



Bellefield Early Years Centre

Admissions Policy

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1.0 Policy Statement

- 1.1 The following policy outlines the admissions procedures for children enrolling in Bellefield Early Years Centre.
- 1.2 We welcome all families and children into our service inclusive of gender, marital status, family status, age, disability, race, sexual orientation, membership of the Travelling community and religious belief.
- 1.3 Bellefield Early Years Centre work closely with HSE Early Intervention Team to facilitate admission of children on a referral basis.
- 1.4 This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Child Care Act 1991 (Early Years Services) (Registration of School Aged Services) Regulations 2018.

2.0 Purpose

- 2.1 The purpose of this policy is to provide clear procedure and guidelines on the admission of children to Bellefield Early Years Centre.

3.0 Definition

- 3.1 N/A

4.0 Scope

- 4.1 This policy covers all staff members working with children in our service and parents/guardians attending the service. It is available to all parents, staff and children of the service.

5.0 Roles & Responsibilities

- 5.1 It is the responsibility of all staff members to be familiar with this policy and ensure that they adhere to the provisions of the policy
- 5.2 It is the responsibility of all Line Managers to be familiar with this policy and to ensure that they and staff within their area of responsibility adhere to the provisions of the policy.
- 5.3 It is the responsibility of the Author and key stakeholders to regularly review the policy and where necessary bring forward proposed revisions and changes in order to have an up to date and relevant policy in place for the organisation.
- 5.4 It is the responsibility of the HSE Early Intervention Team to make a referral for designated spaces for children with additional needs.

6.0 Procedures / Guidelines

- 6.1 Children must be two years and six months of age before starting in the setting.

6.2 Admissions Process

- 6.2.1 Parents/Guardians must complete the Expression of Interest Form (Appendix One) to be placed on the waiting list.
- 6.2.2 Expressions of Interest can be made up to one year in advance of expected start date.
- 6.2.3 Upon receipt of the completed Expression of Interest Form, the Team Leader will sign and date and place the name on the waiting list.
- 6.2.4 When a place becomes available the Team Leader will contact parents/Guardians and a Child Record Form (Appendix Two) must be completed. A child cannot commence until such time as the Child Record Form is completed in full and returned to the setting.

6.2.5 We encourage all prospective parents to visit the centre prior to placing their child on the waiting list.

6.3 Waiting List and offering of places

6.3.1 When a place becomes available, places are offered from the waiting list in order of the following criteria:

1. Children of staff members of County Wexford Community Workshop (Enniscorthy) CLG.
2. Children who are eligible for the Early Childhood Care and Education (ECCE) Scheme will be offered first, on a 'first come first served basis'.
3. Children who are attending on a part- time basis
4. Remaining places will be offered to children who are outside the age criteria for the ECCE Scheme that are over 2 years 6 months on their start date, on a 'first come first served basis'.
5. Places will be offered to children eligible and available to commence in September of the given year. Places will not be held for children to commence later in the academic year.

6.3.2 If a place is offered and no response is received by parent/guardian within two weeks. The place will be offered to the next child on the waiting list.

6.4 Referrals

6.4.1 A set number of places will be kept for referrals each year. The number of places available will be determined on the capacity of the centre each year.

6.4.2 We prioritise places on a referral bases from the HSE Early Intervention Team, however, are open to referrals from other organisations such as Tusla and the Department of Education if places are available.

6.4.3 Failure to provide details of your child's additional needs/disability at the time of expression of interest may render your place/offer void. This may be considered a circumvention of the HSE Referral and Prioritisation Procedure for children with disabilities.

7.0 Monitoring and Audit Procedures

7.1 The organisation reserves the right to review, amend or replace this policy. It will be reviewed on an on-going basis and it is the responsibility of each employee to ensure that they keep up to date.

8.0 References and Related Documents

- 8.1 Tusla (2018) Quality and Regulatory Framework: Sessional & Part Time Service.
DCYA (2016) Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education
Child Care Act 1991 (Early Years Services) Regulations 2016.
Child Care Act (Early Years Services) (Registration of School Aged Services) Regulations 2018.

9.0 Document Statement

Policies are available to support staff should they need advice and it is the responsibility of the individual to know how to access policies. This document has been developed by CWCWe & Kilcannon Industries Clg to support the care and services provided by the organisation. It has been issued in conjunction with existing organisational policies, procedures, guidelines, education and training programmes. We reserve the rights that no part of this publication may be externally reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of a member of the management team. Authorised reproduction of material must include acknowledgement of the source of the material and must be included in all references. We reserve the right to revoke such authorisation at any time, and any such use must be discontinued immediately upon notice.

10.0 Appendices

- ✦ Appendix One – Expression of Interest Form
- ✦ Appendix Two – Child Record Form

Appendix One – Expression of Interest Form



Bellefield Early Years Centre ECCE Expression of Interest Form

Child Details

Child's Name	
Date of Birth	
Postal Address	
Days per week required	
Service Required (Tick)	ECCE 09:15-12:15
	Part Time 09:00-14:00
Expected Start Date	

Parent/Guardian Details

(1) Parent/guardian's Name	
Phone Number	
Email Address	
(2) Parent/guardian's Name	
Phone Number	
Email Address	
Postal Address for Parent/Guardian (if different from child)	

Parent/Guardian

Signed	
Date	

Official Use Only:

Date received	Received by	Enrolment form sent

Appendix Two – Child Record Form

Child Record Form

Bellefield Early Years Centre

Name of Child: _____

Date Completed: _____

Start Date: _____

Leaving Date: _____

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Under the Early Years Services Regulations (2016), our early [years service](#) is required to have specific information on your child, their family and emergency contacts. Each child is [unique](#) and it is important we get to know your child and their interests as this information will help with the settling in process and the care of your child.

