

The Montessori STORY

Unique Montessori Centre & Playschool

11 Balreask Manor, Trim Rd., Navan, Co. Meath. Tel/Fax: 046-9073625 / 087-9544432
24 Balrath Woods, Mullingar Road, Kells, Co. Meath. Tel: 046-9293572

Note to Parents/Guardians

Please ensure that you read this form carefully and answer all questions. We have a responsibility under the Child Care Act 1991 (Early Years Services) Regulations 2016 to collect specific information relating to your child. The more information we can gather the better quality a service we can provide.

Also, before you complete and return this enrolment form please ensure you are **fully committed** to attending The Montessori Story as you will be asked to pay an enrolment fee to secure your place. This will not be refunded under any circumstances should you fail to attend the service. Thank You!

IMPORTANT: PLEASE READ CAREFULLY AND COMPLETE IN FULL PERSONAL DETAILS

START DATE _____ PLACE TYPE: ECCE SESSIONAL 9-12[] ECCE SESSIONAL 12.30-15.30[] Pre ECCE []

Child's First Name: _____ Child's Family Name: _____

Date of Birth: _____ Male/Female: _____

Nationality: _____ Language(s): _____

Home Address: _____

Names of Other Children Attending the service _____

Parent/Guardian Name _____ Relationship to child _____

Address: _____ (Tel) Home: _____

Work: _____

Mobile: _____

Email: _____ This is an important method of communication for the school

Parent/Guardian Name _____ Relationship to child _____

Address: _____ (Tel) Home: _____

Work: _____

Mobile: _____

Email: _____ This is an important method of communication for the school

Who may be contacted in an Emergency if parents are not available – two names must be given:

1. Name: _____ Tel. No. _____

Address: _____

2. Name: _____ Tel. No. _____

Address: _____

I confirm that the above persons have been informed by me that their details have been shared with the service

Signed: _____ Date: _____

ENROLMENT INFORMATION

Pre-ECCE Year (2 ½ years old +)	ECCE Year 1 From 2+8mths to 3+7mths	ECCE Year 2 from 3+8mth to 4+8 mths

***PLEASE NOTE YOUR CHILD MUST BE 2YRS AND 8MTHS BY SEPT THE 1ST TO START THEIR FIRST ECCE YEAR**

Please select your days – tick accordingly – these days are not guaranteed but we will do our utmost to accommodate your request:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING: 9 - 12					
AFTERNOON: 12.30 – 15.30					

ADDITIONAL SERVICES AVAILABLE – Please tick if you would like avail of these services:

As this is an 'add on' service to the standard Montessori session, a fee will apply

Early Drop Off: 8.45 to 9.00	
Extended Session: 12.00 to 12.30	
The Extended Session is available to children attending both the Morning and Afternoon session	

What year is your child attending primary school? _____

Which Primary school do you think your child will be attending? _____

Number of children in the family: _____

Is your child the eldest/only, middle or youngest in the family? _____

Who does the child live with? _____

Additional information that may help us to get to know your child better: _____

N.B: How many years will your child attend The Montessori Story and when is your Child eligible for the ECCE scheme (Free Pre-School Year)? _____

How did you hear about The Montessori Story? Please tick all that apply:

- | | |
|-------------------------------|------------------|
| 1. Newspaper: _____ | 4. WOM _____ |
| 2. Flyer: _____ | 5. Website _____ |
| 3. Directory Inquiries: _____ | 6. Other _____ |

DEVELOPMENTAL MILESTONES

Has your child had their most recent Public Health Nurse Check? _____

Has your child been referred for Speech and Language Therapy or any other services by the Public Health Nurse?

MEDICAL INFORMATION

Family Doctor: Name: _____ Tel: _____

Address: _____

Record of immunisations: Please ATTACH COPY of your child's immunisation booklet

This is required under the Child Care Act 1991(Early Years Services) Regulations 2016

6 in 1	PCV	Men C	MMR	HIB	Oral Polio	Men C
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Copy of vaccination record attached? Yes [] No []

I confirm that my child has been vaccinated:

Signed Parent _____ Date _____

If your child has not been vaccinated we require you to provide a disclaimer.

Medical history (Please outline any illnesses your child may have) or does your child require special care:

NOTE Medical Care Plans may be required

Does your child have any allergies? Yes ___ No ___

If Yes, please complete the Form Below

What is the child allergic to?
What is the nature of the allergic reactions? e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
What to do in case of allergic reactions, any medication used and how it is to be used? (e.g. EpiPen).
Is Medication Used?
Control measures – such as how the child can be prevented from contact with the allergen.
Other Comments

To be filed in the child's records and be available to staff

PRESCRIBED MEDICATION

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name, dosage, route of administration, date and expiry date. We can only accept medicine that has the original pharmacy label and is written in the English language.

AGREEMENT FOR MEDICAL TREATMENT

I hereby give consent to my child (name of child) _____ receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

In the event of an emergency an ambulance will be called. The parent will be contacted and informed about the emergency.

