# STANDARD OPERATING PROCEDURE

<table>
<thead>
<tr>
<th>SOP CODE</th>
<th>SOP TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>XPS-001-02</td>
<td>CHILDCARE ENROLMENT PROCEDURE</td>
</tr>
</tbody>
</table>

**PART 1**

**Author**

MS JOHANNA GATT  
MANAGER CHILD CARE SERVICES

**PART 2**

**Approver**

MS JACQUELINE FENECH  
DIRECTOR, HRMD

**PART 3**

**Authoriser**

MR SIMON SAMMUT  
UNIVERSITY SECRETARY

**Date of issue:**

**Date of next revision:**

**PART 4 (To be filled in by OOTS, QSU or RSSD)**

☐ This procedure has been revised and is no longer valid as from:  
(Write date)

☐ Date of NEXT REVISION is extended until:  
(Max. 4 years)

☐ SOP rendered obsolete on:  
(Write date)
1. **Reason for revision**
   1.1 This SOP supersedes SOP XPS-OP-001-02.
   1.2 Parents/Guardians wishing to enrol their children are required to submit an online registration form.

2. **Purpose and scope**
   2.1 This procedure explains the enrolment process of preschool children at the Child Care Centres of the University of Malta - Ilwien and It-Tajra.

3. **Definitions**
   3.1 UM: University of Malta

4. **Responsibilities**

   **4.1. Roles and Responsibilities of Childcare Manager**

   4.1.1 The childcare Manager receives applications for both the childcare and the afternoon drop-in sessions.

   4.1.2 It is the responsibility of the Manager to handle the different waiting lists.

   4.1.3 Before the commencement of the selection process the Manager is in touch with the parents or guardians to confirm that they are still interested in enrolling the child.

   4.1.4 The Manager has the responsibility of issuing the relevant letters of acceptance.

   4.1.5 The Childcare Centre Coordinator is responsible for issuing monthly invoices through AIMS to parents/guardians. These are then approved by the Manager and settled online.

**4.2. Roles and Responsibilities of Finance Office**

4.2.1 The Finance Office is responsible for ensuring that the relevant payments are received. The Finance Office together with the Childcare Manager are responsible for chasing possible debtors.

5. **Health and Safety requirements**

   5.1 N/A
6. Procedure

6.1 Children enrolled at Tajra centre shall not be younger than 18 months and not older than 4 years by the 1st of October (date of intake). Children enrolled at Ilwien shall not be younger than 12 months and not older than 3 years on the date of intake.

6.2 Application Process

6.2.1 Parents or Guardians wishing to enrol their children are required to compile the official registration form which is available online here: https://www.um.edu.mt/hrmd/childcare/enrolmentapplication. The registration form is available all year round and Parents or Guardians are able to submit the form anytime during the year.

6.2.2 Once the form, including the 35-euro, one-time registration fee, is submitted, the child is registered on the centre’s waiting list.

6.2.3 Enrolment to the childcare depends on the waiting list and vacancies in the particular age group. This waiting list is managed by the date of registration.

6.2.4 When a child is due to start attending the centre, parents are contacted around one and a half months in advance.

6.3 Priority for Enrolment

6.3.1 The waiting list is managed by the Manager. Applications are sorted by date of registration for each age group. Priority for enrolment is worked out according to:

- Date of Registration
- Siblings of children who are enrolled at either facility will be given top priority while their siblings are still attending the facility.
- All members of staff appointed through Council, working full-time at the UM or any other entity recognised by the same University. Students reading for a full-time degree or diploma at the UM or any other entity recognised by the same University.
- All members of staff appointed through Council, working part-time (20 hours per week and over) at the UM or any other entity recognized by the same University.
- All members of staff appointed through Council, working less than 20 hours per week at the UM or any other entity by the same University Students reading for a part-time (morning) degree or diploma at the UM.
- Other members of staff not appointed through Council, working at the UM or any other entity recognised by the same University.
• The General Public.

6.4 Acceptance at childcare

6.4.1 Approximately one month and a half before enrolment, the Manager of the Childcare is in touch with the Parents or Guardians to confirm if they are still interested in enrolling the child in the childcare. After the selection process, the Manager issues a letter of acceptance to those that are selected.

6.4.2 Children not on the free child care scheme will be invoiced monthly. Invoices are issued by the centre coordinator and vetted by the Manager. Invoices are to be settled online.

6.4.3 An information meeting is usually carried out during the main intake (October) with parents/guardians and children commencing at the childcare.

6.4.4 Parents of new children will receive the Policies and Procedures document by email and by the first day of attendance parents/guardians need to submit the following signed documents online together with a copy of the birth certificate:

• Medical form
• Data Protection Form
• Pick up Authorization Form
• Signed Declaration

6.5 Afternoon Drop-In Session

6.5.1 Both centres offer an afternoon Drop-in session between 13:30 and 17:15 hours. This is an opportunity for school-aged children to complete their homework and engage in free play activities.

6.5.2 The Afternoon Drop-In Session is offered between the 1st of October and the 15th of June. It is catering for children that are between 3 and 10 years old.

6.5.3 Application forms are available online and includes a one-time registration fee of 35 euro. An application for the Drop-In session becomes active when the following forms are submitted to the Manager or Centre Co-Ordinator.

