



Sharkey Hill Community Centre,  
Pairc na Coille,  
The Golf Course Road,  
Westport,  
Co Mayo.  
Contact 098 24849/087 0556923

## REGISTRATION FORM

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)

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**NOTE Medical Care Plans maybe 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 is 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.

### HEALTH INSURANCE

Do you have private health insurance? Yes [ ] No [ ]

If yes, Who are you insured with \_\_\_\_\_

What is the policy number of the insurance \_\_\_\_\_

### 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 38°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 pick up his/her child.

# Registration Form

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

### **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.*

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# Registration Form

## SUN POLICY

We ask parent(s)/ Guardians to leave a sunny day bag with sun hats, sun glasses etcC. 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 [ ] | No [ ] |
| To have their photo taken (by tablet, camera, phone)                                | Yes [ ] | No [ ] |
| To be recorded on video   | Yes [ ] | No [ ] |
| To have their photo uploaded to Facebook or other social media (if applicable)      | Yes [ ] | No [ ] |
| To have their photo uploaded to our website (if applicable)                         | Yes [ ] | No [ ] |
| To be observed by our professional staff and developmental checks to be carried out | Yes [ ] | No [ ] |
| To eat birthday treats sent in from other parents (if applicable)                   | Yes [ ] | No [ ] |

You may be asked to sign for other specific permission relevant to the service.

## CHILD PROTECTION

# Registration Form

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 (name of service) my child **cannot** be collected by any other person.

1. Name: \_\_\_\_\_(Tel)Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_(Tel)Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_(Tel)Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# Registration Form

## 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?

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

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Do you have any pets?

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What languages are spoken at home?

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What is your child's favourite food?

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Has your child any previous experience of early childhood services/toy library/parent and toddler groups?

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# Registration Form

Does your child have any particular play interests at the moment, or particular toys he/she likes to play with?

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What other things does your child show interest in or talk about?

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Does your child enjoy and get involved in imaginative type play and/or activities such as drawing, painting, puzzles, counting, and building?

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Does your child enjoy books and listening to stories? Does he/she have any favourite rhymes, stories, videos or CD's?

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How do you comfort your child when he/she is upset? Does he/she need any comfort toys?

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Do you have any concerns or worries about your child's development?

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Is there any other information you would like us to know

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Religion \_\_\_\_\_



# Registration Form

Food: special diet, restricted foods

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**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: \_\_\_\_\_

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

Dr/ Consultant Notes

## **Other comments**

## Transforming Ireland

Funded by the Irish Government  
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Comhairle Contae Mhaigh Eo  
Mayo County Council

