



REGISTRATION FORM

Clondrohid Community Creche & Pre-School

Clondrohid,

Macroom,

Co. Cork.

Tel (026) 43344: email: clannaire@eircom.net

Child's Name _____

Date of Birth: _____

Home Address: _____

Home Phone No _____

Date of commencement:(Creche) _____

Date of Cessation of Creche: _____

Date of commencement:(Pre-School) _____

Date of cessation of Pre-School: _____

Name of Parent/Guardian: _____

Workplace Address: _____

Work place phone No: _____

Name of Parent/Guardian: _____

Workplace Address: _____

Work place phone No: _____

Person(s) Authorised to collect (other than parents/guardian)

Name: _____

Contact No: _____

Name: _____

Contact No: _____

Name: _____

Contact No: _____

Personal Details:

Family Doctor: _____

Contact no: _____

Immunisation Record:

BCG	6 in 1 + PCV 2 Months	6 in 1 + Men C 4 months	6 in 1 + PCV+Men C 6 months	MMR + PCV 12 Months	Men C + HIB 13 Months	4 in 1 +MMR 4-5 yrs

Did your child ever have any of the following?

Yes No

Chicken Pox		
Whooping Cough		
Mumps		
Rubella		

Does your child suffer from any medical conditions, disabilities or allergies?

Does your child have any special dietary requirements?

In the case of an emergency do you consent to have your child taken to doctor/hospital?

I/We give permission to the staff/management of Clann Aire to act on my behalf in the case of an emergency or accident and to take such actions as may be necessary for the benefit my child. **yes / no** please circle one

Parent/Guardian Name; _____

Supervisor/Manager Signature: _____

Date: _____

In hearby give permission to the members of staff/management to take photographs & video recording of my child for the purposes of observation & displays witin the centre:

yes / no please circle one

Parent/Guardian Name; _____

Supervisor/Manager Signature: _____

Date: _____

In hearby give permission for my child's photograph to be taken and used for promotion of our services in newspapers or local or national publications

yes / no please circle one

Parent/Guardian Name; _____

Supervisor/Manager Signature: _____

Date: _____

In hearby give permission for my child's photograph to be taken and used for promotion of our services on our website

yes / no please circle one

Parent/Guardian Name; _____

Supervisor/Manager Signature: _____

Date: _____

Permission for outings in Pre-School:

I/We give permission for our child to take part in walks and outside of the pre-school grounds, on the undertaking that the adult:child ratios are met at all times by the staff of Clann Aire.

Parent/Guardian Name; _____

Supervisor/Manager Signature: _____

Date: _____