

Mountbellew Childcare Centre Enrolment Form

Child's
Photo:

We are entering into an agreement in which Mountbellew Childcare Centre will provide daily care for your child on an ongoing basis. In order that our relationship focuses on your child and his/her well-being and development, it is best to clearly define the responsibilities of both parties at the beginning. As we work through this agreement we can discuss and agree each area so that both parties are satisfied with the agreement.

THIS FORM MUST BE COMPLETED IN FULL AND WHERE NOT APPLICABLE PLEASE PUT N/A
Please keep us up to date with any changes in the information provided

<i>Date of Enrolment</i>	<i>Returning Child Yes/No</i>	<i>Photo consent YES/NO</i>
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Child's Details		
Child's First Name(s):	Sex: Male	Female
Know as:		
Address: _____ _____		
Date of Birth:		
Date of Commencement :		Date ceased attending:

Transforming Ireland

The NCIP 2006-2010 is funded by the Irish Government under the National Development Plan 2007-2013

The EOCP 2000-2006 is funded by the Irish Government and part-financed by the European Union Structural Funds under the National Development Plan 2000-2006



Parent/Guardian/Caregiver Details Authorised to collect child.	
1. First Name: Current Photo:	2. First Name: Current Photo:
Surname:	Surname:
Address if different from child's ----- ----- -----	Address if different from child's ----- ----- -----
Employer:	Employer:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:
3. First Name: Current Photo:	4. First Name: Current Photo:
Surname:	Surname:
Address if different from child's ----- ----- -----	Address if different from child's ----- ----- -----
Employer:	Employer:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:
With whom is the child living? _____	
<p align="center">Emergency Contact</p> <p>Persons listed must be known to your child, be available to answer their phones and in a position to collect your child from the Crèche in an emergency. These people must also be notified by you that they are a contact person</p>	
5. First Name: Current Photo:	6. First Name: Current Photo:

Surname:	Surname:
Address if different from child's _____ _____ _____	Address if different from child's _____ _____ _____
Relationship to the child:	Relationship to the child:
Employer:	Employer:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:

<p align="center">Medical Information/Special Needs</p> <p>Your child can be asked to remain out of the service for a period of time if he/she has come in contact with an infectious disease i.e. chicken pox/head lice etc. <i>If your child is unwell they should be at home!</i> If your child has vomiting or diarrhoea they may not attend the crèche until they are 24 hours clear. If your child presents with a rash they may not return to the service without a note from their doctor stating that they are not infectious.</p>																																							
<p>Family Doctor : Name _____ Telephone Number : _____</p> <p>Address: _____</p>																																							
<p>Is your child immunised Yes _____ No _____</p> <p>Immunisation Record (Please tick and enter date)</p> <p>Vaccination Schedule for children born before July 1st 2008</p> <table border="1"> <tr> <td>B.C.G</td> <td>5 in 1 + Men C</td> <td>5 in 1 + Men C</td> <td>5 in 1 + Men C</td> <td>MMR + Hib</td> <td>4 in 1 + MMR</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Vaccination Schedule for children born on or after 1st July 2008</p> <table border="1"> <tr> <td>B.C.G.(TB)</td> <td>6 in 1 + PCV</td> <td>6 in 1 + Men C</td> <td>6 in 1 + Men C + Pvc</td> <td>MMR + PCV</td> <td>MEN C + Hib</td> <td>4 in 1 + MMR</td> <td>Td</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								B.C.G	5 in 1 + Men C	5 in 1 + Men C	5 in 1 + Men C	MMR + Hib	4 in 1 + MMR											B.C.G.(TB)	6 in 1 + PCV	6 in 1 + Men C	6 in 1 + Men C + Pvc	MMR + PCV	MEN C + Hib	4 in 1 + MMR	Td								
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<p>DOES YOUR CHILD HAVE ANY OF THE FOLLOWING?</p>																																							
<p>Medical Condition Yes No</p> <p>If yes: Please give full details _____</p>																																							
<p>Disability Yes No</p> <p>If yes: Please give full details _____</p>																																							
<p>Allergy Yes No</p> <p>If yes: Please give full details _____</p>																																							

What is your child's feeding likes? Please give full details _____

Feeding dislikes? _____

Is there any relevant information to be provided specific to provision of special care for this child? Please give full details _____

Are there any other relevant details you wish us to know regards your child e.g. habits, toilet training etc? _____

What are the names of other family members and other significant people close to your child?

Has your child any previous experience of early childhood services/childminders etc.
 Please give full details _____

Is your child used to playing with other children and does he/she enjoy this?

What language is spoken in the home? _____
 Do they have an understanding/exposure to English? _____
 What key words does your child use at home? _____

How does your child respond to situations and people who are new to them? _____

Do you have any concerns about your child's development? Yes No
 If yes: please give full details _____

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

Session Required/Agreed Fees

Day	Full Day Session	Morning Session	Afternoon Session	After School	Breakfast Club	Play-School	Bus Hour	CCSS	ECCE 38/50 Week model
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Please do not exceed contract hours to ensure staff/child ratios and staff breaks are not compromised.

<p>–</p>
<p>Agreed Holidays:</p> <ul style="list-style-type: none"> * The Service will run all year round with the exception for one week at Christmas * Playschool/Montessori will run September to June
<p>I/We agree to pay the sum of _____ commencing _____ weekly/monthly in advance by standing order to account number 90–4–34 76786310 with my child's name as reference (a separate standing order must be set up for each child)</p> <p>Signed: _____ Dated: _____</p> <p>We require one months notice in writing before any changes can be made to this agreement or payment there of.</p>
<p>Permission to Change Clothes</p> <p>I/we hereby give permission for _____ (child's name) clothes to be changed should the need arise.</p> <p>Signed: _____ Parent/Guardian</p> <p>Signed: _____ Service Manager</p> <p>Date: _____</p>
<p>Permission for Outings</p> <p>I/we hereby give permission for _____ (child's name) to partake in walks and other outings outside the childcare service grounds.</p> <p>Signed: _____ Parent/Guardian</p> <p>Signed: _____ Service Manager</p> <p>Date: _____</p>
<p>Accident and/or Emergency Consent Form</p> <p>I/we give permission to Ballinderreen Playgroup Ltd. to act on my behalf in case of emergence or accident and to take such action as may be necessary for the benefit of my child.</p> <p>Signed: _____ Parent/Guardian</p> <p>Signed: _____ Service Manager</p> <p>Date: _____</p>
<p>Permission to be photographed or video recorded while in the care of Ballinderreen Playgroup Ltd. staff.</p> <p>I/we give permission for _____ (child's name) to be photographed or video recorded. Photographs may be used for displays in the crèche, on the crèche website and in conjunction with written records to be used by staff as evidence for documenting observations and planning curriculum in line with Article 5 of the Regulations.</p> <p>Signed: _____ Parent/Guardian</p> <p>Signed: _____ Service Manager</p> <p>Date: _____</p>

Any additional information you feel is relevant: