_\_\_

PREFERRED DAYS/DATES \_\_\_\_\_

DROP OFF AND COLLECTION TIME: \_\_\_\_\_

NUMBER OF HALF DAYS PER WEEK \_\_\_\_\_

PREFERRED HALF DAYS (AM/PM AND WHICH DAYS) \_\_\_\_\_

DROP OFF AND COLLECTION TIME: \_\_\_\_\_

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

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

Class in school \_\_\_\_\_

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

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

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

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

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

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

Email: \_\_\_\_\_

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

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: \_\_\_\_\_

I confirm that the above persons have been informed by me that their details have been shared with the service

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

Please give details of any health conditions (e.g. asthma, eyesight, hearing, allergies etc.) which may affect your child at the SAC.

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Please give details of any additional needs your child may have, either diagnosed or undiagnosed (e.g. any particular conditions that may impact on your child's ability to take part in SAC activities such as physical disability, sensory processing disorder, autism spectrum disorder etc

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Please detail any supports your child receives in or out of school (eg SNA, speech therapy, support from a children's disability network team

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**Family doctor**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Medical history/treatment (Please outline any illnesses your child may have not covered by the above and tell us if your child needs medicine administered regularly etc.)

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**NOTE Medical Care Plans may be required**

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 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

### PRESCRIBED MEDICATION

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name, dosage, route of administration, date and expiry date. We can only accept medicine that has the original pharmacy label and is written in the English language.

### AGREEMENT FOR MEDICAL TREATMENT

I hereby give consent to my child (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: \_\_\_\_\_

### AGREEMENT FOR ANTI FEBRILE MEDICATION

The service will only administer 'Calpol' (paracetamol) or Nurofen (Ibuprofen) if a child becomes unwell and has high temperature of 38°C or over. 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: \_\_\_\_\_

### 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 [ ]	
To have their photo uploaded to our website (if applicable)	Yes [ ]	No [ ]	
To eat birthday treats sent in from other parents (if applicable)	Yes [ ]	No [ ]	
To access the internet under supervision	Yes [ ]	No [ ]	
To display photographs within the setting (including group photographs)	Yes [ ]	No [ ]	

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

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

## 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. Our staff are mandated to report any concerns

All staff in the service are vetted through the Garda vetting unit. 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: \_\_\_\_\_

**I confirm that the above persons have been informed by me that their details have been shared with the service**

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

### 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 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 is any legal documents i.e. custody order, barring order we would ask you to provide us with a copy to keep on file.

### Please ensure the following are attached

Photo of child, parent/guardian and other collectors

### And if applicable

Medical Emergencies Care Plan

Other Care Plans

Dr/Consultant Notes

**ALL ABOUT ME (THIS IS OPTIONAL)**

We believe it is important to know as much as we can about a child before they start our service. Completion of the following section of this registration form is optional for parents and guardians, but we believe it helps us to get to know the child and 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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Does your child have any particular 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?

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How do you comfort your child when he/she is upset?

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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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Food: special diet, restricted foods

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**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 Louisburgh Childcare

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

Parent or Guardian's signature (1)

\_\_\_\_\_

Parent or Guardian's signature (2)

\_\_\_\_\_

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

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