



PRESCHOOL ENROLMENT FORM

V03.25

Killeshin Road, Graiguecullen, Carlow, R93KT68

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E: graiguecullen.pcc@gmail.com

W: graiguecullenpcc.ie

Enrolment Date: _____

Child's Full Name: _____

Date of Birth: _____ Nationality: _____ Religion: _____

Address (Include Eircode): _____

Mother's Name: _____ Marital Status: _____

Mother's Address: _____

Phone No: _____ Occupation: _____ Work No: _____

Email Address: _____

Father's Name: _____ Marital Status: _____

Father's Address: _____

Phone No: _____ Occupation: _____ Work No: _____

Email Address: _____

List all the people (Other than yourself) who are authorised to collect your child including in an emergency:

Name	Address	Telephone Number	Relationship to Child
1.			
2.			
3.			

Does your child have any of the following (Please circle yes/no)

Allergies	Medical history	Immunisations /Vaccines Proof	Diagnosis/pending of additional need	Special Dietary Needs	Doctor Name and number
Yes	Yes	Yes	Yes No	Yes No	
No	No	No (waiver required)			

If yes, please give details of any special help your child may require: _____

Are 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): _____

Signed _____ Date: _____

Signed by Parent/Representative/Legal Guardian

Relationship to Child: _____ GPCC Witness: _____

RECORD OF CONSENT: (Please circle yes/no)

1. I hereby consent to _____ (Child's name) receiving medical treatment from a medical professional if it is necessary as an emergency and I cannot be contacted, following reasonable attempts to do so, prior to such treatment being administered. Yes No

2. I give permission for _____ (Child's name) to go on outings with staff of GPCC. Yes No

3. I give permission for my child, _____ to be photographed and recorded on video. Yes No

Signed by Parent/Representative/Legal Guardian: _____ Date: _____

(Note: Our team take photographs/videos of the children that are in our care. These photographs/videos are used for recording their learning and for display in our facility. Photographs may also be sent to external 3rd parties e.g. GPCC website, Google Photos, social media, local newspapers and monthly newsletter which will be sent to you via WhatsApp/Email).

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 _____ Date: _____

Changes during the year to medical/allergy/ immunisations/ dietary requirements/doctor/ diagnosis/ collection/address/ phone etc to be noted here.

FOR OFFICIAL USE ONLY:

Start Date: _____ Ceased to attend date: _____

Junior Preschool	ECCE Year1	ECCE Year 2	Long Day Care 9-3		Full Day Care 8.30 – 5.30
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

(Please circle yes/no)

Proof of immunisations received	Yes	No	Waiver form for unvaccinated child signed	Yes	No
Parent Handbook provided	Yes	No	NCS Scheme refusal form signed	Yes	No
Administration of Medicine signed	Yes	No			

