

Child Registration Record Procedure
St Michaels Little Scholars Childcare Policy 001

Childs Record

Principles

It is the Registration Record form for all children attending St Michael's Little Scholars and it must be completed before any child can be accepted into the service.

Child's Full Name: _____

Date of Birth: _____ Sex: Male / Female: _____

Home Tel No: _____ Mobile No: _____

Religion: _____

Address: _____

Email Address: _____

Date Commencing: _____ Date Leaving: _____

Parent / Guardian:

Name: _____ Name: _____

Work Contact No: _____ Work Contact No: _____

Workplace Address: _____ Work Place Address: _____

Home Address if different from child: _____

Who does the child live with: _____

Nominated Emergency Contact person: _____

Are One or Both Parents nominated as emergency contact persons.? Please Circle

Yes

No

If no please Name eligible parent: _____

Other nominated emergency contact person/Persons:

Name: _____ Name: _____

Address: _____

Tel No: _____

People who can collect the child from the service:

Either parents: Yes No

If in the case only one parent can collect each child from the service, please state clearly

which parent: _____

People to collect child (other than the parent)

Name: _____ Name: _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

Please note only the person/s named will be permitted to collect the child. If only one or both parents are included as persons eligible to collect the child, this needs to be clearly stated.

Personal Details

Family Doctor: _____

Address: _____

_____ Tel No: _____

Does your child suffer from any medical conditions or additional needs?

If so please specify: _____

Does your child have any special Dietary Requirements?

Does your child suffer from any hearing and/or speech difficulties? If so please specify

Is your Child Allergic to face paint? Please circle

Yes No

Does your child suffer from all allergies? If so please specify

Does your child attend any professional therapy or treatment i.e. Speech, Physiotherapy

B.C.G	Diphtheria	Tetanus	Whooping Cough	Polio	HIB	MMR	Meningitis C

Please Circle:

Yes

No

If yes please include the name, address and contact number of the professional.

Name of close Siblings and/or close personal relationships in your child's Life:

Immunization Record: Please Tick and enter dates. Or ask a staff member to take a photocopy out if your child's medical book

Additional information that might help us to get to know your child better: Such as favourite toys, people..

Accident and/or Emergency Consent form

I/ We _____ Parent/

Guardian of _____ give my/our

Permission to the management of St Michael Little Scholars Community Childcare Ltd to act as my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child.

This decision is to be taking by the person in charge at the time of emergency.

Parent/Guardian signature: _____

Supervisor/ Co Ordinator: _____

Permission to administer Emergency Medication

I/We being the parent/ carer of _____ give permission to the staff of St Michael Little Scholars Community Childcare Ltd to administer Paracetamol to my child should he/she develop a high tempeture or illness during the day.

Parent/Guardian Signature: _____

Signature of Supervisor/ Staff Member: _____

Date: _____

The administration of paracetamol must be noted in the medicine book and the parents notified of dosage, time reason for medication. The staff member administering the medication and another member of staff who has checked the dosage, time etc must also sign this.

Permission to be photographed or video recorded while in the care of St Michaels Little Scholars Community Childcare Ltd Staff. (Photographs & Video will not be put on social Media Websites)these pictures will be used for Observations, Moving Forward Books,Aistear Board & displayed on Interactive whiteboard as a slide show for the children.

I/We hereby give permission for my/our child _____

To be photographed or video recorded, under the supervision of the co ordinator.

Signed: _____ (Parent)

Signed: _____ (Manager)

Date: _____

Permission for help with personal care/ toileting while in the care of the St Michaels Little Scholars Community Childcare Ltd Staff.

I hereby give permission for my/our child _____

To be helped with toileting/ personal care while attending St Michaels Little Scholars.

Signed: _____ (Parent)

Signed: _____ (Manager)

Date: _____

Permission for outings:

I/We hereby give my/our permission for _____

Childs name to partake in walks and other outings outside St Michaels Little Scholars
Grounds, on the understanding that the adult / child ratio as recommended by the
insurance company will be adhered to at all times.

Signed: _____ (Parent)

Signed: _____ (Manager)

Date: _____

**School Age Childcare Service only
Permission for child (over 10 years of Age) to go home unaccompanied:**

I/We hereby give permission for _____

To walk home from the school age childcare service unaccompanied and I accept full responsibility for this and agree that the service has no responsibility or liability for my child in the event of accident or injury on leaving the premises.

Signed: _____ (parent)

Signed: _____ (Manager)

Date: _____

**APPENDIX I: DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT
VACCINATED**

NAME OF CHILD: _____

CHILD'S D.O.B: _____

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group childcare setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.

All information regarding your child remains confidential

Date:

Signed: _____

Parent/Guardian