

EIVERS LANE CHILDCARE CENTRE
Mohill, Co. Leitrim

Tel: 071 96 32936

E-mail: eiverslane@gmail.com

September 2017

REGISTRATION FORM

1. Name of Child: _____ 2. Date of Birth: _____

3. Home Address: _____

4. Mothers Name: _____ 5. Fathers Name: _____

Home Tel No: _____

Home Tel No: _____

Mobile Tel No: _____

Mobile Tel No: _____

Work Tel No: _____

Work Tel No: _____

Email Address: _____

Please note a copy of the service policies and procedures will be emailed to this address

6. If parents are not available/contactable in an emergency, please name two other adults the centre can contact:

NAME	ADDRESS	TELEPHONE NUMBERS	RELATIONSHIP TO THE CHILD

7. Name any other person/s that may collect your child/children other than the parent/guardian during the week:

I authorise _____ and /or _____
to collect my child/children from Eivers Lane Childcare Centre in my absence.

8. Type of Booking Required:

TYPE OF CARE	DAYS PER WEEK	HOURS PER DAY
FULL DAY CARE		
PART TIME CARE		
PLAY SCHOOL/PRE-SCHOOL		
AFTER SCHOOL - PART TIME		
AFTER SCHOOL - SESSIONAL		

9. Does your child have any of the following? (Please state yes or no)

If YES	Please give full details and special help your child may need
Allergies	
Medical Conditions	
Feeding Difficulties	
Special Dietary Needs	
Disability / Special Needs	

10. Any other Relevant Details:

Are there any details you wish us to know regarding your child's/children's health, likes, dislikes and habits:

Signed: _____

Relationship to Child: _____

Date: _____

IMMUNISATIONS

PLEASE NOTE:

IF YOUR CHILD HAS NOT BEEN VACCINATED YOU WILL NEED TO SIGN A DISCLAIMER FORM

AGE TO VACCINATE	TYPE OF VACCINATION 5 IN ONE	DATE GIVEN	TYPE OF VACCINATION 6 IN ONE	IF NOT GIVEN STATE REASON
BIRTH	BCG tuberculosis vaccine (given in maternity hospital or a HSE Clinic)		BCG tuberculosis vaccine (given in maternity hospital or a HSE Clinic)	
2 MONTHS	<u>5-in-One</u> Diphtheria, Tetanus Whooping Cough, HIB Inactivated Polio Meningococcal C		<u>6-in-One</u> Diphtheria, Tetanus Whooping Cough, HIB (Haemophilus Influenzae B) Polio (Inactivated Poliomyelitis) Hepatitis B PCV (Pneumococcal Conjugate Vaccine)	
4 MONTHS	<u>5-in-One</u> Diphtheria, Tetanus Whooping Cough, HIB Inactivated Polio Meningococcal C		<u>6-in-One</u> Diphtheria, Tetanus Whooping Cough, HIB (Haemophilus Influenzae B) Polio (Inactivated Poliomyelitis) Hepatitis B PCV (Pneumococcal Conjugate Vaccine) Men C (Meningococcal C)	
6 MONTHS	<u>5-in-One</u> Diphtheria, Tetanus Whooping Cough, HIB Inactivated Polio Meningococcal C		<u>6-in-One</u> Diphtheria, Tetanus Whooping Cough, HIB (Haemophilus Influenza B) Polio (Inactivated Poliomyelitis) Hepatitis B PCV (Pneumococcal Conjugate Vaccine) Men C (Meningococcal C)	
12-15 MTHS	MMR Measles, Mumps, Rubella		MMR Measles, Mumps, Rubella PCV (Pneumococcal Conjugate Vaccine)	
12-15 MTHS	HIB		HIB (Haemophilus Influenzae B) Men C (Meningococcal C)	
4-5 YEARS	<u>4-in-One</u> Diphtheria, Tetanus Whooping Cough, Inactivated Polio, MMR		<u>4-in-One</u> Diphtheria, Tetanus Whooping Cough, Polio (Inactivated Poliomyelitis), MMR - Measles, Mumps, Rubella	

VACCATION DISCLAIMER

I/We _____ hereby confirm that my child _____
has not been vaccinated as per the registration form.

I/We also confirm that I/we will not hold Eivers Lane Childcare Centre, its staff, committee or children responsible for any illness my child should receive as a result of not being vaccinated.

Signed: _____ Date: _____

FAMILY PRACTITIONER DETAILS

Doctor's Name: _____

Address: _____

Telephone: _____ (Surgery) _____ (Mobile)

ACCIDENT AND / OR EMERGENCY CONSENT FORM

I/We _____ parent/guardian of _____ (child's name) give permission to the Management and Staff of **Eivers Lane Childcare Centre** to take my child to the doctor if we are not contactable on the numbers provided in case of emergency/accident. Any decision to administer medical treatment will be taken by the doctor on call. Ongoing attempts to contact parents on numbers provided will be carried out in order to make sure you are informed as soon as possible.

Signed: _____ Parent/Guardian

Signed: _____ Childcare/Preschool Service Manager

Date: _____

MEDICATION CONSENT FORM

If at any time during your child's day they become unwell we will contact you immediately and if your child requires medication we will require your permission prior to administrating medication as advised by you.

I/We _____ parent/guardian of _____ (child's name) give permission to the Management and Staff of **Eivers Lane Childcare Centre** to act on my behalf in administrating medication as advised by me/us as necessary.

I/We agree that my/our child will not attend the service if they have been ill overnight and/or suffer from heavy colds, coughs and infectious diseases as stipulated in the **Eivers Lane Childcare Centre Policies and Procedures** document.

Signed: _____ Parent/Guardian

Signed: _____ Childcare/Preschool Service Manager

Date: _____

PERMISSION TO CHANGE CLOTHES & SHOWER CHILD

I/We hereby give permission for _____ (child's name) to be showered and clothes to be changed and any necessary hygiene procedures to be carried out should the need arise.

Signed: _____ Parent/Guardian

Signed: _____ Childcare/Preschool Service Manager

Date: _____

**PERMISSION TO BE PHOTOGRAPHED OR VIDEO RECORDED
WHILE IN THE CARE OF THE CHILDCARE SERVICE STAFF**

I / We hereby give permission for _____ (child's name) to be photographed or video recorded, under the supervision of the Childcare / Pre-school Service Manager. Photographs may be used for displays, in publications and promotional material for the childcare service. Videos may be used by staff for observation/planning purposes, staff training and for open days.

Staff may also keep written records of observations for planning purposes.

Signed: _____ Parent/Guardian

Signed: _____ Childcare/Preschool Service Manager

Date: _____

PERMISSION TO TAKE YOUR CHILD FOR LOCAL WALKS

I / We hereby give permission for _____ (child's name) to go for walks in the locality. From time to time children attending Eivers Lane Childcare Centre may go on local walks e.g. to library, playground, nature walk, astro turf, football park, fire station, etc. These walks will be in line with HSE staff ratios and also weather permitting.

Signed: _____ Parent/Guardian

Signed: _____ Childcare/Preschool Service Manager

Date: _____

*****THIS FORM MUST BE FULLY COMPLETED AND SIGNED BY THE
PARENT/GUARDIAN AND WITNESSED BY THE MANAGER/LEADER PRIOR
TO START DATE**