



33/34/87 Hillview Grove, Ballinteer, Dublin 16

CHY: 14385

www.hillviewrc.ie

P: 01 296 5025 M: 087 117 3475

E: childcare@hillviewrc.ie

REGISTRATION FORM 2018/2019

Where both parents are available to sign this form it must be signed by both.

Child' Name: DOB:

Date of commencement: Date of leaving:
(for office use)

Parent/Guardian's Names:/.....

Child's Residence:

.....

Mothers Contact No: Work No:

Fathers Contact No: Work No:

Who does your child live with?

Preferred Service Days:

Mon	Tues	Weds	Thurs	Fri

Early Years Funding: Which funding are you registering for:

CCS [] ECCE [] TEC [] None []

Contact To Call In Emergencies:

(Other than parents)

Name:

Address:

Home: Mobile:

Relationship to child:

Authorisation For Collection:

Adults (18yrs & over) who are authorised to collect your child if you are unable to do so.
Please note that your child will not be released to anyone who is not on the list.

Name:

Contact No:

Relationship to the Child:

Name:

Contact No:

Relationship to the Child:

Medical History:

Family Doctor:

Address:

Phone:

If your child is not well, please **DO NOT** bring them to the service as we do not have facilities or staff to cater for sick children. We are not in a position to transport children for medical attention and cannot offer this service. However in case of emergency have we your permission to call your Doctor or take your child to Hospital?

Yes No

Any previous medical history:

.....
.....

Has your child had?

Chicken Pox: Yes No

Measles: Yes No

German Measles: Yes No

Mumps: Yes No

Does your child have any medical conditions or allergies? Yes No
If yes please tell us what they are:

Does your child have any special dietary requirements? Yes No
If yes please tell us what they are:

Does your child have any physical disabilities? Yes No
If yes please outline details and special requirements if any:

Does your child have any hearing and or speech difficulties? Yes No
If yes please outline what the difficulties are:

Provide details here:

Immunisations

Age	Where	Vaccine	Date Received
Birth	Hospital / Clinic	BCG	
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	

Anything else we should know about your child's health?
.....

First Aid

Do you authorise the staff trained in First Aid to administer First Aid to your child where appropriate?

Yes No

Parent/Guardian's Signature:

Sun Cream Permission

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

Parent/Guardian's Signature:

Outings Permission

I give permission for my child to be taken on any outings.
(You will be informed in advance of each particular outing).

Yes No

Parent/Guardian’s Signature:

Photograph & Video Permission

Do we have permission to photograph/Video your child at play while in the service? And from time to time use for social media and newsletters?

Yes No

The photos will be placed on the walls in the service and given to the child when they leave.
Note: Please note it is the responsibility of the Parent/Guardians to update the Service of any change of address, telephone numbers or consent.

DATA PROTECTION:

Subject to the Data Protection Acts 1988 & 2003, Hillview Resource Centre will retain this information on file and will secure the data collected accordingly. The form is used to provide important information about your child and also to provide written consent for specified activities (see above). You may request a copy of your registration form at any time. Please sign (below) to confirm you understand why your data is retained by Hillview Resource Centre.

Parent/Legal Guardian’s Signature:

Parent/Legal Guardian’s Signature:

CONSENT (please sign where applicable):

A) **We/I can confirm that we are the parents or legal guardian (someone who is legally responsible for the child) of the child named on this form.** []

Parent/Guardian’s Signature:

Parent/Guardian’s Signature:

B) **I am the sole parent/legal guardian of the child named on this form** []

Parent/Guardian’s Signature:

Early Years Manager Signature:Date: