

**Naíonra Foirm Chlárúcháin (Preschool Registration Form)**

Ainm an páiste *(Child’s name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fir/bean *(Male/Female)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dáta Breithe *(D.O.B)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh baile *(Home address)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Uimhir guthán baile (*Home phone number)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ríomhphoist *(Email)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dáta tosaigh *(Start Date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dáta deiridh *(End Date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Náisiúntacht *(Nationality)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Príomh teanga *(Primary Language)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cé a cónaíonn an páiste leis *(Who does the child live with)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sonraí Tuismitheoir/Caomhnóir *(Parent/Guardian Details)***

Príomhtheagmhála *(Main contact)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ionad oibre *(Workplace)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Uimhir oibre *(Work contact)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uimhir fón póca *(Mobile)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teagmhail thánaisteach *(Secondary contact)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ionad oibre *(Workplace)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Uimhir oibre *(Work contact)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uimhir fón póca *(Mobile)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eolas éigeandála / leighis *(Emergency/Medical Information)***

*Más rud é nach féidir teagmháil a dhéanamh le ceachtar tuismitheoir/caomhnóir i gcás éigeandála, glaoigh ar (If either parent or guardian cannot be contacted in case of emergency call):*

Dochtúir an páiste (Child’s Doctor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh *(Address)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uimhir Guthán *(Telephone)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiaclóir an páiste *(Child’s Dentist)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh *(Address)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uimhir Guthán *(Telephone)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eolas árachais *(Insurance information)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tabhair cóip de doiciméid imdhíonta do pháiste le do thoil *(Please supply a copy or your child’s immunisation documents)*.**

**Eolas faoi do pháiste *(Information about your child)***

Nósanna súgartha *(Play habits)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nósanna itheacháin *(Eating behaviour)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maith / nach maith leo *(Likes/Dislikes)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eagla/imní *(Fears)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is é meon mo pháiste de ghnáth *(My child’s temperament is usually)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An bhfuil bréagán compord ag do pháiste? *(Does your child have a comfort item/toy?)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An bhfuil do pháiste in ann an leithreas a usáid go neamhspleách? (Is your child toilet trained?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cén focail a úsáideann sé/sí le haghaidh leithris? *(What words does he/she use for the toilet?)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An bhfuil aon ailléirgí bia ag do pháiste? *(Does your child have any food allergies?)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An bhfuil aon saincheisteanna sláinte ag do pháiste? *(Does your child have any health issues?)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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An bhfuil aon deacrachtaí cainte agus teanga ag do pháiste? *(Does your child suffer from any speech/language difficulties?)*

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An bhfuil aon riachtanais chothaithe specialta ag teastáíl ag do pháiste? *(Does your child have any special dietary requirements?)*

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**Toiliú Tuismitheora *(Parental Consent)***

*Baineann gach ceann de na toilithe seo le beartas agus le nós imeachta inár seirbhís. Cuir cheist ar ball den fhoireann más mian leat iad seo a fheiceáil níos mionsonraithe. (Each of these consents relate to a policy and procedure in our service. Please ask any member of staff should you wish to see these in more detail.)*

1. **Cúram Leighis Éigeandála *(Emergency Medical Care)*:** Tuigim go ndéanfar gach iarracht teagmháil a dhéanamh leis an tuismitheoir / caomhnóir ainmnithe i gcás éigeandála a bhfuil gá leighis. Áfach, muna bhfuil féidir teagmháil a dhéanamh le haon cheann díobh seo tugaim cead do Naíonra Chluain Meala mo pháiste a iompar chuig an dochtúir nó ospidéal áitiúil de réir mar is gá. (I understand that every effort will be made to contact the named parent/guardian in the event of an emergency requiring medical treatment. However if none of these can be contacted I hereby authorize Busy Bees Clonmel to transport my child to their local doctor or hospital as necessary and to secure the necessary medical treatment.)
2. **Garchabhair *(First Aid)*:** Tugaim cead do ball den fhoireann Naíonra Chluain Meala a bhfuil oilte i garchabhair é seo a usáid nuair is cuí.*(I authorise the staff of Busy Bees Clonmel that is trained in first aid to administer first aid when appropriate.)*
3. **Cead dul ar turas/dul amach/súilóid *(Trip/Outing/Walk Permission)*:** Tugaim cead do mo pháiste a bheith páirteach i aon turas/dul amach/súilóid atá eagraithe. Tuigim go nglacfar leis na réamhchúraimí riachtanacha chun sábháilteacht mo pháiste a chinntiú agus go gcloífear leis na cóimheasa do dhaoine fásta / páistí. Tabharfar fógra roimh aon turas.*(I authorize that my child may be taken on outings/walks that may be planned. I understand that the necessary precautions will be taken to ensure my child’s safety and that the adult/child ratios will be adhered to. Notification will be given prior to any outings.)*
4. **Cead Físeáin/Grianghraf *(Photo/Video Permission)*:** Tugaim cead do grianghraf/físeáin a thógaint de mo pháiste agus é a úsáid ar na bealaí seo a leanas *(I give permission for my child to have their photograph/video taken and used on the following):*

