

# Naíscoil Shliabh gCuilinn

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*FOIRM CHLÁRAITHE/REGISTRATION FORM*

*COINNÍTEAR GACH EOLAS RÚNDA/ALL INFORMATION KEPT STRICTLY  
CONFIDENTIAL*

Aimn Dleathach an Pháiste/  
Child's Legal Name: .....

.....

Seoladh/  
Address: .....

.....

.....

Dáta Breithe/  
Date of Birth: .....

...../...../.....

Aimn an Athar/  
Father's Name: .....

.....

Aimn na Máthar  
Mother's Name: .....

.....

Sonraí Teagmhála/Contact Details

Home: ..... Mobile:.....Work:.....

Child's Likes and Dislikes

Ainm an Dochtúra/  
Doctor's Name: .....

Seoladh/  
Address: .....

Guthán/  
Telephone: .....

Eolas faoi chara nó faoi dhuine muinteartha a thabharfaidh aire don pháiste muna mbíonn tú féin sa bhaile ar uair phráinne/  
Information relating to a friend or relative who will look after your child if you are not there:

.....  
.....

CUIR TIC SAN ÁIT CHUÍ/ ENTER TICK WHERE RELEVANT

Diftéire/Teiteanas/Triuch

Diphtheria/Tetanus/Whooping Cough:

Polaimialíteas/

Polio:

Bruitíneach/Leicneach/Bruitíneach Dhearg/

Measles/Mumps/Rubella:

Teanndáileog Réamhscoile/Preschool Booster:

Titimeas/Epilepsy

Eachma/Eczema

Trithimh/Convulsions

Diaibéiteas/Diabetes

Plúchadh/Asthma

Fadbhanna Duáin/Kidney Problems

Ailéirgí/Allergies

Eolas/Information

An bhfuil nó an raibh ariamh fadhbhanna móra i dtaobh sláinte ag do pháiste?/  
Does your child suffer or has your child suffered, in the past, from any serious medical conditions?

Eolas/Information:

An bhfuil do pháiste ag freastal ar an ospidéal ar fáth ar bith?/  
Does your child attend hospital for any reason?

Eolas/Information:

An mbíonn ar do pháiste cógais rialta a chaitheamh?/  
Is your child on regular medication?

Eolas/Information:

An gcloíonn do pháiste le haiste bia speisialta?/  
Is your child on a special diet?

Eolas/Information:

An bhfuil deacracht ag do pháiste maidir le cumas radhairc/éisteachta/labhartha?/  
Does your child have any problems with sight/hearing/speech?

Eolas/Information

An bhfuil cead againn freastal ar leigheas do pháiste nó cóir a fháil dó/dí muna bhfuilimid ábalta gabháil i dteagmháil leat ar an uimhir ghutháin éigeandála a thug tú dúinn?/  
Do we have your permission to seek urgent medical attentions/hospital treatment in the event that we are unable to contact you on the emergency phone numbers you have provided?

Síniú an tuismitheora/an chaomhnóra

Parent/guardian signature: .....

Dáta/Date: .....