

Naíonra Céimeanna Beaga (GMC)

Foirm Chlárúcháin / Registration Form 20 - 20

Afternoon Session 12.00 – 3.00
 Morning Session 8.45 – 11.45
 No preference
Note: Preference not guaranteed

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| Ainm an Linbh/Child's Name: | | Buachaill nó Cailín /Boy or Girl: | |
| Dáta Breithe/Date of Birth: / / | | Áit sa Teaghlach/Place in the Family: | |
| Dáta a thosaigh sa Naíonra: Date first attended Naíonra: | | Dáta ag críochnú sa Naíonra: Date ceased to attend Naíonra: | |
| Ainm an Tuismitheora/Chaomhnóra: Parent's/Guardian's Name: | (1) | (2) | (3) |
| Seoladh/Address: | | | |
| Fón/Tel: | | | |
| Ríomhphost/Email: | | | |

| | | | |
|---|---------------------------|-------------------|-------------------------|
| Teagmhálaithe i gcás éigeandála / Contact(s) in the event of an emergency: | | | |
| Ainm / Name: | Seoladh / Address: | Fón / Tel: | Gaol / Relation: |
| 1. | | | |
| 2. | | | |

| | | |
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| An bhfuil do leanbh ag glacadh páirt i Scéim an Bhliain Réamhscoile Saor in Aisce i mbliana / Is your child taking part in the ECCE Scheme this year? | Tá/Yes: | Níl/No: |
|--|----------------|----------------|

An Ghaeilge / Irish Language:

| | | | |
|---|------------------------------|-----------------------------|---------------------------|
| Cumas sa Ghaeilge (Cuir tic sa bhosca cuí) Ability in Irish (Please tick) | An Mháthair Mother | An tAthair Father | An Leanbh Child |
| Cainteoir Dúchais / Native Speaker: | | | |
| Gaeilge Mhaith / Competent: | | | |
| Ar bheagán Gaeilge / Some Irish: | | | |
| Tuiscint / Understanding: | | | |
| Gan Gaeilge ar bith / No Irish: | | | |

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|---|------------------------------|-----------------------------|
| Úsáid teanga sa teaghlach / Language use at home: | An Mháthair Mother | An tAthair Father |
| Agus an tuismitheoir ag caint leis an bpáiste sa bhaile labhraíonn sé/sí: When this parent is speaking to this child he/she speaks: | | |
| Béarla amháin / English only: | | |
| Corrúsáid Ghaeilge / Occasional use of Irish: | | |
| Roinnt Gaeilge, Béarla den chuid is mó / Some Irish, mostly English: | | |
| A leath agus a leath / About half the time Irish and half the time in English: | | |
| Gaeilge den chuid is mó, roinnt Béarla / Mostly Irish, some English: | | |
| Gaeilge amháin / Irish only: | | |
| Teanga Eile / Another language; Tabhair Sonraí / Give details | | |

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|---|----------------------|---|
| An bhfuil an Ghaeilge mar phríomh theanga an teaghlaigh? Is Irish the main language of the home? | Tá/Yes: | Níl/No: |
| Ainmnigh na teangacha ata á labhairt sa bhaile in ord úsáide? Please name the languages used in the home in order of use? | 1: | 2: 3: |
| An raibh deartháir nó deirfiúr sa Naíonra seo cheana? Did a sibling of the applicant attend the Naíonra in the past? | Ní raibh /No: | Bhí/Yes: Anim/Name: Bliain/Year: |
| An bhfuil deartháir nó deirfiúr sa Naíonra seo cheana? Did a sibling of the applicant attend the Naíonra in the past? | | |
| An bhfuil deartháir nó deirfiúr níos óige sa chlann? Má tá Suim agat sa Naíonra dóibh, caithfidh tú foirm chlárúcháin a líonadh isteach. Has the applicant younger sibling/s at home? If so, and if you are interested in a place in the Naíonra, please complete an additional enrolment form for each child. | Níl/No: | Tá/Yes: Anim/Name: Foirm Chlárúcháin Líonta/ Enrolment Form Completed: |
| An bhfuil foirm iarratais/léiriú spéise líonta don dalta le hagh GMC do 20___? Has the applicant returned an application/expression of interest form for GMC for Sept. 20___? | Tá/Yes: | Níl/No: |

Ag cur aithne ar do pháiste / Getting to know your child:

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|---|
| Cleachtas Leanbhlárnach sa Naíonra, cad iad na suimeanna atá ag do leanbh (m.sh. Ealaín, peil, míreanna mearaí, srl) / Child Centred Practice in the Naíonra, what are your child's interest? (e.g. Art, football, jigsaws etc) : |
| An dtaitníonn leabhair le do pháiste agus an maith leis/léi éisteacht le scéalta? An bhfuil rogha is fearr rann, scéal, fiseán nó dlúthdhiosta aici/aige? / Does your child enjoy books and listening to stories? Does he/she have any favourite rhymes, stories, videos or cds? |

Forbairt / Development:

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|---|
| An gceapann tú go bhfuil teanga do pháiste ag forbairt mar is cuí? / Do you feel your child's language is developing as it should? |
| An bhfuil forbairt fhisiciúil an pháiste mar a cheapfá ag a haois/aois? / Do you feel your child's physicals development is what you would expect for his/her age? |
| An bhfuil buairt nó inní leith ort maidir le forbairt do pháiste? / Do you have any concerns or worries about your child's development? |

Conas a chuireann tú do pháiste ar a shuaimhneas? / How do you comfort your child when he/she is upset?

