

	Received	Type
Social Welfare		
Medical Card		
Other		



Graiguecullen Parish Childcare Centre CLG

Killeshin Road, Graiguecullen, Carlow.

T: 059 9137105 E: graiguecullen.pcc@gmail.com

Enrolment Date: \_\_\_\_\_

Breakfast Club	
Afterschool	
Camp	

Class: \_\_\_\_\_ Room No: \_\_\_\_\_ Teacher: \_\_\_\_\_ Time: \_\_\_\_\_

CCSP BAND A	CCSP BAND AJ	CCSP BAND B	CCSP BAND D	TEC	BAND C/NCS
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Days Attending	Monday	Tuesday	Wednesday	Thursday	Friday
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Name of the Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Daytime Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address(es) (optional): \_\_\_\_\_

**Name an adult we may contact in an emergency if parents are not available:**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD

**Does your child have any of the following (please state yes or no)**

ALLERGIES		MEDICAL CONDITIONS/ HEREDITARY PROBLEMS		Doctors Name:	Dietary Requirements:	IMMUNISATIONS:	
Yes	No	Yes	No	Dr Phone Number:		Yes	No

If yes, please give details and any special help your child may need: \_\_\_\_\_

Please list all people other than yourself who have permission to collect your child including any siblings: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Cease to Attend: \_\_\_\_\_

**AGREEMENT MEDICAL TREATMENT/OUTINGS/RECEIVING EMAILS**

I hereby consent to \_\_\_\_\_ (child's name) receiving medical treatment, if a doctor thinks it's required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I give my permission for my child to take part in outings with staff

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Would you like the newsletter emailed to you each month

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I hereby consent that \_\_\_\_\_ has my permission to leave the service at 9 am

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I hereby consent that \_\_\_\_\_ may be escorted to school line at 9.20 am

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ GPCC Witness: \_\_\_\_\_

**This form should be signed by the parent or parents and witnessed by the pre-school service manager/person in charge**



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Version	1.0
Date	May 2018
Owner	Graiguecullen Parish Childcare Centre
Related GDPR Articles	8
Related Documents	Parental Consent Withdrawal Form

## Parental Consent Form

### Operational Documents

- Enrolment Form (Retained by the Service for 2 years from when the child ceases to attend the Service)
- Attendance Record (Retained by the Service for 7 years from when the child ceases to attend the Service)
- Accident/Incident Record (Retained by the Service until the child is 21 years of age)
- PIP Pre-Registration Form (which includes name and PPS No. of parent/guardian/child)  
(PIP Pre-Registration form and all related documents will be shredded when no longer required by the service)

I, \_\_\_\_\_, confirm that \_\_\_\_\_ is below the age of 16. I am hereby consenting on his/her behalf that GPCC can process his/her sensitive personal data for the purpose of the following as indicated below:  
Please tick each appropriate box to indicate that you give consent.

### Photographs/Video

I give permission for my child to be photographed/videoed for use inside/outside the facility.

*Our team take photographs/videos of the children that are in our care, these photographs/video are used for recording their learning and for display in our facility. Photographs may be sent to external 3rd parties e.g. website, Google photos, local newspapers and monthly newsletters.*   
(All photos will be deleted/destroyed after your child has left the Service)

## WITHDRAWAL OF CONSENT

This record of consent will be saved in your child's file and retained for a period of two years after your child has left our service. I am aware that I may withdraw consent at any time by using the 'PARENTAL CONSENT WITHDRAWAL FORM.'

Signed by Parent/Representative/Legal Guardian,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_