

Ref No. _____

Exit date

____ / ____ / ____

Deposit paid €
Date

Deposit returned €
Date



Date of Application

Date of Admission

____ / ____ / ____

____ / ____ / ____

Child's Registration form

Child's Name _____ Female Male Date of Birth ____ / ____ / ____

Home Address _____

Parents First Language _____

Childs First Language _____

Does your child have siblings Yes No

Mother or Guardian 1

Name _____

Day address _____

Phone No 1: _____

Work / phone No 2: _____

Email: _____

Place of work _____

Father or Guardian 2

Name _____

Day address _____

Phone No 1: _____

Work / phone No 2: _____

Email: _____

Place of work _____

Admin 1

We would like to use your contact details namely, your address, email and your phone numbers to contact you regarding your child and their time here at Scamps & Scholars - Please ensure that you sign the consents required in the consents section. If you decide that you do not want to give your consent in particular phone contact we may have to review your child's place on the grounds of health & safety. You must be accessible on the phone numbers listed.

What is your relationship to the child?

What is your relationship to the child?

What is the relationship between the two parties detailed above:

Married Divorced Separated Widowed Cohabiting N/A

Are there any agreements, legal or otherwise that are in place that determine access to your child? Yes No

If you answer "yes" you must supply the centre with a copy of any agreement and keep the centre updated in writing of any changes to such an agreement

Please indicate the level of communication between both parties if estranged -

Excellent Good Fair Poor No communication

Parents / Guardians should make themselves familiar with **POLICY NO.5 PARENTS AS PARTNERS POLICY** which outlines in more detail how we will manage separated families.

Nominated Persons for contacting in an emergency



Name 1 _____ Phone No: _____

Name 2 _____ Phone No: _____

Who does the child live with? _____

Address (if different from above) _____

What is your child's nationality? _____ Your Childs religion? _____



**Nominated Persons (outside of parents / guardians) for collecting your child / children.
Any person not nominated on this form will not be permitted to collect your child.**

Nominated Person to collect your child 1

Name _____

Day address

Phone No: _____

Phone No: _____

Email: _____

Password (for security reasons)

Nominated Person to collect your child 2

Name _____

Day address

Phone No: _____

Phone No: _____

Email: _____

Password (for security reasons)

Nominated Person to collect your child 3

Name _____

Day address

Phone No: _____

Phone No: _____

Email: _____

Password (for security reasons)

Nominated Person to collect your child 4

Name _____

Day address

Phone No: _____

Phone No: _____

Email: _____

Password (for security reasons)

Nominated Person to collect your child 5

Name _____

Day address

Phone No: _____

Phone No: _____

Email: _____

Password (for security reasons)

Nominated Person to collect your child 6

Name _____

Day address

Phone No: _____

Phone No: _____

Email: _____

Password (for security reasons)



Medical 1

Family Doctor _____

Day address _____

Phone No 1: _____ Phone No 2: _____

Email: _____

We would like your permission to contact your child's doctor should the need arise in an emergency and by signing below you are consenting to same.



Parent/Guardian's Signature: _____

We would like your permission to transport your child to their doctor should the need arise in an emergency and by signing below you are consenting to same.



Parent/Guardian's Signature: _____



Medical 2

Has your Child had:

	Mumps	Chicken Pox	Convulsions	German Measles	Measles	Hand & Mouth	Conjunctivitis	Slapped Cheek	Impetigo	Scarlet Fever	Asthma	Other	Other	Other	Other
YES															
NO															

Please complete the immunisation quick reference table below. This will assist the staff for quick reference throughout the year.

Visit 1 2 months	Tick if yes	Visit 2 4 month	Tick if yes	Visit 3 6 months	Tick if yes	Vist 4 1 year	Tick if yes	Visit 5 13 month	Tick if yes
BCG		6 in 1		6 in 1		MMR		MEC	
6 in 1		Men C		PCV		PCV		Hib	
PCV				Men c					



A copy of your Child's immunisation record will be required



Medical 3

Has your Child had any serious illness or surgery? Yes No
if "yes" please give details: _____

Does your Child take ANY Medication including **inhalers**? Yes No
if "yes" please give details: _____

Has your Child any allergies? Yes No If yes please give full details below: _____

? Does your child use an ani-pen? Yes NO



? Does your child have any impairments? Yes NO If yes please give details

? Has your Child any dietary Yes NO



? If yes please give full details: _____

? Does your child use "Pet Language" for comfort toys or belongings?
Please give details



? Does your child have any fears or phobia's? Please detail blow

? Additional information that may help your child to integrate effectively?

Parental Consent/agreement Section



i Each of these consents relate to various policies / procedures. Please refer to these before signing below. It is the parents / guardians choice whether consent is given or not. You also have the right to withdraw consent at any time & which will be recored on this form. Please note that if consent is not given in relation to certain areas or activities, then your child's participation may have to be curtailed to reflect same. In spite of this, every effort will be made by Scamps & Scholars to ensure that all children are included in all aspects of the activity of Scamps & Scholars. Any apparent difficulties will be discussed with the parents / guardians.

i 1. First Aid / Emergency Medical Care

I understand that every effort will be made to contact the named guardian or other next-of-kin in the event of an emergency requiring medical attention. However, if none of these can be contacted I hereby authorise the Management & Staff of Scamps & Scholars to administer first aid and/or transport my child to the Doctors Surgery / House or to the appropriate hospital as deemed necessary to secure the necessary medical treatment for my Child. I further agree to discharge all costs associated with such action taken as detailed above.

 Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 2. Trip / Outing / Walk Permission


I authorise that my child may be taken on any outing from Scamps & Scholars that may be undertaken. These Trips/ Outings / Walks will be undertaken on the understanding that all adult / child ratios, as recommended by legislation and/or recommended by the insurance company will be complied with at all times.

 Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 3. Access to Animals & Insects

I give permission for my child to be in contact with or have supervised access to animals or pets.

 Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____



i 4. Photo & Video Permission

I give permission for my child's photograph or video to be taken and used in the context of my child's attendance at this centre. This will include the videoing/photographing of events such as a Christmas show, Graduation etc... Such videos and/or photos may be available to other relevant families who use our services and/or may be on display at the centre. Such material will not be posted by Scamps & Scholars on our website or on our Facebook page without separate permission from Parents/Guardians of the children involved. If permission is not given then your child may not be able to participate in certain events. Photographs & videos may incorporate children in groups and sharing of these photos may occur amongst participating families in your child's room



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 5. Press Release & Press Articles

I give permission for my child to be included in Press Releases & associated Press promotion & articles (including photos/video) issued or authorised by the Management of Scamps & Scholars. Individual names of children will not be used.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 6. Observations/Learning Journal

I give permission for my child to be observed while in the care of our staff and under the supervision of the facility manager and for observations to be recorded. We understand that all observations will remain confidential but that parents/guardians may access same with notice to the centre.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 7. Administration of Calpol & Nurofen for Children

I give permission for my child to be given Calpol and/or Nurofen or generic of same, in the recommended or prescribed dosage when deemed necessary by staff while in our care and under the supervision of the facility Manager. Should a child continue not to respond after administration of the fore-mentioned products the centre will revert to Parental consent No.1



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 8. Toilet Assistance

Our aim is to work in accordance with the Child Protection Guidelines. Our policy is to give toilet trained children privacy and independence when going to the toilet under supervision. It may be necessary on occasion, for staff to assist your child to the toilet or change your child if they have an accident or have recently been toilet trained. In the interest of the safety of your children and our staff we would like to ask for your agreement in this matter, by signing below.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 9. Sun Cream

We aim to ensure that outdoor play is provided to your child. I give my permission for the staff of Scamps & Scholars to apply sun-cream as required



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 10. Nappy Changing

To maintain the correct Adult : Child ratio in Scamps & Scholars, only one staff member will be in the toilet area / changing area when your child's nappy is being changed. I agree with this policy.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____



i 11. School Run

I give my/our permission for staff to facilitate & participate in the collection of our child / children from the local school(s) to attend the centre and or/after-school service.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 12. Misc Collection

I give my/our permission for staff to facilitate & participate in the collection of our child / children from external events such as camps etc. This may be facilitated by bus, private car (insured to carry children for this centre's purposes) or on foot depending on the nature of the event.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 13. Kids Talk TV

I give my permission / our permission for this centre to photograph and / or video my child for the purposes of "Kids Talk TV" with content posted on our facebook page and website.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 14. Contact & Communication

I give my permission for this centre to contact me by SMS, text message and to call you on the telephone numbers provided and to send you emails & utilise Facebook messenger (where appropriate) for all the purposes of: Administration of your child's account, school concerts/events to notify you of school closure (e.g. where there are adverse weather conditions) or any other issues relating to your child's participation at Scamps & Scholar, to communicate with you in relation to your child's social, emotional and educational progress and to contact you in the case of an emergency.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 15. Publicity & Promotion

I give my permission for this centre and third parties contracted by this centre to utilise my child's image and / or voice to be recorded by photo, video and vocal recording to allow this centre to promote its business and community objectives. Please note that this may entail your child's image(s) and content as detailed above appearing on online platforms including but not exclusively Facebook and our website.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 16. School transition form

For my child leaving preschool to attend school, I give my permission for this centre to complete a transition form with all relevant information regarding my child that would be applicable to their subsequent attendance at primary school and I give further permission for this information to be exchanged with the relevant primary school.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

i 17. Change of level of service

I agree to inform this centre of a requested reduction or increase of service via email (to info@scampsandscholars.ie or admin@scampsandscholars.ie) with the required minimum of 2 weeks notice.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

Parental Consent/agreement form - continued

18. National Childcare Scheme

I agree to inform this centre of any administrative CHICK numbers via email to ncs@scampsandscholars.ie or admin@scampsandscholars.ie with a minimum notice of one week.



Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

I further agree to make myself aware of all policies & procedures as operated in Scamps & Scholars and agree to adhere to same. I understand that these policies may change on occasion without further notice to me

Signed _____ / / _____ Date

Signed _____ / / _____ Date



Notes



Cessation Form

1

To be completed by the parent/guardian when a child is finishing in a service permanently or on a temporary basis.

Child's Name _____

Parent Name _____

Current Section _____

Signed Staff Member _____

Should such a place be available at the time I require it. I further acknowledge that I understand the ramifications of terminating my child's place and the impact that this may have on me attaining the required place in the future.

It is my wish for my child to return to the centre in (please insert intended date of return)

to take up a place in (please name section/service)

I the undersigned am voluntarily relinquishing my child's current place in the section denoted as and from the date adjacent

Signed _____

Date _____

2

Child's Name _____

Parent Name _____

Current Section _____

Signed Staff Member _____

I the undersigned am voluntarily relinquishing my child's current place in the section denoted as and from the date below

Signed _____

Date _____

My child will be returning to the centre in (please insert intended date of return)

to take up a place in (please name section/service)