

Office use only	
Room allocation	



'Little All-Stars'
Montessori and Crèche

PLEASE FILL OUT IN BLOCK CAPITAL LETTERS PLEASE

Registration form
General Information

Child's Name:	
Child's Date of birth:	
Child's Sex:	Male Female
Child's Address:	
Home Telephone Number:	
Child's Nationality:	
Child's first spoken language:	
Other Language spoken:	
Commencement date:	
Cessation date:	

Parent/Guardian

Please provide the following information regarding the child's Parents or Guardians for our records and for contact in case of emergency and also to keep you updated on your child's progress in our facility.

Parent/ Guardian's Name (Mother)	
Role/ Occupation:	
Mobile:	
Work Telephone:	
Address	
Email Address:	
Work Number:	
Parent/ Guardian's Name (Father)	
Role/ Occupation:	
Mobile:	
Work Telephone:	
Address:	
Email Address:	
Work Number:	

Main Email

Please provide an email address to whom the child's 'Childpath' account will be linked and accounts billing and information is to be sent. PLEASE WRITE CLEARLY

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Who the Child lives with:

Please supply information regarding who your child lives with for our records.

Who does your child live with	Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparents <input type="checkbox"/> Niece(s) <input type="checkbox"/> Nephew(s) <input type="checkbox"/> Sister in Law <input type="checkbox"/>	Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother(s) <input type="checkbox"/> Sister(s) <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousins <input type="checkbox"/> Brother in Law <input type="checkbox"/>
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Authorised Collection Person(s)

Please complete the following to give details of authorised person(s) to collect your child from our facility. If need be always provide us with the names and information of any new person(s) that need to be added to the list to prevent problems at collection times.

Name	Mobile	Other Number	Address	Relationship

I confirm that the above persons have been informed by me that their details have been shared with the service

Emergency Contact

Please provide contact details in case of emergency in order of preference of who to contact first if our facility needs to make contact urgently about your child for some reason. Please list at least two other contacts that can be used.

Name	Mobile	Other Number	Address	Relationship

I confirm that the above persons have been informed by me that their details have been shared with the service

Ensure you contact the service to let us know if one of your contacts will be collecting your child.

Doctor

Please provide details and information of your child's family doctor for our records

Doctor's Name:	
Doctor's Address:	
Doctor's Contact Number:	
Doctor's Email Address:	

Immunisations

(MUST BE COMPLETED and KEPT UP TO DATE)

Please send in details of your child's immunisation record (a copy of the vaccination book or a copy of the doctor's records)

BCG (TB)- (Birth)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
6 in 1 + PCV + Men B + Rotavirus Oral Vaccine - (2months)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

6 in 1 + Men B + Rotavirus - (4 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
6 in 1 + Men C+ PCV- (6 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
MMR + Men B (12 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Hib/Men C + PCV - (13 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
4 in1 MMR- (4-5 years)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Allergies:

Please supply information regarding any Allergies that you are aware off that your child might have so procedures can be put in place to make sure that they are met. Please outline any allergies to management and staff. Allergies

None <input type="checkbox"/> Calpol <input type="checkbox"/> Nurofen <input type="checkbox"/> Antibiotics <input type="checkbox"/> Nappy Cream <input type="checkbox"/> Wipes <input type="checkbox"/> Teething Gel <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/>	Grass <input type="checkbox"/> Insects <input type="checkbox"/> Birds <input type="checkbox"/> Bees <input type="checkbox"/> Wasps <input type="checkbox"/> Soap <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Animals <input type="checkbox"/>
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Any other information about allergies:

Health Issues:

Please supply information regarding any health issues your child might have so procedures and awareness can be put in place for your child's requirements. Please discuss any health issues with both management and the staff in your child's room.

Health Issues

None <input type="checkbox"/> Eating Problems <input type="checkbox"/> Learning Issues <input type="checkbox"/> Speech Problems <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Sleeping Problems <input type="checkbox"/> Breathing Problems <input type="checkbox"/> Sight Issues <input type="checkbox"/> Anaemia <input type="checkbox"/> Kidney Problems <input type="checkbox"/>	Seizures <input type="checkbox"/> ADHD <input type="checkbox"/> Growth Disorder <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Eczema <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Heart Issues <input type="checkbox"/> Epilepsy <input type="checkbox"/> Dyslexia <input type="checkbox"/> Thyroid Problems <input type="checkbox"/>	Bel's Palsy <input type="checkbox"/> Facial Palsy <input type="checkbox"/> Feet Problems <input type="checkbox"/> Leg Problems <input type="checkbox"/> Hand Problems <input type="checkbox"/> Neurology Issues <input type="checkbox"/> Special Needs <input type="checkbox"/> Asthma <input type="checkbox"/> Disability Issues <input type="checkbox"/> Haemophilia <input type="checkbox"/> Psoriasis <input type="checkbox"/>
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Any other comments about health issues:

Special Dietary Requirements:

Please supply information regarding any special dietary requirements your child might have so procedures can be put in place to make sure that they are met.

