

Young Explorers' Pre-School 2020/2021

CHILD RECORD

Child's Name:	_____
Address:	_____ _____
Date of Birth:	____/____/____ Child's PPS _____

DETAILS OF PARENT(S) / GUARDIAN(S)

Name(s):	_____
Address:	_____ _____
Contact Number(s):	_____
PPS Parent _____	Parent Date of Birth _____
Parents PPS and DOB are required for CCS, NCS & TEC registrations	

IN CASE OF AN EMERGENCY

<u>Who may be contacted in an emergency if parents are not available?</u>	
Name(s):	_____
Address:	_____ _____
Contact Number(s):	_____
Relationship to Child:	_____

PERSONS AUTHORISED TO COLLECT YOUR CHILD

Name(s):	_____
Address:	_____ _____
Contact Number(s):	_____
Relationship to Child:	_____

MEDICAL RECORDS

General Practitioner's Name:	_____
Address:	_____
Contact Number:	_____

RECORD OF IMMUNISATIONS

<u>Which of the following immunisations has your child received?</u>					
Measles / Mumps / Rubella	<input type="checkbox"/> yes	<input type="checkbox"/> no	Tuberculosis (B.C.G.)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Diphtheria	<input type="checkbox"/> yes	<input type="checkbox"/> no	Whooping Cough	<input type="checkbox"/> yes	<input type="checkbox"/> no
Tetanus	<input type="checkbox"/> yes	<input type="checkbox"/> no	Hib	<input type="checkbox"/> yes	<input type="checkbox"/> no
Polio	<input type="checkbox"/> yes	<input type="checkbox"/> no	Meningitis C	<input type="checkbox"/> yes	<input type="checkbox"/> no

OTHER MEDICAL INFORMATION

<u>Does your child have any of the following? (If yes please give details.)</u>	
Allergies:	_____
Special Needs:	_____ _____
If there is any further information relevant to your child which we should be aware of, please include it here:	_____ _____

I authorize the administration of Calpol as an antifebrile medication (reduce temperature) in the event that my child develops a temperature over 38 degrees. Parents/guardians will always be notified by telephone prior to the administration of this medication.

Yes () No ()

I hereby give permission to allow a staff member of Young Explorers' Pre-School to seek medical assistance, on behalf of my child, in the event of an emergency.

Yes () No ()

I hereby give permission for any photographs, videos or observations of my child, taken at the pre-school, can be used for training purposes.

Yes () No ()

I understand that photographs that my child may be pictured in may be distributed to other parents at the end of the year via learning journals and learning stories.

Yes () No ()

I undertake **not** to post such photos on any social media site or share them with others.

Yes ()

I hereby give permission for any photographs of my child to be displayed on the Dominic's Community Centre web site.

Yes () No ()

I have received a Parents Handbook, Curriculum Booklet and Healthy Eating Booklet

Applies to New Starters Only

Yes () No ()

I hereby give permission to sign up to Young Explorers Preschool Whatsapp group and to receive messages and notifications regarding Afterschool.

Yes () No ()

I understand that if I must enter the service, I will do so with a facemask on.

Yes () No ()

Please note, due to Covid -19, any child who is brought out of the country on holidays must remain out of the service for 14 days after their return from abroad. Please tick to agree/disagree.

Yes () No ()

I understand that the full cost of the place is €85 per week. Subvention payment will be determined by POBAL and the full cost will be subsidized according to my circumstances.

I undertake to pay any arrears incurred due to misinterpretation of the band allocation.

(If I think it will come back at band A and pay at that rate and it comes back at Band B, or D, I agree to pay the balance due)

Yes ()

ATTENDANCE INFORMATION

Date of First Attendance: _____
Date of Last Attendance: _____
Days and Hours of Attendance: _____

Signed: _____
Relationship to Child: _____ Date: ____/____/____