Laistigh den tseirbhís (Within the service): :\_\_\_\_\_\_ **X**:\_\_\_\_\_\_

Facebook/Instagram: :\_\_\_\_\_\_ **X**:\_\_\_\_\_\_

Suíomh idirlíon (Website): :\_\_\_\_\_\_ **X**:\_\_\_\_\_\_

1. **Taithí oibre *(Work Experience)*:** Ó am go chéile beidh mac léinn ar thaithí oibre ag tabhairt cuairte ar Naíonra Chluain Meala agus ag breathnú ar leanaí ar feadh am súgartha mar chuid dá staidéar leanúnach. Ní bheidh mac léinn gan maoirseacht riamh.*(From time to time throughout the year students on work experience will be visiting Busy Bees Clonmel and observing children throughout play time as part of their ongoing studies. Students will never be left unsupervised.)*
2. **Ainmhithe/peataí (Animals/Pets):** Tugaim cead do mo pháiste a bheith bainteach le ainmhithe / peataí / feithid. *(I give permission for my child to have access to animals/pets/insects.)*
3. **Uachtar gréine *(Sunscreen)*:** Tugaim cead do bhaill foirne Naíonra Chluain Meala uachtar greine a chuir ar mo pháiste de réir mar is gá. *(I give permission for my child to have sunscreen applied as necessary.)*
4. **Athrú éadaí *(Change of Clothes)*:** Tugaim cead do bhaill foirne Naíonra Chluain Meala éadaí mo pháiste a athrú de réir mar is gá. *(I give permission for staff at Busy Bees Clonmel to change my child’s clothes as necessary.)*
5. **Polasaí táillí *(Fees Policy)*:** Tuigim go bhfuil orm na táillí a íoc go seachtainiúil chun a chinntiú go bhféadfaidh mo leanbh leanúint mar baill den tseirbhís Naíonra.(*I understand that all fees must be paid on a weekly basis. This is to ensure that my child may continue to avail of the Preschool service.)*
6. **Polasaí Tinneas *(Sickness Policy)*:** Tuigim má tá mo pháiste tinn nó ag glacadh antaibheathach nach bhfuil cead acu freastal ar an Naíonra go dtí go bhfuil siad ag mothú níos fearr nó a bheith ar antaibheathach ar feadh 48 uair an chloig. *(I understand that if my child has been unwell or is taking an antibiotic that they must not attend preschool until such a time as they are feeling better or being on an antibiotic for 48 hours.)*

**Foirm scaoileadh le páiste *(Child release form)*:**

Ní scaoilfear aon páiste ón Naíonra chuig duine ar bith seachas a thuismitheoirí nó a chaomhnóir nó an duine atá ainmnithe faoi láthair i scríbhinn ag an bpáirtí sin chun an páiste a fháil. Ní mór dóibh siúd atá údaraithe chun an páiste a phiocadh suas aithint le grianghraf a chur i láthair gach lá go dtí go n-aithneoidh an soláthraí go héasca iad. Ta ar gach páiste a bheith sínithe isteach agus amach as an Naíonra go laethúil. (*No child will be released from Busy Bees Preschool to any person other than his/her parents or guardian or the person currently designated in writing by such parent to receive the child. Those people authorized to pick up the child need to present photo id each day until easily recognized by the provider. All children must be signed in and out of the Preschool daily.)*

*Tá cead ag na daoine seo a leanas mo pháiste a phiocadh ó Naíonra Chluain Meala. (The following persons have permission to pick up my child from Busy Bees Preschool):*

Ainm *(Name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uimhir guthán *(Phone)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ceangal don páiste *(Relationship to the child)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ainm *(Name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uimhir guthán *(Phone)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ceangal don páiste *(Relationship to the child)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ainm *(Name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uimhir guthán *(Phone)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ceangal don páiste *(Relationship to the child)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ainm *(Name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uimhir guthán *(Phone)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ceangal don páiste *(Relationship to the child)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deimhním go bhfuil an t-eolas go léir thuasluaite sa bhfoirm seo ceart agus cruinn chomh fada agus is eol dom. Geallaim go gcuirfidh mé in iúl d'Naíonra Chlauin Meala aon athruithe ar an bhfaisnéis má thagann siad chun cinn. *(I/We certify that all of the above information given in this form is correct and accurate to the best of our knowledge. I/We promise that I/We will notify Busy Bees Preschool of any changes to the information should they arise.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Síniú Máthair (caomhnóir) *(Mothers (Guardian) Signature)* Dáta *(Date)*

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Síniú Athair (caomhnóir) *(Father’s (Guardian) Signature)* Dáta *(Date)*

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Síniú Bainisteoir *(Managers Signature)*  Dáta *(Date)*