Dietary Requirements

None <input type="checkbox"/> Unhealthy Foods <input type="checkbox"/> Gluten Free <input type="checkbox"/> Celiac <input type="checkbox"/> No Dairy <input type="checkbox"/> No Nuts <input type="checkbox"/> Peg Food <input type="checkbox"/>	No Eggs <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> No Pork <input type="checkbox"/> No Chicken <input type="checkbox"/> No Beef <input type="checkbox"/> No Milk <input type="checkbox"/>	No Sausages <input type="checkbox"/> No Fish <input type="checkbox"/> No Sugar <input type="checkbox"/> No Bananas <input type="checkbox"/> No Sauces <input type="checkbox"/> No Bread <input type="checkbox"/> No Diluted <input type="checkbox"/> No Juices <input type="checkbox"/>
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Any other comments about dietary requirements:

Other Child Information:

Please supply any other important information, observations or details that could help our facility in the care of your child.

Daily Schedule

This is usually for our children under 1 year. However, feel free to use this for older children.

Feeding Schedule:

Times of feeds at home, does your child like their food warm/hot, any dislikes etc.

Bottle:

Quantity, times, warm/cold, do you hold your child when they feed or do they to hold it themselves.

Sleeping Pattern:

Do you put your child into bed awake with/without a bottle/dodie, how long do they usually sleep for etc.

COVID-19 PARENTAL AGREEMENT FORM

PARENT'S NAME:

CHILD'S NAME:

CHILD'S PLAY POD: (office to complete)

CHILD'S KEY WORKER: (office to fill)

PARENT'S EMERGENCY CONTACT NUMBER:

Please note that this agreement is in addition to any existing parental agreements.

I _____ (insert Parent's name here) agree to the following:

- That I will complete 'the return to service form' for my child
- The services new arrival and collection procedures which are outside in our Covid-19 Policy and Procedure (section attached)
- That I will maintain social distancing of 2 meters from other adults and children while at the service and I will not enter the building. Settling-in should be discussed with the manager
- That I will not bring my child into the service if they are unwell
- That I will check my child's temperature each morning before coming into the service and, if it is elevated, I will keep my child at home and contact my GP
- That my child and I will wash our hands before leaving home and on arrival at the service (use hand gel dispenser if no running water near the entrance)
- That my child will wear freshly washed clothes each day
- That my child will not bring toys or any other items into the service from home. If a child has a favourite comforter it can be left in the service for use by the child
- That I will not leave buggies or any other equipment at the service
- The procedures if my child becomes unwell while at the service which are outlined in the Covid-19 Policy (section attached)
- That I will collect my child immediately if my child becomes unwell while at the service
- To ensure the emergency contact number on file is active and can be contacted

- That If my child is ill or quarantined normal fees apply

Your signature below indicates your agreement with the above statements and confirms you have received a copy of the Covid-19 Policy & Response Plan.

Parent's signature _____

Manager's signature _____

Date _____

COVID-19 Return to Childcare Questionnaire

Child's Name		
Child's Room in the Creche	To be completed by office	
Address		
Mobile no		
Parent/ Guardian	Name:	No:
(Please circle your answers below)		
1.	Has your child visited any countries outside Ireland excluding Northern Ireland in the past 14 days?	YES / NO
2.	<p>Is your child suffering from any of the below flu or COVID-19 symptoms?</p> <p>Most Common Symptoms :</p> <ul style="list-style-type: none"> • Fever • Dry cough • Tiredness <p>Less Common Symptoms :</p> <ul style="list-style-type: none"> • Aches & Pains • Sore Throat • Diarrhoea • Conjunctivitis • Loss of taste or smell • Rash or discolouration of fingers or toes <p>Serious Symptoms :</p> <ul style="list-style-type: none"> • Difficulty breathing • Chest pain or pressure • Loss of speech or movement 	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>
3.	Did you consult a Doctor or other medical practitioner in the last 14 day for these, or similar symptoms?	YES/NO
4.	How is your child feeling now?	Healthy / Unwell
5.	Have you or your child been in contact with someone who has tested positive for COVID-19 in the past 14 days?	YES/NO
6.	Are you, or your child in contact with someone from a COVID-19 at risk category?	YES/NO
NOTE: When on site, children will be assisted to adhere to the onsite processes/procedures regarding infection control, ie. hand washing/hand sanitizing and general cough/sneezing etiquette.		
Parent/ Guardian Signature:		

