

Details of People Authorised to Collect your Child

Name 1:

Address:
.....

Telephone number:

Name 2:

Address:
.....

Telephone number:

Alternative contact in an Emergency

Name 1:

Address:
.....

Telephone number:

Name 2:

Address:
.....

Telephone number:

Details of GP (Doctor)

G.P. Name:

Address:
.....

Telephone number:

Record of Immunisations

Which of the following immunisations has your child received? (please tick if received)

6 in 1 (Diphtheria, Hib, Hep B, Acellular Pertussis, Polio, Tetanus)	<input type="checkbox"/>
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/>
Rotavirus <input type="checkbox"/>	Men B <input type="checkbox"/>
PCV <input type="checkbox"/>	Hib <input type="checkbox"/>
MenC <input type="checkbox"/>	

Other Information

Does your child have any of the following:

Allergies (please detail):

Special needs (please detail):

If there is any further information relevant to your child which we should be aware of please include it here:

.....

.....

Policies and Procedures in our Parents Handbook

General

I/we have viewed a copy of the policies and procedures of the preschool (see www.kellysbaymontessori.ie) and are in agreement with the terms set out in them.

Signed: Date:

Relationship to child:

Discipline

I/we have been viewed a copy of the policy regarding discipline of children which is operated in the preschool service (see www.kellysbaymontessori.ie) and I/we are in agreement with its provisions

Signed: Date:

Relationship to child:

Medical Emergency

It is the policy of this preschool to follow appropriate medical procedures in the event of an emergency. If such an occasion arises and in the unlikely event that a parent or other nominated adult cannot be contacted then the preschool has the

permission to consent to any emergency medical treatment which may be necessary for your child. Please keep in mind that this will be in the event of an absolute emergency and the appropriate medical services will be contacted.

Signed: Date:

Relationship to child:

Children first policy

The Montessori operates a children first policy, this means that we have attended a briefing session in child welfare and child abuse. It is the policy of this preschool to make a written note of any signs or behaviours which may indicate abuse – emotional, physical or otherwise, to notify the parent/guardian of any changes we notice and to then notify the relevant authority should we feel it is necessary. I/we have agreement with the above policy.

Signed: Date:

Relationship to child:

Communication

In order to fully comply with the E.U. data protection laws which came into effect on 25th May 2018:

1. I give my permission to join the Kelly's Bay Montessori WhatsApp Parents Group (upon my child's commencement), which will be used by staff to send relevant general day to day school information to parents.

The parents WhatsApp group is for the staff ONLY to relay information. If parents need to contact us, please do so directly through a private message, WhatsApp, email or phone call. Our school mobile number is 087 3456925 and landline is 01 8493060. This would be greatly appreciated.

Please indicate below the parent/s mobile numbers to be included in the WhatsApp Parents Group:

Parents Name: _____ Mobile Number: _____

Parents Name: _____ Mobile Number: _____

2. I acknowledge I have received permission from all additional contacts given on my Child's Record.
3. I give permission to Kelly's Bay Montessori to communicate with me via email to receive Newsletters, Learning Stories, Parents Handbook etc relating to my child and his/her class, and any other relevant information.

YES / NO

Kelly's Bay
Montessori Ltd.
"The best possible start!"

Email Address: _____

Parent's Signature: _____ Date: _____

Child's Name: _____