

Little Rascals

Pre-School

0858219252 / 0892250356

APPLICATION FORM

Child's full name: _____

Nickname/name child prefers to be called: _____

Date of birth: _____

Sex: _____

PPS number: _____

Home address: _____

Eircode: _____

Contact phone: _____

Alt contact phone: _____

Parent first language: _____

Child First language: _____

Date of commencement: __/__/__

Date ceased attending: __/__/__

Days attending:

Monday__ Tuesday__ Wednesday__ Thursday__ Friday__

PARENT/GUARDIAN

Name: 1. _____ 2. _____

Work Address: 1. _____ 2. _____

Work Contact: 1. _____ 2. _____

Work Email: 1. _____ 2. _____

In case of guardian, what is your relationship with the child?

Name of siblings and/or close personal relationships in your child's life: _____

Home Address of parent if different from above: _____

Who does the child live with? _____

Person(s) authorised to collect my child (other than the parents):

Name: 1. _____ 2. _____

Address: 1. _____ 2. _____

Relationship to child: 1. _____ 2. _____

Contact No: 1. _____ 2. _____

Landline: 1. _____ 2. _____

Mobile: 1, _____ 2. _____

Date for filled in: __/__/__

Information updated: __/__/__

Personal details:

Family doctor: _____

Address: _____

Telephone number: _____ Email: _____

Immunisation record (please enter date received)

Age	Where	Vaccine	Date received
Birth	Hospital/clinic	BCG (TB)	
2 months	GP	6 IN 1 + PCV	
4 months	GP	6 IN 1 + Men C	
6 months	GP	6 in 1 + Men C + PCV	
12 months	GP	MMR + PCV	
13 months	GP	Men C + Hib	
4-5 years	GP/school	4 in 1 + MMR	

Please attach record of vaccines

If your child has not received the required immunisations, please tick the box

☐**Additional needs**

1. Does your child have any illness/ allergy?

Yes __

No __

If yes to above, please give more details _____

2. Does your child have any specific dietary/ cultural requirements?

Yes __

No __

If yes to above, please give more details _____

3. Does your child have any health/physical issues which may affect their ability to learn?

Yes __

No __

If yes to above, please give more details _____

4. Does your child have any sensory issues such as hearing impairments, visual impairments, language impairments or selective mutism, which may affect their ability to learn?

Yes __

No __

If yes to above. Please give more details _____

5. Does your child have emotional or behavioural issues which may affect their ability to learn?

Yes __

No __

If yes to above, please provide more details _____

6. Is your child currently attending an assessment or awaiting an assessment from an early intervention team, speech and language or child and adolescent mental health service?

Yes __

No __

Awaiting __

If yes or awaiting to above, please give more details _____

7. In order for us to help your child feel comfortable, are there any special words or phrases which your child uses that we need to know? _____

8. Does your child use any comforters or special pet language for comfort toys? _____

The following relate to policies and procedures in the parent's handbook.

Please refer to these before you sign below:

1. Emergency Medical care

I understand that every effort will be made to contact the named guardian or emergency contact in the event of an emergency, requiring medical attention. However, if none of these can be contacted, I hereby authorise the Ecce service to transport my child to the doctor's surgery or to the appropriate A&E department by ambulance or as in necessary and to secure the necessary medical treatment for my child.

Patient number if the child attends any clinics/ specialists in the hospital: _____

Parent/Guardian's signature: _____ Date: _____

2. Emergency Medical treatment

I give my permission for my child to be given appropriate emergency medical treatment in the case of an emergency.

Parent/guardian's signature: _____ Date: _____

3. First Aid

I authorise that staff trained in First aid may administer First aid to the child.

Parent/guardian's signature: _____ Date: _____

4. Prescription Medicines

I consent to prescribed medicines by oral administration and others (inhalers/injectable adrenaline) in accordance with the policy and procedure of the service.

N.B Parents will always be asked to complete a medical consent administration form prior to the medicine being given.

Parent/Guardian's signature: _____ Date: _____

5. Suncream permission

I give permission for the application of suncream to my child as outlined in the service sun protection policy.

Parent/Guardian's signature: _____ Date: _____

6. Antipyretic/Anti- Febrile Medication

I consent to the administration of teething gels and temperature control medication (Calpol/Para link) in accordance with the policy and procedures of the service.

Parent/Guardian's signature; _____ Date: _____

7. Allergies

My child has an allergy to a temperature control medication (e.g. Calpol? Para link)

Yes___ No___

If so, please give details_____

8. Outing/Walking Permission

I authorise that my child may be taken on outings/walks that may be planned outside the childcare service grounds on the understanding that the adult/child ratio as recommended by the insurance company will be taken to ensure my child's safety. A trained first aid person will be present on all outings.

Parent/Guardian's signature: _____ Date: _____

9. Permission to change clothes

I/ We hereby give permission for _____ (child's name) to have his/her Clothes changed by a member of staff in the case of any major accidents or spillages.

Parent/Guardian's signature: _____ Date: _____

10. Photo and video permission

I give my permission for _____ (child's name) to be photographed or video recorded. Photography/ videos may be used for:

- | | |
|--|------------|
| • Documenting learning E.g. observations, learning stories. | Yes__ No__ |
| • TUSLA Early years Inspectors/ DES inspectors | Yes__ No__ |
| • Service Evaluation | Yes__ No__ |
| • Displays and Information | Yes__ No__ |
| • Share a photo with other parents of your child
playing with other children e.g. small/large group | Yes__ No__ |

If we would like to use a photo/video of your child for another purpose, we will ask for specific permission.

Parent/Guardian's signature: _____ Date: _____

11. Child observation

Child observations will be used in the ECCE setting to ensure that the individual needs of children are met through the Ecce curriculum and programme. I give permission for child observations to be conducted in the ECCE setting as outlined in the policy and procedure of the ecce setting

Parent/Guardian's signature: _____ Date: _____

12. Access to animals/insects

I give permission for my child to be in contact with or have supervised access to animals or pets. Care will be taken to ensure that the health, safety and welfare of the children is not put at risk.

Parent/Guardian's signature: _____ Date: _____

13. Infectious diseases

I will notify the service as soon as possible if my child is diagnosed with an infectious disease. E.g. measles, chicken pox, diarrhoea, hand foot and mouth, head lice, whooping cough etc.

Parent/Guardian's signature: _____ Date: _____

Parent/Preschool declaration

I have read and understand the policies referred to above, I will notify management of changes to my details in this form.

Parent/Guardian's signature: _____ Date: _____

Managers signature: _____ Date: _____