**Early Childhood Care & Education (ECCE) Programme 2021 – 2022 Service Ref No: \_\_\_\_\_\_\_\_\_\_\_\_\_**

(completed by Service)

**ECCE CHILD REGISTRATION FORM**

**PLEASE READ CAREFULLY**

The Early Childhood Care & Education (ECCE) programme provides free pre-school for children in the year(s) before they start primary school. In a limited number of circumstances where a child is over the eligible ECCE age range, an exemption in writing from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) may be provided for children with additional needs. Please inform your service provider if you have received such an exemption.

Please read the DCEDIY Letter to Parents, which your service provider should have provided to you.

If you are enrolling your child in the ECCE programme for the pre-school year 2021/2022 you should complete this document and return it to the service provider. The service provider will use this form to register your child for the ECCE programme on the Early Years Platform (The Hive). **When this information has been registered on the Hive, the service provider will print off the ECCE Parent Declaration Form which you must sign**. The Service Provider will not retain this document for data protection purposes.

Figures

Letter(s)

**For ECCE registrations from 23 August 2021 to the end of the ECCE preschool year the child must have been born between 1 January 2017 and 31 December 2018 inclusive.**

Please note that on the Hive, ECCE enrolments start on a Monday and end on a Friday.

**Information to be provided by the Parent / Guardian**

Parent/Guardian Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of pre-school service: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am the parent or legal guardian of the following child who attends this pre-school, and in whose name I am claiming under the ECCE programme.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Name**  **(as registered with Dept. of Social Protection)** | **Child’s PPSN** | **Date of Birth**  **(dd/mm/yyyy)** | **Gender**  **(M/F)** |
|  | Figures  Letter(s) |  |  |

|  |  |  |
| --- | --- | --- |
| **ECCE Start Date** | **ECCE End Date** | **No of Days per Week** |
|  |  |  |

**I understand that the information provided in this document will be used by the service provider to register the details on the Hive system only. I understand also that the Department of Children, Equality, Disability, Integration and Youth, or Pobal acting as Agent for the Department, in conjunction with the Department of Social Protection and the Department of Education, will use this information to verify that my child is eligible for the ECCE programme at this time, to calculate the capitation fees due to this pre-school service, and for statistical purposes.**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_