

# CHILD RECORD

Please fill in & return



## Child's Details

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone No: \_\_\_\_\_ Gender: Male  Female

Child's First Language: \_\_\_\_\_ Parent's First Language: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_ Date Finishing: \_\_\_\_\_

## Parent/Guardian's Details PLEASE INDICATE PREFERENCE FOR FIRST CONTACT PERSON

Name (1): \_\_\_\_\_ Name (2): \_\_\_\_\_

Workplace Address: \_\_\_\_\_ Workplace Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Home Address (If either above is different from the child's): \_\_\_\_\_  
\_\_\_\_\_

Who does the child live with: \_\_\_\_\_

## Nominated People to Collect My Child

Name (1): \_\_\_\_\_

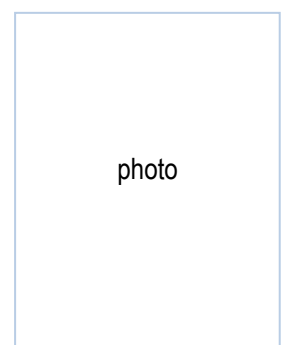
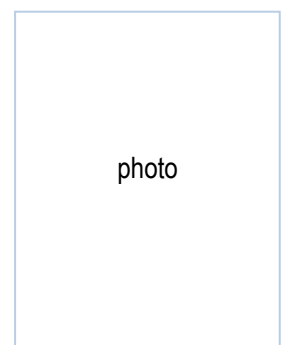
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

Name (2): \_\_\_\_\_

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

Phone No: \_\_\_\_\_



## Nominated Emergency Contacts OTHER THAN PARENTS

Name (1): \_\_\_\_\_ Name (2): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

## Medical Details

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

\_\_\_\_\_

## Immunisation Record Please enter date into boxes

BCG	6 in 1 + PCV (2 months)	6 in 1 + Men C (4 months)	6 in 1 + Men C + PCV (6 months)	MMR + PCV (12 months)	Men C + Hib (13 months)	4 in 1 + MMR (4-5 years)

ALTERNATIVELY, PLEASE FILL OUT:

I can confirm that \_\_\_\_\_ immunisations are up to date

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Special/Additional Needs

Does your child suffer from any medical conditions or allergies: YES  NO

Please outline details and any special requirements: \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any physical disabilities: YES  NO

Please outline details and any special requirements: \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any hearing and/or speech difficulties: YES  NO

Please outline details and any special requirements: \_\_\_\_\_

\_\_\_\_\_

Does your child have any specific dietary requirements: YES  NO

Please outline details: \_\_\_\_\_

## Further Information

Does your child use 'pet' language for special comfort toys: \_\_\_\_\_

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

Additional information or concerns that might help us to get to know your child better: \_\_\_\_\_

## Facebook Consent

As Rathfarnham Day Care is a business, Facebook states that our page must be public. Obviously this is not appropriate as the children's photographs are not for public consumption.

In order to maintain the privacy of our posts, we have set up a 'secret group' and only the members of this group will have access to our page. In order to become a member of the group, we need to send you an invitation by email. Please fill in your current email address below if you wish to join the group and have the opportunity to view the crèche's posts.

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Child/ren Name(s): \_\_\_\_\_

I **DO**  **DO NOT**  (please tick) give permission to Rathfarnham Day Care to post pictures of my child on their private Facebook page. These pictures will only be displayed on our private Facebook page and not used for any other purpose.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We hope these pictures will give you a better insight into your child's day at the crèche.**

## Separated & Divorced Parents

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this. By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months (applies to children born after 18 January 2016).

- We cannot refuse either parent to collect their child unless a court order is in place.
- We ask that parents give us information on any person that does not have legal access to the child.
- Where custody of a child is granted to one parent, we would ask you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there is any legal documents ie. Custody Order, barring Order, we would ask you to provide us with a copy to keep on file.

## Parental Consent Form

Each of these consents relate to a Policy and Procedure in our Parental Handbook. Please refer to these below you sign below:

### 1. Emergency Medical Care

I understand that every effort will be made to contact the named guardian or other next of kin in the event of an emergency requiring medical attention. However, if none of these can be contacted I hereby authorise the Crèche to transport my child to the Doctor's Surgery or to the appropriate hospital as necessary and to secure the necessary medical treatment for my child.

Parent/Guardian's Signature: \_\_\_\_\_

### 2. First Aid

I authorise the Crèche staff that are trained in First Aid to give my child First Aid treatment when appropriate. I consent to teething gels and temperature control medication (Calpol/Nurofen) being given as necessary.

NB. Parents will always be informed when medication has been administered to their child.

Parent/Guardian's Signature: \_\_\_\_\_

### 3. Permission for Trips/Outings/Walks

I authorise that my child may be taken on any outings/walks that may be planned. I understand that all necessary precautions will be taken to ensure my child's safety.

Parent/Guardian's Signature: \_\_\_\_\_

### 4. Photo & Video Recording Permission

I give permission for my child's photograph or video to be taken and used within the crèche as outlined in Policies and Procedures.

Parent/Guardian's Signature: \_\_\_\_\_

### 5. Student Observation Permission

From time to time throughout the year, students will be visiting the crèche and observing children as part of their course. These observations are vital to ensure that theory is backed up by actual experience. Students will never have unsupervised access to the children during their time in the crèche.

Parent/Guardian's Signature: \_\_\_\_\_

### 6. Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the Crèche Sun Protection Policy.

Parent/Guardian's Signature: \_\_\_\_\_

### 7. CCTV Permission

I am aware of the operation of CCTV in Rathfarnham Day Care which is conducted in a professional, ethical and legal manner and is for the overall protection of the children

Parent/Guardian's Signature: \_\_\_\_\_

### 8. Parent/Crèche Childcare Declaration

I have read and understand the policies referred to above. I will notify staff of any changes to any of the details on this form.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_