Our Service's [Data Protection Policy](#) and [Privacy Notice](#) outlines how we store, [access](#) and dispose of personal data.

Parent/Guardian Agreement

I _____ (Parent/Guardian's name) acknowledge the service is required to hold details and information on my child and our family. I am aware this is a requirement under the Early Years Services Regulations (2016).

I have read and received a copy of the Service Privacy Notice and I will inform the early years services regarding any details which change throughout my child's time with the early [years service](#).

I/We consent to the processing on the data given in this form.

Parent/Guardian's signature: _____

Date: _____



Your Child's Details

Child's full name: _____

Date of Birth: _____

Gender: _____

Home Address: _____

Child's first language: _____

If required change of address: _____

Your Details (Parent/Guardian)

Name: _____

Relationship to child: _____

Primary language spoken: _____

Home address (if different to above): _____

Mobile number: _____

Contact email: _____

Workplace address: _____

Work contact number: _____

Name: _____

Relationship to child: _____

Primary language spoken: _____

Home address (if different to above): _____

Mobile number: _____

Contact email: _____

Workplace address: _____

Work contact number: _____

Persons Authorised to collect your child (other than parents)

Name: _____

Address: _____

Relationship to Child: _____

Contact Number: _____

I consent to my information being held on file:

_____ (signed)

Date: _____

Name: _____

Address: _____

Relationship to Child: _____

Contact Number: _____

I consent to my information being held on file:

_____ (signed)

Date: _____

Consent from parent/guardian for the child to be released to authorised person
_____ (signed).

Emergency Contacts

(Persons to contact when parent/guardian cannot be reached)

Name: _____

Address: _____

Relationship to Child: _____

Contact Number: _____

I consent to my information being held on file:

_____ (signed)

Date: _____

Name: _____

Address: _____

Relationship to Child: _____

Contact Number: _____

I consent to my information being held on file:

_____ (signed)

Date: _____

Medical Details of your Child

Name of Child's GP: _____

Name of GP Surgery: _____

Address of GP Surgery: _____

Contact Number: _____

Immunisation Record

Child has received immunisations: (Please circle) Yes No

****Please attach copy of Immunisation Record Card or a record of Immunisations from GP.**

Specific Requirements

In order for us to fully support your child, it is important that we know if he/she has any of the following:

	Please Circle	
Additional Needs e.g. physical, intellectual	Yes	No
Linked with HSE Early Intervention Team	Yes	No
Hearing or speech difficulties	Yes	No
Allergies e.g. food, medicine, other pollutants	Yes	No
Specific cultural/dietary requirements	Yes	No
Other	Yes	No

If yes to any of the above, please outline details

If needed, a specific care plan will be developed to support your child.

If you would like to include additional information, please attach separately.

Help us get to know your child

To help your child settle in, we need to get to know him/her, their family and the things which are important in their life. You know your child best, and we would love for you to share some of their stories and interests. This information will be shared with the educator working with your child.

Who does your child live with? _____

Name of family members and others who have a close personal relationship in your child's life: _____

What interests does your child have? _____

What makes your child laugh? _____

Can you give us suggestions to comfort your child if they become upset? _____

Does your child have any special comfort objects? _____

Are there any special words or phrases which your child uses that we need to know? _____

Is there anything in particular which may frighten or distress your child: e.g. clowns/spiders/loud noises _____

Are there any occasions/celebrations that you would like us to celebrate: e.g. birthdays, religious festivals, cultural festivals _____

Please outline details and special requirements/needs if any that your child may have (that is not mentioned above): _____

**If needed please provide additional pages...*

Parent/Guardian Medical Consent

The Early Years Services Regulations (2016) requires parental/guardian consent for appropriate medical treatment should the need arise...

Parents/Guardians will always be asked to complete medical consent administration form prior to prescription medicines being given in the early years service...

**

1. Emergency Medical Treatment

I give permission for my child to receive appropriate medical treatment in the event of an emergency as outlined in the early years service policies: (Please Circle)

Yes

No

2. Temperature Reducing Medication (Antipyretic / Anti-Febrile Medication)

In the event where parent/guardians cannot be contacted, I give permission for my child to receive temperature reducing medication as outlined in the early years services administration of medication policy: (Please Circle)

Yes

No

3. Sun Cream Permission

I give permission for sun cream supplied by the early years service to be applied to my child:

Yes

No

I will notify the early years service as soon as possible if my child is diagnosed with an infectious disease e.g. measles, viral meningitis, diphtheria, whooping cough.

I will notify the early years service regarding any prescription medication for my child.

I have read the early years services policies and procedures relating to medical care. I understand the above and have consented/ not consented to treatment for my child.

I will notify management of changes to any of the details.

Parent/guardian's signature (1) _____ Date: _____

Parent/guardian's signature (2) _____ Date: _____



Section	Completed (✓/✗)	Section	Completed (✓/✗)
Child's details		Specific Requirements	
Parent's details		Help us get to know your child	
Person authorised to collect		Medical Consent	
Emergency Contacts		Photo Consent	
Medical Details of Child		Outing Consent	

Comments



Team Leader signature: _____ Date: _____

Information Updated: (1) Date: _____

Information Updated: (2) Date: _____