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## REGISTRATION FORM

Service Type

Name of Child:  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

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?

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 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 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 37.5°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.

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 <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Pneumococcal Conjugate Vaccine (PCV)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Meningococcal C (Men C)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Mumps / Measles / Rubella (MMR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Tuberculosis (B.C.G.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Haemophilus Influenzae B (HIB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Oral Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>
Meningitis C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input type="text"/>

**We ask Parents to supply 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 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 <input type="checkbox"/>	No <input type="checkbox"/>
To have their photo taken (by tablet, camera, phone)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To be recorded on video	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To have their photo uploaded to Facebook or other social media (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To have their photo uploaded to our website (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To be observed by our professional staff and developmental checks to be carried out	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To eat birthday treats sent in from other parents (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To access the internet under supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:	<input type="text"/>	Relationship to child:	<input type="text"/>
Address:	<input type="text"/>	Tel Home:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>		
2. Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
Address:	<input type="text"/>	Tel Home:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>		
3. Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
Address:	<input type="text"/>	Tel Home:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>		

## 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?

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?

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.

Parent's signature:  Date:

Manager/designated person's signature:  Date:

Please ensure the following are attached:

- Copy of immunisation record
- Photo of child, parent/guardian and other collectors

And if applicable

- Medical Emergencies Care Plan
- Other Care Plans
- Doctor/Consultant Notes

#### BOOKING INFORMATION

Start Date:  Leaving Date:

Place Type: Part Time Care ☐ Full Day Care ☐ After School ☐ Sessional ☐ Ecce ☐ Other ☐

Funding Scheme if applicable:

Number of Days per Week:  Hours Per Week:

Deposit:  Deposit Return Date:

Compliance and Booking Forms completed and returned: ☐ Receipt Issued:

Other Comments:

**BOOKING INFORMATION:** SUMMER SCHOOL ☐ MID-TERM CAMP ☐ CREATIVE CLASSES ☐

Start Date:  End Date:  Session Time:

Fee:  Deposit:  Balance:  Receipt Issued: ☐

Comments: