



KICKSTART PRESCHOOL

Registration Form

Name of child: _____ Nationality _____

Date of Birth: _____

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?

Address: _____ (Tel) Home: _____

_____ Work: _____

_____ Mobile: _____

Family doctor



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Name: _____

Address: _____

Contact number: _____

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

Additional Needs (Please outline if your child has any additional needs and any special care and attention needed)

NOTE Medical Care Plans maybe required

Additional Needs (Please outline any additional needs your child may have) and any special care and attention required:

Does your child have any allergies? Yes ___ No ___

If Yes, Please Fill In the Form Below

What is the child allergic to?
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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 displayed where staff can see it.

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

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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 MEDICATION

The service will only administer 'Calpol' (paracetamol) or Nurofen (Ibuprofen) 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

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_____

We ask Parents to supply copy of all vaccinations the child has received

Copy of vaccination record attached? Yes [] No []

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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 special needs? *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 _____

I give permission for my child

To go on local outings	Yes []	No []
To have their photo taken (by tablet, camera, phone)	Yes []	No []

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To be recorded on video Yes [] No []

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 be observed by our professional staff and developmental checks to be carried out
Yes [] No []

To eat birthday treats sent in from other parents (if applicable) Yes [] No []

To access the internet under supervision Yes [] No []

You may be asked to sign for 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 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 _____

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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.

- 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.

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?

Does your child have any fears/dislikes?

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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?

What is your child's favourite food?

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?

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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?

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 _____

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.



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PARENTAL CONSENT FORM

I,confirm that..... is below the age of 16 years old and I am hereby consenting on his/her behalf that Kickstart Preschool can process personal data and the sensitive personal data relating her personal information.

In case of emergency on your registration form we have requested contact details, including emergency details and details of your doctor so that we can have them at hand in cases of emergency, in addition to this we have enquired as to whether your child has any allergies. We would appreciate if you could keep us up to date in this matter.

We have also requested details of emergency contact details in relation to collection, in the event that we cannot get hold of you. These details will not be shared with any third party and are solely used in the case of emergency.

We will also take photographs to share with you and for observation and developmental purposes. From time to time we will display photographs on the wall with your consent. We will also use photographs to share on our education App DOJO, to update you on daily progress. These photos will be uploaded directly to the app and will not be held on any personal cameras, or phones. It will be general class information which will be shared on the class page, any information in relation to development of your child will be shared only with you on your private page on DOJO.

Once a year we may request your child's PPS Number, this is a requirement to enrol on the ECCE and the CCS scheme. When this information is obtained it will be uploaded to Pobal and destroyed from any method we have of storing it, as we do not keep any details like this on file.

This record of consent will be saved in your child's file and retained for a period of two years after your child has left our service as per Tusla Regulations.

If you have any queries in relation to this matter please feel free to talk to Wynette or please feel free to find more details in our Kickstart Policies which are always available for you to read.

I am aware that I may withdraw the consent of at any time by using the "PARENTAL CONSENT WITHDRAWAL FORM."

Signed by Parent/Representative/Legal Guardian,

Signature:

Date:



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