

	Type	Received
Social Welfare		
Medical Card		
Immunisations		
Handbook		



Graiguecullen Parish Childcare Centre CLG
 Killeshin Road, Graiguecullen, Carlow.
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PRESCHOOL SESSION	
Junior Preschool	
ECCE Year 1	
ECCE Year 2	
Op. Ex	

Enrolment Date: _____

CCSP BAND A	CCSP BAND AJ	CCSP BAND B	CCSP BAND D	TEC	BAND C/NCS
DAYS ATTENDING	Monday	Tuesday	Wednesday	Thursday	Friday

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(s) optional: _____

Please list all people other than yourself who May Collect the Child: _____

Name an adult we may contact in an emergency if parent 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	IMMUNISATIONS/ VACCINES	Doctors Name:	Dietary Requirements:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ph No: _____	

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

Is there any other details you wish us to know about your child e.g. Habits, toilet training etc. _____

Name of previous childcare provider (if any): _____

Admission Date: _____ Cease to Attend: _____

AGREEMENT MEDICAL TREATMENT/OUTINGS

I hereby consent to _____ (child's name) receiving medical treatment, if a doctor thinks it's re-
 quired 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 every month

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



Graiguecullen Parish Childcare Centre CLG

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

Parental Consent Form

Enrolment Form (Retained by the Service for 2 years from when child the ceases to attend Service)

Attendance Record (Retained by the Service for 7 years from when child the ceases to attend Service)

Accident/Incident Record (Retained by the Service until the child is 21 years of age)

PIP Pre-Registration Form (which includes name and PPSN of parent/guardian/child)
(Note: the 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 and I am hereby consenting on his/her behalf that GPCC can process his/her sensitive data or 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 newsletter.

NOTE: All photographs will be deleted/destroyed after your child has left the Service)

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.'

WITHDRAWAL OF CONSENT

Signed by Parent/Representative/Legal Guardian,

Signature: _____ Date: _____