*Signed: _____ Date: _____

Witnessed: _____ Date: _____

CONSENTS

Permission to Administer Medication

I/We _____ (parent/guardian) give permission to the management staff of The Montessori Story to act on my behalf in administering medication and to take such action as may be necessary for the benefit of my child and his/her needs. This decision is to be taken by the person in charge at the time. I understand that it is my responsibility to provide the staff of The Montessori Story with the relevant information in relation to my child's needs, health and well-being.

Permission to Photograph

I/We _____ (parent/guardian) give permission to The Montessori Story to photograph my child for the following:

- Halloween, Christmas, Easter and Summer and Birthday Parties
- Children at work with the Montessori materials and at play both inside and outside
- Various different fund-raising events that are organised by The Montessori Story e.g. National Pyjama Day, The Big toddle, Making Music with Marvin etc.
- Photos may appear on Social Media of your child's activities (faces will be blurred or photos will be taken from behind or from a distance)

I understand that and agree to these photos being used for advertising purposes.

First Aid

I/We _____ (parent/guardian) authorise the staff that are trained in First Aid to give my child First Aid when appropriate.

Student Observation Permission

I/We _____ (parent/guardian) understand that from time to time throughout the year students will carry out work experience at The Montessori Story, observing children as part of their course. These observations are vital to ensure that theory is backed up by actual experience. Students will never have unsupervised access to the children and the importance of confidentiality is made very clear.

Sun Cream Permission

I/We _____ (parent/guardian) give permission for the application of sun cream to my child as outlined in the Sun Protection Policy. The brand of Sun Cream used by The Montessori Story is Nivea. If your child has allergies to this please let us know.

Outings Policy

I/We _____ (parent/guardian) give permission for my child to go on an outing with the staff of The Montessori Story. All outings are pre planned and there is appropriate supervision in line with the Child Care Act 1991(Early Years Services) Regulations 2016. Our outings are typically Nature Walks or the annual Barnardos Big Toddle and do not involve transport.

Toileting Policy

I/We _____ (parent/guardian) give permission for the staff in The Montessori Story to attend my child following a soiled nappy/toileting accident or any incident requiring a change of clothes such as spillage or outdoor play.

Permission to Act in the Event of an Emergency/Accident

I/We _____ (parent/guardian) give permission to the management staff of The Montessori Story to act on my behalf in case of an emergency/accident and to take such action as may be necessary for the benefit of my child. This decision is to be taken by the person in charge at the time.

Parent/Guardian's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

CHILD PROTECTION

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We have a moral and legal obligation to ensure that all children in our care are protected, and their health and welfare are safeguarded. Our staff are mandated to report any concerns

All staff in the service are vetted through the Garda vetting unit and have the correct qualifications to work with children. We act to protect children from harm, which may arise. It is our duty in this case to question the cause of any behaviour, bumps, bruises or unusual markings. Our main concern in the service is to safeguard and protect the welfare of children. We have a responsibility to identify report and record any suspicions of child abuse to Tusla the Child and family Agency. We have a responsibility to respond to all child protection concerns.

COLLECTION AUTHORISATION

I authorise the following people to collect my child _____ in the event of my absence. I acknowledge unless I have spoken to the Manager my child **cannot** be collected by any other person.

1. Name: _____ (Tel) Home: _____ Mobile: _____

Address _____

Relationship to child: _____

2. Name: _____ (Tel) Home: _____ Mobile: _____

Address _____

Relationship to child: _____

3. Name: _____ (Tel) Home: _____ Mobile: _____

Address _____

Relationship to child: _____

I confirm that the above persons have been informed by me that their details have been shared with the service

Signed: _____ **Date:** _____

Separated and Divorced Parents

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months (applies to children born after 18 January 2016.)

- We cannot refuse either parent to collect their child unless a court order is in place.
- We ask that parents give us information on any person that **does not** have legal access to the child.
- Where custody of a child is granted to one parent, we would ask you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there is any legal documents i.e. custody order, barring order we would ask you to provide us with a copy to keep on file.

CONTRACT OF AGREEMENT FOR ENROLMENT
AT THE MONTESSORI STORY

The Montessori Story will operate according to our written Policies and Procedures, which were developed to incorporate mutual respect and encouragement. I have been provided with the opportunity to discuss these and have any queries explained/discussed with a staff member at the time of enrolment. I agree to sign a contract which states that I understand and am in agreement with these Policies and Procedures.

Please ensure you have read our Information Pack before signing this contract. Should you have any further queries regarding our service, policies or procedures please do not hesitate to discuss this with us. These can be emailed to you upon request.

Data Privacy - Consent for Collection and Usage of your personal data

Please ensure that all parents or guardians whose information has been supplied in this form read and complete the following.

I have read the Service's Privacy Notice, and I understand the reasons for requesting the personal information sought about myself and my child in this Registration form.

I consent to the collection and processing of the data given, for these purposes, by [Service name]

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

Parent or Guardian's signature (1)

Parent or Guardian's signature (2)

On Behalf of The Montessori Story

Manager/designated person's signature: _____



This contract must be returned along with the Enrolment Form for your child in order to secure your place. Thank you.

Date child ceased to attend The Montessori Story: _____

Reason for Leaving: _____

21.11.18