Ar mhaith leat aon eolas eile a thabhairt dúinn ionas go socraíonn do pháiste isteach i gceart agus go mbíonn sí/sé sásta sa naíonra? / Is there any other information you would like to share with us in order to help your child to settle in and be happy in the naíonra?

Cúrsaí Sláinte / Health Matters:

Ainm an Dochtúra / Name of Family Doctor:

Seoladh / Address:

Fón / Tel:

| An raibh aon cheann díobh seo a leanas ag do leanbh? Did your child have any of the following? Please tick. | Ní raibh No | Bhí Yes | Dátaí Dates |
|---|-----------------------|-------------------|-----------------------|
| Deilgneach / Chicken Pox: | | | / / |
| An Triuch / Whooping Cough: | | | / / |
| Leicneach / Mumps: | | | / / |
| Bruitúneach / Measles: | | | / / |
| An Bhruitúneach Dhearg / Rubella (German Measles): | | | / / |
| H1N1 Fliú na Muc / H1N1 Swine flu: | | | / / |

| | | |
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| Aon riachtanas phearsanta nó tinneas ba chóir (ar son leas an linbh) a bheith eolas ag an Stiúrthóir? Any personal needs or illness which (for the child's welfare) should be known to the Director of the Naíonra? (Please tick) | Tá/Yes | Níl/No |
| Deacracht chainte/éisteachta / Speech/Hearing Difficulty: | | |
| Asma / Asthma: | | |
| Coeliac / Coeliac: | | |
| Diabaetas / Diabetes: | | |
| Titeamas / Epilepsy: | | |
| Haemaifilia / Haemophilia: | | |
| Ailéirge / Allergy: | | |
| Riachtanais Speisialta / Special Needs: | | |
| An bhfuil sainchúram agus aird faoi leith ag teastáil? Tabhair sonraí le do thoil/ Is special care and attention needed? If so please give details: | | Níl/No |
| I gcás timpiste sa Naíonra, an bhfuil cead an leanbh a thabhairt go dtí an t-ospidéal? In the case of an accident in the Naíonra do you give your permission to have your child brought to the hospital? | Tá/Yes: | Níl/No: |

Record of Immunisations / Stádas Díonachta:

Líon isteach na dátaí go léir le do thoil / Make sure to fill in ALL THE DATES please!

| Immunisation / Imdhíonadh: | Aois / Age Immunisation due: | Dátaí Dates |
|---|---|-------------|
| Eitinn / B.C.G. | At Birth | |
| 1. Diftéire / Diphtheria: 2. Teiteanas / Tetanus: 3. Accellular pertussis: 4. Polaimialíteas / Polio: 5. Hib b: 6. Hepatitis B 6 in 1 Pneumococcal conjugate vaccine: | 1 st of 3 (2 months) 1 st of 2 (2 months) | |
| 1. Teiteanas / Tetanus: 2. Diftéire / Diphtheria: 3. Accellular pertussis: 4. Polaimialíteas / Polio: 5. Hib b: 6. Hepatitis B 6 in 1 Meiningítís C / Meningococcal C: | 2 nd of 3 (4 months) 1 st of 2 (4 months) | |
| 1. Diftéire / Diphtheria: 2. Teiteanas / Tetanus: 3. Accellular pertussis: 4. Polaimialíteas / Polio: 5. Hib b: 6. Hepatitis B 6 in 1 Pneumococcal conjugate vaccine: Meningococcal C: | 3 rd of 3 (6 months) 2 nd of 2 (6 months) 2 nd of 2 (6 months) | |
| MMR & Pnuemococcus (PVC) Vaccine: | 12 months | |
| Hib booster & Meningococcal C Vaccine: | 13 months | |
| MMR (second): DtaP/IPV (4 in 1): | 4 – 5 years | |

Ainm an duine (na daoine) a bhaileoidh do leanbh ón Naíonra/

Name of person(s) who will collect your child from the Naíonra:

Gaol leis an bpáiste / Relationship to child:

| Dé Luain/Monday | Dé Máirt/Tuesday | Dé Céadaoin/Wednesday | Déardaoin/Thursday | Dé hAoine/Friday |
|-----------------|------------------|-----------------------|--------------------|------------------|
| | | | | |

Síniú an Tuismitheora/an Chaomhnóra / Signature of Parent/Guardian:

Dáta/Date: