



ENROLMENT FORM

CHILD'S INFORMATION

Child's Name	
Date of Birth	
Home Address	
Starting Date	
Finishing Date	

FIRST PARENT'S INFORMATION

Name	
Relationship to Child	
Home Address	
Work Address	
Mobile Number	
Work phone Number	
Email Address	

SECOND PARENT'S INFORMATION

Name	
Relationship to Child	
Home Address	
Work Address	
Mobile Number	
Work phone Number	
Email Address	

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Contact 1 Name	
Contact 1 Number	
Relationship to child	

Contact 2 Name	
Contact 2 Number	
Relationship to child	

AUTHORISED PERSONS TO COLLECT YOUR CHILD (OTHER THAN PARENTS)

Contact 1 Name	
Contact 1 Number	
Relationship to child	

Contact 2 Name	
Contact 2 Number	
Relationship to child	

Contact 3 Name	
Contact 3 Number	
Relationship to child	

DOCTOR'S INFORMATION

Name	
Address	
Contact Number	

DIETARY REQUIREMENTS

MEDICAL HISTORY (Please outline any illnesses your child may have)

DOES YOUR CHILD HAVE ANY ALLERGIES? Yes ___ No ___

If YES, please fill out the form below.

What is the allergen?	
What is the nature of the allergic reaction? e.g. anaphylactic shock, rash, breathing problems.	
What to do in case of an allergic reaction - any medication used and how it is to be used.	
Control Measures - how can the child be prevented from contact with the allergen?	
Any other comments.	

HEALTH INSURANCE

Do you have private health insurance?	
Insurance Company	
Policy Number	

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 by Parent: _____ Date: _____

AGREEMENT FOR ANTI FEBRILE MEDICATION

Pembroke Montessori 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.

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 by Parent: _____ Date: _____

PRESCRIBED MEDICATION

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state the child's name, dosage, date and expiry date.

IMMUNISATIONS

Parents must supply a copy of all vaccinations the child has received.

VACCINATION	YES/NO	DATE
6 IN 1 (ALL)		
PNEUMOCOCCAL CONJUGATE VACCINE (PVC)		
MENINGOCOCCAL C (MEN C)		
MUMPS/MEASLES/RUEBELLA		
TUBERCULOSIS (B.C.G)		
HAEMOPHILUS INFLUENZA B (HIB)		
ORAL POLIO		
MENINGITUS C		

Copy of Vaccinations record attached? Y_____ N_____

I confirm my child has been immunised, but cannot access dates.

Signed by 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.* _____

SUN POLICY

I give permission for sun-cream to be applied to my child _____ from the labeled sun cream supplied by Pembroke Montessori. I understand it is the parents responsibility to apply sunscreen in the morning before going to school and the teachers in Pembroke Montessori will top up throughout the day. Pembroke Montessori accepts no responsibility for any reaction to the La Roche Posay sunscreen used. Parents can provide their own labeled sunscreen where necessary.

Signed by Parent: _____ Date: _____

PERMISSIONS

- I confirm that my child _____ is below the age of 16 years old and I am hereby consenting on his/her behalf that Pembroke Montessori can process personal data and the sensitive personal data relating to my child for the purpose of the following as indicated below: attendance records, accident and Incident records, observations, PPS number for ECCE registration, medication records, child development forms.

Signed by Parent: _____ Date: _____

- I hereby give my permission for my child (name) _____ to partake in walks and other outings outside the school grounds, on the understanding that the adult/child ratio as recommended by the insurance company will be adhered to at all times.

Signed by Parent: _____ Date: _____

- I hereby give my permission for my child (name) _____ to have his/her photograph taken. Photos and videos may be taken and displayed on the walls of our school to promote a sense of identity and belonging. The photos may be used for the Pembroke Montessori website and Facebook page. Pictures and videos may be taken and given/sent to parents as a memory of the child's time at school.

Signed by Parent: _____ Date: _____

- I hereby give my permission for my child (name) _____ to eat birthday cake on the day of another child's birthday.

Signed by Parent: _____ Date: _____

- I hereby give my permission for my child to be observed by our professional staff and developmental checks to be carried out.

Signed by Parent: _____ Date: _____

CHILD PROTECTION

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.

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 completed **in full** before your child can start in Pembroke Montessori. It is extremely important that we have all of this information on file.

I understand all the above information, and I can receive a copy of these forms upon request.

Signed by Parent: _____ Date: _____

Signed by School Manager: _____ Date: _____

Please ensure the following are attached before returning this form

- Copy of immunisation record

And if applicable

- Medical Emergencies Care Plan/Other Care Plans
- Doctor / Consultant Notes