

**REGISTRATION FORM** *(Please fill in Completely with Block Letters)*

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Eircode: \_\_\_\_\_

Parent /Guardian name \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

Parent /Guardian name \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Who may be contacted in an emergency if parents are not available?

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

\_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

**Family doctor (Must be filled in case of an emergency)**

Name \_\_\_\_\_

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

\_\_\_\_\_

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

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

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**NOTE Medical Care Plans maybe required**

Does your child have any allergies? Yes \_\_\_ No \_\_\_

**If Yes, Please Fill In 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).
Medication used?
Control measures – such as how the child can be prevented from contact with the allergen.

Other Comments on allergy:

**HEALTH INSURANCE (This is in case of a medical emergency)**

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: \_\_\_\_\_

**AGREEMENT FOR ANTIFEBRILE MEDICATION**

The school will only administer 'Calpol' (paracetamol) or Nurofen (Ibuprofen) if a child becomes unwell, and has a 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 to pick up his/her child.

**Please circle your answer below and sign the following two lines.**

My child **does/ does not** have an allergy to antifebrile medication.

I hereby give consent/ do not give consent to (name of child) \_\_\_\_\_  
receiving antifebrile medication.

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

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

### **IMMUNISATIONS**

**Please we required a copy of your child's vaccination record to attend the school.**

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

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

If No Why Not: \_\_\_\_\_

\_\_\_\_\_

I confirm that my child has been immunised on dates on dates of my child's immunisation record attached.

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

Does your child have any additional needs? *Note: You may be required to complete separate care plans in respect of your child relating to their additional need.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child attending an Early Intervention team assessment or support? If so what supports are being accessed by your child?

\_\_\_\_\_

\_\_\_\_\_

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

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**I give permission for my child (A signature is necessary on each request for permission)**

To go on local outings Yes [ ] No [ ] Signature\_\_\_\_\_

To have their photo taken (by school camera) Yes [ ]No [ ] Signature\_\_\_\_\_

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

To eat birthday treats sent in from other parents Yes [ ]No [ ] Signature\_\_\_\_\_

To access the internet under supervision Yes [ ] No [ ] Signature\_\_\_\_\_

You may be asked to sign for other specific permission relevant to the school during the school year.

### **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 school 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 school 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 (please note photo Id will be requested when collecting any child from the school other than the child's own parents)**

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): \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ (Tel): \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ (Tel) \_\_\_\_\_

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 school. We believe it helps us to get to know the child, and also it helps settle a child into the school if we know things about them.

Does your child have any brothers or sisters? What are the names of other significant people close to your child?

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Do you have any pets? \_\_\_\_\_

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

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?

\_\_\_\_\_

\_\_\_\_\_

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 or songs?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Is there any other relevant information you would like us to know?

\_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

Any special dietary requirements or restricted foods that are relevant to the school?

\_\_\_\_\_

**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 designated person in charge. I understand all the above information, and I can receive a copy of these forms upon request**

**Please ensure the following are attached (please tick below )**

Copy of immunisation record/ €150 Deposit to secure place.

**And if applicable**

Medical Emergencies Care Plan/ Other Care Plans.

I have received and read the parents handbook & I agree to abide by the conditions within.

Parent's signature:

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

Manager/designated person's signature:

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

***We would like to thank you for choosing us for your child's early education and we assure you of our best attention at all times.***



**BOOKING INFORMATION (For School Use only)**

START DATE \_\_\_\_\_

LEAVING DATE \_\_\_\_\_

PLACE TYPE: Morning Class [ ]                      Afternoon Class [ ]

Entitled to ECCE scheme start date of scheme: \_\_\_\_\_

Any special requests: \_\_\_\_\_

Deposit of €150 included [ ] Date Received: \_\_\_\_\_

**(please note place is only secured on receipt of this deposit) Please note that this deposit is nonrefundable/transferable if place is not availed of. This deposit is returned upon registration of your child in the ECCE scheme with Park Montessori School.**

Date of deposit returned upon enrolment of the ECCE scheme: \_\_\_\_\_

Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_