TEMPERATURE TAKING - CONSENT FORM

Name of Child: _____

DOB of Child: _____

Child's Pod: _____

(to be filled by office)

I, _____, consent that staff of Little All-Stars Montessori & Creche can take my child's temperature as part of the COVID-19 Risk Management Strategy.

Signed by Parents/Guardians: _____

Signed by Manager: _____

Signed by COVID Lead Representative: _____

Date: _____

Parental/Guardian Consent Form

Please complete the following questions that relate to Policies and Procedures regarding permissions needed to be performed by the staff of our facility relating to your child's welfare. Answer all questions and then sign the form when completed. Please circle your answer.

1: Emergency Medical Care

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

Permission for Emergency Medical Care

YES

NO

2: Emergency Medical Treatment

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

Permission for Emergency Medical Treatment

YES

NO

3: First Aid

I authorise the staff trained in First Aid may administer First Aid to my child as appropriate

Permission for First Aid

YES

NO

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 (Parents will be asked to complete a medical consent form)

Permission for Prescription Medicines

YES

NO

5: Antipyretic

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

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

Permission to administer Antipyretics

YES

NO

6: Allergies

My child has no allergic reactions to temperature control medications (Calpol / Paralink) in accordance with the policy and procedures of the service

I Confirm No Allergic Reaction

YES

NO

7: Trip/Walk/Outing 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 adhered to at all times. I understand that all necessary precautions will be taken to ensure my child's safety. A trained first aid person will be present on all outings.

Permission for Trip/Walk/Outings

YES

NO

8: Permission to Change Clothes

I hereby give permission for my child's clothes to be changed should the need arise

Permission to Change Clothes

YES

NO

9: Photo and Video Permission

I give permission for my child to be photographed or video recorded. Photographs/Videos may be used for:

1. Child observations and feedback to parents
2. HSE inspections and service evaluation.
3. Display and information. Photo/video may be shared with other parents, HSE inspectors and other authorised personnel.

Permission for Photos and Videos

YES

NO

10: Child Observation Permission

Child observations will be used in the ECCE setting to ensure that the individual needs of children are met through the ECCE curriculum and program. I give permission for child observation to be conducted in the ECCE setting, as outlines in the policy and procedures of the ECCE setting.

Permission for Child Observations

YES

NO

11: 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.

Permission to Access Animals, Pets and Insects

YES

NO

12: Permission to Apply Sun Cream

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

YES

NO

14: Childpaths

I give permission for my child to be included in photographs for use on Childpaths App and understand group photos will be taken and shared with parents. I understand that these photos are for use on Childpaths only and must not be shared on any other social media sites

YES

NO

15: Data Protection

I give permission for Little All-Stars to contact me by email and/or text message regarding your child and your account with the service. I also understand my data will be used within the service as needed.

YES

NO

16: Parent - Childcare Declaration

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

YES

NO

Separated and 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 i.e. custody order, barring order we would ask you to provide us with a copy to keep on file.

Data Privacy - Consent for Collection and Usage of your personal data

Please ensure that all parents or guardians whose information has been supplied in this form read and complete the following.

I have read the Service's Privacy Notice, and I understand the reasons for requesting the personal information sought about myself and my child in this Registration form.

I consent to the collection and processing of the data given, for these purposes, by Little All-Stars.

YES

NO

I understand that my data is stored on the 'Childpaths' database used by Little All-Stars and give my consent for the continued use. I understand photos are shared on this database, I consent to this however I also understand that the copying or sharing of these photos is strictly prohibited.

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

YES

NO

I understand that fees apply regardless of attendance even for absences through illness and/or holidays taken by myself as well as creche closure days, Public holidays, Training/in-service days and holidays (Last week in July and first week in August). I understand that 4 weeks written notice is required when decreasing or finishing my care at Little All-Stars

YES

NO

I understand and agree to all policies and procedures in the parents handbook and also to ensure that I have kept myself updated with any changes to these policies as they are given.

