Child Record

# Details of Child

Child’s Name: .............................................................................................................................

 Address: .............................................................................................................................

 .............................................................................................................................

Date of birth: .............................................................................................................................

Please tick which session: Morning ECCE ASD Class

# To be completed by the Service Provider

Month and year of first attendance: ..................................................................................................

Month and year of last attendance: ..................................................................................................

Deposit Received:

Please note that the €100 deposit it not refundable due to cancellation. Deposit is credited back to parents one month after child is registered and accepted into the ECCE scheme.

# Details of Parent(s)/Guardian(s)

Name 1: .............................................................................................................................

Address: .............................................................................................................................

 .............................................................................................................................

Telephone number: .............................................................................................................................

Email: ………………………………………………………………………………………………………………………..

 Name 2: .............................................................................................................................

Address: .............................................................................................................................

 .............................................................................................................................

Telephone number: .............................................................................................................................

Email: …………………………………………………………………………………………………………………………

# Details of People Authorised to Collect your Child

|  |  |
| --- | --- |
| Name 1:  |  ............................................................................................................................. |
| Address:  |  ............................................................................................................................. |
|   |  ............................................................................................................................. |
| Telephone number:  |  ............................................................................................................................. |
| Name 2:  |  ............................................................................................................................. |
| Address:  |  ............................................................................................................................. |
|   |  ............................................................................................................................. |
| Telephone number:  |  ............................................................................................................................. |

# Alternative contact in an Emergency

|  |  |
| --- | --- |
| Name 1:  |  ............................................................................................................................. |
| Address:  |  ............................................................................................................................. |
|   |  ............................................................................................................................. |
| Telephone number:  |  ............................................................................................................................. |
| Name 2:  |  ............................................................................................................................. |
| Address:  |  ............................................................................................................................. |
|   |  ............................................................................................................................. |
| Telephone number: **Details Of GP (Doctor)** |  ............................................................................................................................. |
| G.P. Name:  |  ............................................................................................................................. |
| Address:  |  ............................................................................................................................. |
| Telephone number:  |  ............................................................................................................................. |

# Record of Immunisations

**Which of the following immunisations has your child received?** (please tick if received)

6 in 1 (Diphtheria, Hib, Hep B, Acellular Pertussis, Polio, Tetanus)

MMR (Measles, Mumps, Rubella)

Rotavirus Men B

PCV Hib

MenC

# Record of NO Immunisations

**I confirm that my child…………………………………….. is not vaccinated and I do not give consent for any vaccinations.**

Signed Parent: ………………………………………………. Date: …………………………….

# Other Information

**Does your child have any of the following**:

Allergies (please detail): .............................................................................................................................

|  |  |
| --- | --- |
| Special needs (please detail):  | ............................................................................................................................. |

If there is any further information relevant to your child which we should be aware of please include it here:

.............................................................................................................................................................................................. ..............................................................................................................................................................................................

**Prescribed Medication.**

Parents need to sign and complete a medication form before prescribed medication is administered. Prescribed medication must state child’s name, dosage, route of administration, date, and expired date. We accept medicine that has the original pharmacy label and written in English Language.

**Agreement for Medical Treatment and Emergency**:

**I hereby give consent to my child** …………………………………………………..receiving treatment if the doctor think is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administrated.

**In the event of emergency an ambulance will be called. The parents will be contacted and informed about the emergency.**

**Signed: ……………… ………………… Date: ………….**

**Agreement for anti-febrile medication:**

The service will only administer ‘Calpol’ if the child become unwell and has high temperature of 38C or over.

My child **does**/**does not** have an allergy to anti- febrile medication.

I hereby **give consent** / **do not give consent** to my child…………… to receive anti-febrile medication in event of high temperature.

**Signed:**………………………………………………………. **Date**:…………………

Policies and Procedures

# General

I/we have been provided with a written copy of the policies and procedures of the preschool and are in agreement with the terms set out in them.

Signed: ...................................................................................................... Date: ......................................................

Relationship to child: ..........................................................................

# Discipline

I/we have been provided with a written copy of the policy regarding discipline of children which is operated in the preschool service and I/we are in agreement with its provisions.

Signed: ...................................................................................................... Date: ......................................................

Relationship to child: ..........................................................................

# Medical Emergency

It is the policy of this preschool to follow appropriate medical procedures in the event of an emergency. If such an occasion arises and in the unlikely event that a parent or other nominated adult cannot be contacted then the preschool has the permission to consent to any emergency medical treatment which may be necessary for your child. Please keep in mind that this will be in the event of an absolute emergency and the appropriate medical services will be contacted .

Signed: ...................................................................................................... Date: ......................................................

Relationship to child: ..........................................................................

# Children first policy

The Montessori & ASD unit operates a children first policy, this means that we have attended a briefing session in child welfare and child abuse. It is the policy of this preschool to make a written note of any signs or behaviours which may indicate abuse – emotional, physical or otherwise, to notify the parent/guardian of any changes we notice and to then notify the relevant authority should we feel it is necessary. I/we have agreement with the above policy.

Signed: ...................................................................................................... Date: ......................................................

Relationship to child: ..........................................................................

In order to fully comply with the E.U. data protection laws which came into effect on 25th May 2018:

I give my permission to join the Bambi’s Land Montessori& ASD Play School WhatsApp Parents Group (upon my child’s commencement), which will be used by staff to send relevant general day to day school information to parents.

 The WhatsApp group is for the staff and parents to communicate. We will upload on WhatsApp group children’s pictures and useful information. If parents need to contact us please do so directly through a private message, WhatsApp, email or phone call. Our school mobile number is 0899471179/0872958661 and email: bambis\_land@yahoo.ie. This would be greatly appreciated. Taking in consideration GDPR, the school FB/Instagram account is only for information purposes and children’s pictures will not be uploaded without prior consent.

Please indicate below the parent/s mobile numbers to be included in the WhatsApp Parents Group:

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I acknowledge I have received permission from all additional contacts given on my child’s Record Card.
2. I give permission to Bambi’s Land Montessori & ASD Play School to communicate with me via email to receive Newsletters, Learning Stories, Parents Handbook etc relating to my child and his/her class, and any other relevant information.

 YES / NO

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_