



*Insert days/times required. This does not guarantee provision of dates/times chosen* Enrolment Date: \_\_\_\_\_

<b>Days</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Times am</b>					
<b>Times pm</b>					

School: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room No: \_\_\_\_\_

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	Immunisations /Vaccines	Diagnosis/pending of additional need	Access to SNA during school hours	Special Dietary Needs	Doctor Name and number
Yes	Yes	Yes	Yes	Yes	
No	No (waiver required)	No	No	No	

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

\_\_\_\_\_

\_\_\_\_\_

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 3<sup>rd</sup> 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: \_\_\_\_\_

**(Please circle yes/no)**

Homework Completion Form	Yes	No	Waiver form for unvaccinated child signed	Yes	No
Administration of Medicine signed	Yes	No	NCS Scheme refusal form signed	Yes	No