YES

NO

Parent's/ Guardian Name: _____

Parent's/ Guardian Signature: _____

Deposit Paid: €_____ Date Paid: - _____ Receipt No: - _____

Managers Name : _____

Service Provider: Little All-Stars Montessori & Creche

Name of Parent: _____

Name of Child: _____

It is agreed that the above child, who is eligible for a subsidy under the National Childcare Scheme, will avail of childcare services as follows:

[Insert details of the agreed service in line with how this is described in your published fee list, eg. breakfast club/ full daycare/ sessional care/ afterschool care etc]

These services will be delivered for the period _____ onwards, subject to each party giving the other 4 weeks notice if they wish to terminate the place.

The fee for this service is €_____ per week. The parent has been awarded a subsidy for _____ hours per week. The hourly subsidy rate for which the child is eligible is €_____ per hour, that is a weekly total of €_____.

The weekly fee that will be charged to the parent at the date of this agreement will be €_____.

The National Childcare Scheme subsidy will be offset in full against the childcare fee.

If the subsidy to which the child is entitled increases or decreases, the fee charged to the parent will be revised to reflect the change in subsidy.

Fees apply regardless of attendance. your Child must attend for the hours claimed on NCS per week, where a child is consistently not reaching their claimed hours we must reduce the amount of hours claimed and therefore parents fees will rise.

4 weeks written notice is required if you would like to reduce or cancel your child's care.

All policies and procedures apply as per the parent handbook. We thank you for your continued custom.

Parent signature: _____

Service Provider signature: _____

Date: _____

SETTLING CHILDREN IN: ADVISORY NOTE

Supporting Children to Settle Back into their Early Years Setting

When services reopen it is very important that they retain their child-centred practice, putting the needs of children to the forefront while adhering to public health advice to reduce the transmission of the virus. Children will need emotional support, nurturing and care as they transition back to childcare.

Children have been away from their childcare setting for 3 months and they will have probably missed their friends, the staff and the routine in the service. Children will have been impacted by COVID-19 and the restrictions placed on their lives. Some children may have experienced bereavement of a close family member or someone in their family may have been ill or hospitalised. While many children will have enjoyed the time with their family, others may have experienced more difficult situations such as abuse, neglect or have been impacted by domestic violence.

On their return to childcare it is very important that providers understand any impacts of COVID-19 on the children or if other significant life events have occurred for the children while away from the service. This will help the children to make a successful and happy transition back to childcare.

Some children may experience some regression in their development or their behaviour during the transition which is perfectly normal and with nurturing and care will probably settle over time.

For some children they may experience some separation anxiety from their parents on their return and become distressed about being apart from them. When young children are distressed, they can be overwhelmed and this often shows in their behaviour, which is again a normal response to stress.

Before children return to childcare

Services can support the transition back to childcare by explaining all the revised and new procedures to parents and, in this way, parents can explain the procedures to their children in a child friendly and developmentally appropriate way

Parents are really important in supporting their children's return e.g. talking to their children about their return to the service, explaining any changes in the service, about their friends in their play pod, who will be their key worker and answering any questions they may have.

Parents could be advised to use books, play activities and other helpful resources to talk to their children about childcare. Providing parents with some pictures of the environment and how it will be set up when they return would be very useful.

Advise parents to establish the routine that will work for them when their child returns e.g. bedtime and morning routines.

When children return to childcare

Services can support the transition back to childcare by the child's key worker meeting them on arrival, welcoming them back and maybe having a welcome back 'Happy' sticker or similar symbol to focus the children's attention positively on their return.

Services could take a picture of the children in their play pod with their friends (with parent's consent) which could be sent to parents and children could use it at home to talk about their friends and experiences in childcare.

Services could provide pictures of the child participating in activities to parents which again can be used as a way of talking about childcare, the children's experiences and addressing any worries or concerns that child may have.

Where there are particular concerns about separation anxiety, parents could be advised to provide the service with a small transitional item for the child in advance of the child's return to the service which can be easily washed and which is retained in the setting.

Where children are distressed and find it difficult to separate from their parents, suggest to the child that they just come in and see their friends and their room and, with the support of their keyworker, see if they will settle. Ask the parent to remain close to the service in case the child doesn't settle and needs their parent.

Where a child remains distressed, having tried some of the above actions, ask the parent and child to visit the centre and see the room that they would be in at a time when the service is not operational.

Where the child remains distressed having tried some of the above actions, then arrange for the parent and child to come into the child's room and ensure that the parent maintains 2 meters social distance from the staff and other children. Support the parent in the usual way to settle his/her child.

Thank you.

Little All-Stars Management.