

Office Use Only	Date Received:	Start Date:	Conf. Letter Sent Y/N
-----------------	----------------	-------------	-----------------------



St Audoen's Childcare Service

Email: preschool@staudoens.ie

Ph: 01 6779856

Information

About Us:

St Audoen's Childcare Service is a TUSLA service of social care, based on the principals of Prevention, Partnership and Family Support. The service was established by the Eastern Health Board in 1987, as primarily a health care service providing assistance in the field of early intervention, social inclusion, educational access and family support.

Today we continue our commitment to improving outcomes for children, families and our community. The service has responsibility for early years education and family support services.

Admission:

- Due to the nature of our service capacity, we recommend children are 3 years of age before admission; priority is given to the eldest applicants first.
- Applications are accepted throughout the year but application deadline for each year is December 20th of the year prior to admission.
- We currently offer one session daily from 9am -12pm.
- Limited spaces are available for TUSLA/HSE referrals; PHN, Social Worker, Family Support etc. Please contact Eilish Meagher preschool@staudoens.ie. As part of our work with children and families, we work in partnership with local and national agencies to promote the well-being of all children and their families.

Please ensure you have included:

- Fully completed Application Form Pages 3,4,5,6
- Copy of Birth Certificate.
- Reports from relevant HSE/CAMHS/Medical & Support Services, if applicable

Please note:

Service attendance does not guarantee admission to St Audoen's NS, this is a provision of The Education (Admission to Schools) Act 2018. Please see St Audoen's NS Admission Policy for further info on school admission or contact hello@staudoens.ie

Pre-School Application Form

Personal Information:

Name of Child as on Birth Certificate:

.....

Male Female Date of Birth: PPS No:

Year to be Enrolled:

Child's Address:

.....

Nationality:..... Country of Birth:.....

Has your child attended another childcare service? Yes No

If YES: Name of Pre-School/Childcare Setting attended?.....

Has Applicant a sibling(s) currently attending St Audoen's NS? Yes No

If Yes: Name:

Has Applicant a sibling(s) who are past pupils of St Audoen's NS? Yes No

If Yes: Name:

Parents Details:

	Mother	Father
Name:		
Address:		
Contact Number:		
Email:		
Nationality:		
Profession:		

<u>Alternative Emergency Contacts</u> Name & Number: (Grandparent/Relation/Friend)	1. 2.
--	--------------

Collection Detail:

Besides Primary Carer/Guardian, who is permitted to collect your child from pre-school?

	<i>Extra Contact 1</i>	<i>Extra Contact 2</i>
Name:		
Contact Number:		
Relationship to Child:		

If there is there anyone who is NOT permitted to collect your child please speak to staff members.

Medical & Developmental Information:

Has your child received their Vaccinations/Immunisations? Yes No

Please tick as appropriate:

Has your child been diagnosed or treated for any of the following:	Yes	No
Asthma		
Heart Condition		
Fits, Fainting or Blackouts		
Epilepsy		
Diabetes		
Blood Disorder		
Allergies		
Does your child use any medication including inhalers, injections, creams, tablets, liquid...		

If the answer to any of the questions above is YES please give details here:

.....

Does your child have any illness/condition (not listed above) that he/she is currently being treated for?
 Please give details here

.....

Please let us know of any Dietary restrictions/Food allergies/intolerances your child may have:

.....

- Does he/she have a known visual problem? Yes No Does he/she wear glasses? Yes No
- Does he/she have intermittent ear problems? Yes No
- Has your child attended speech therapy? Yes No
- Has your child attended an Educational Psychologist? Yes No
- Has your child ever attended an Occupational Therapist? Yes No
- Has your child ever attended CAMHS? Yes No

If the answer to any of the questions above is YES please give details here:

.....

Are there any other details regarding your child's development that you feel the service should be made aware of?

.....

Please note:

- Withholding information regarding your child's developmental or educational needs may result in your child's needs not being met in this service. Please enclose any relevant reports or documents regarding the above.
- Your child may be photographed and/or pictured during their time in this service. Please note this is done strictly in line with our Child Protection Policy & GDPR Policy. If you would like to withdraw consent, please contact the service supervisor.
- First Aid may be administered when necessary.
- Child Protection Guidelines will be adhered to at all times.
- From time to time children are taken on short excursions and walks to broaden their educational experiences.

Parent/Guardian Signature: _____ **Date:** _____