

**EARLY CHILDHOOD CARE AND EDUCATION (ECCE) PROGRAMME 2027/2028 CHILD PRE-REGISTRATION FORM****PLEASE READ CAREFULLY**

The ECCE Programme **provides free** preschool for 3 hours per day, 5 days per week over 38 weeks to children in the year(s) before they start primary school. For more information of the ECCE Programme, please see the ECCE Rules for the 27/28 programme year at the [EY HIVE](https://earlyyearshive.ncs.gov.ie/downloads/downloads-ecce/) and please read the DCDE Letter to Parents/Guardians which is available to read on <https://earlyyearshive.ncs.gov.ie/downloads/downloads-ecce/>.

**Children born between 01 January 2023 and 31 December 2024 inclusive, are eligible for the 2027-28 ECCE programme**

If you are enrolling your child in the ECCE Programme for the preschool year 2027/2028 you should complete this form entering the home address including Eircode and the name, date of birth, and PPS number of the child.

You should then return the form to the approved provider. The approved provider will submit the information provided on this document to register your child for the ECCE Programme on the Early Years Platform (EY HIVE). Your approved provider will only retain this document for the duration of the 2027/2028 programme year for compliance purposes.

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| <b>Information to be provided by the Parent/Guardian for the 2027/2028 ECCE Programme year</b> |
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The following fields are mandatory.

Parent/Guardian Name: \_\_\_\_\_ Name of Approved Provider: **Buttercup Childcare.**

Address of Parent/Guardian: \_\_\_\_\_

**I confirm that I am the parent or legal guardian of the following child who attends/will attend this preschool, and in whose name I am claiming under the ECCE Programme.**

| Child's Full Name<br>(as registered with Dept. of<br>Social Protection) | Child's PPS number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Birth<br>(dd/mm/yyyy) | Gender<br>(M/F) | Eircode |  |           |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">Figures</th> <th colspan="2" style="text-align: center;">Letter(s)</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | Figures                       |                 |         |  |           |  | Letter(s) |  |  |  |  |  |  |  |  |  |  |  |  |
| Figures                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 |         |  | Letter(s) |  |           |  |  |  |  |  |  |  |  |  |  |  |  |
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**Please note this form must be retained for the entire programme year for compliance purposes.**

To which ethnic or cultural background group does your child belong (please tick one) \*? Please note that it is 'optional' to provide this information.

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> White Irish<br><input type="checkbox"/> Irish Traveller<br><input type="checkbox"/> Roma<br><input type="checkbox"/> Any other White Background, please specify: _____<br><input type="checkbox"/> Black Irish<br><input type="checkbox"/> Black African<br><input type="checkbox"/> Any other Black background, please specify: _____ | <input type="checkbox"/> Asian Irish<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other Asian background, please specify: _____<br><input type="checkbox"/> Arab<br><input type="checkbox"/> Mixed group/background, please specify: _____<br><input type="checkbox"/> Other group/background, please specify: _____ |
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**\*I understand that data on ethnic or cultural backgrounds may be required for the purposes of allocating appropriate resources in early learning and care and school aged childcare to meet the individual needs of children from these communities and to comply with a number of international reporting requirements for children from these countries. Data on ethnic or cultural origins is required for statistical analysis and in order to underpin future policy and planning within the DCDE. By providing this information, I consent to (name of childcare service) recording these data fields on the EY HIVE.**

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

\*If ECCE provision is for 3 hours per day, it must be for 5 days per week over 38 weeks or if provision is 3 hours 30 minutes per day, it will be for 4 days per week over 41 weeks.

**I understand that the information provided may be used by the Department of Children, Disability and Equality (DCDE) and Pobal (acting as agent for the DCDE), in conjunction with the Department of Social Protection and the Department of Education and Youth, to verify that the child named above is eligible for the ECCE Programme and for statistical and/or system testing purposes. Information will also be provided under the Central Statistics Office Act, 1993 to assist with the gathering of national statistics, to verify that my child is eligible for the ECCE Programme at this time, to calculate the capitation fees due to this preschool service, and for statistical purposes.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email Address of Parent/Guardian: \_\_\_\_\_