• A copy of the child’s Birth Certificate
• Pick up Authorization Form, Medical History Forms, and Image using consent Form

6.5.4 Following acceptance to these Drop-In Sessions, the Childcare centre coordinator raises an invoice through AIMS which is then approved/vetted by the manager on a monthly basis. These fees are to be paid by bank transfer by not later than 10 days after the invoice has been issued.
7. References


8. List of appendices/worksheets

8.1. Appendix 1: Application Form Childcare Centre
8.2. Appendix 2: Medical form
8.3. Appendix 3: Data Protection Form
8.4. Appendix 4: Pick up Authorization Form
8.5. Appendix 5: Signed Declaration
Appendix 1: Application Form Childcare Centre

Application for Enrolment
Office for Human Resources Management & Development

It-Tajra ☐  Ilwien ☐  Afternoon Drop Off ☐

Staff (F/T) ☐  Staff (P/T) ☐  Student ☐  General ☐

Kindly note that this form serves as a waiting list application and therefore it does not guarantee a place at the Child Care Centre.

Section I – Child’s Details

<table>
<thead>
<tr>
<th>Name &amp; Surname</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Preferred date for your child to commence child care/afternoon drop off</td>
<td>Age</td>
</tr>
<tr>
<td>Number of days a week</td>
<td>From (time):</td>
</tr>
</tbody>
</table>

Section II – Parents/Guardians/Custodian Details

<table>
<thead>
<tr>
<th>Name &amp; Surname</th>
<th>Name &amp; Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Number</td>
<td>ID Number</td>
</tr>
<tr>
<td>Nationality</td>
<td>Nationality</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>E-mail Address</td>
</tr>
<tr>
<td>Work Phone Number</td>
<td>Work Phone Number</td>
</tr>
<tr>
<td>Mobile Number</td>
<td>Mobile Number</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
</tbody>
</table>

Section III – Emergency Contacts

<table>
<thead>
<tr>
<th>Name &amp; Surname</th>
<th>Name &amp; Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relation to Child</td>
<td>Relation to Child</td>
</tr>
<tr>
<td>Mobile Number</td>
<td>Mobile Number</td>
</tr>
<tr>
<td>Alternative Number</td>
<td>Alternative Number</td>
</tr>
</tbody>
</table>

Signature: | Date:

For Office Use

Waiting List Date of Activation

| Contacted for enrolment on | Accepted ☐ | Declined ☐ |

Date when child is to start attending

PAGE 6 OF 14
Appendix 2: Medical form

Medical History Sheet
To be completed by Parent

This consent form should be signed by the parent/s so that procedures may be carried out without any unnecessary delays. In case of accident or emergency, the Child Care Centre will attempt to contact the person/s and doctor/dentist listed in the form. If no one can be reached and if necessary, your child will be taken to hospital for treatment. However, no surgical procedure will be performed, except in extreme emergency, without the parent/s being contacted and fully informed.

General Information

Name & Surname of child

Date of birth

Name & Surname of Parent 1

Contact Number/s

Name & Surname of Parent 2

Contact Number/s

Emergency Contact Numbers (other than the above)
Medical History Information

1. Does your child have an allergy?  
   Yes  
   No

   If yes specify:  ________________________________

2. Is your child subject to frequent headaches?  
   Yes  
   No

3. Is your child subject to frequent earaches?  
   Yes  
   No

4. Has your child ever had an operation?  
   Yes  
   No

   Type of Operation  ____________________________  
   Month/Year  __________

5. Has your child had a major injury within  
   the past two years?  
   Yes  
   No

   Injury Description  ____________________________  
   Month/Year  __________

6. Does your child have any specific dietary  
   needs or preferences?  
   Yes  
   No

   If yes, specify:  ________________________________
   ________________________________

7. Is your child currently taking any prescription  
   medicine?  
   Yes  
   No

   Drug  ____________________________  
   Dosage  ____________
8. Does your child have or has had any of the following health conditions? (tick where necessary)

- Epilepsy
- Seizure Disorder
- Diabetes
- Hyperactivity
- Hay fever or seasonal allergies
- Heart murmur or heart problems
- Tuberculosis
- Hepatitis
- Any infective disease
- Reactions to insect bites or food
- Anaemia
- Emotional, psychological or psychiatric disturbance

9. Please describe any other specific health condition (not included above) or physical impairment about which we should be informed.

________________________________________________________________________

________________________________________________________________________

Name & surname of doctor / paediatrician_______________________________________

Telephone / Mobile number _________________________________________________

Name & surname of dentist __________________________________________________

Telephone / Mobile number _________________________________________________

Permission to Treat

I/We authorise our doctor/dentist or the Emergency Unit personnel at Mater Dei Hospital to give my/our child medication as needed. ☐

I/We have no objection to my/our child receiving blood transfusion in case of serious injury. ☐
I/We give permission for my/our child, to receive treatment and/or anaesthesia in the event of an incident or other emergency warranting a surgical procedure.

☐

Signature of parent 1 ___________________________ Date ________________

Signature of parent 2 ___________________________ Date ________________
Appendix 3: Data Protection Form

Using Images Consent Form

To be completed by Parent/Legal Guardian

The University of Malta’s Childcare Centres may occasionally take photographs or make video recordings of children attending our programmes. To comply with all applicable data protection legislation, we do so only in accordance with the consent you as the responsible parent/legal guardian provide hereunder. You may update your preferences or withdraw your consent entirely at any time by contacting us on tajra@um.edu.mt or ilwien.jc@um.edu.mt accordingly. For further information about our processing of personal data and to learn more about your rights in this regard, please refer to the Data Protection Section in our Information Handbook of Policies and Procedures. If you have any concerns about our processing of your child’s visual images, or for any other queries related to data protection matters, please feel free to contact us or the University’s Data Protection Officer at dpo@um.edu.mt.

Kindly tick as appropriate:

Name of Child ______________________________

Group ______________________________

Please circle your answer

Permission to take photos/videos

1. May we (UM’s Childcare Centres) take photos of your child? Yes No
2. May we take videos of your child? Yes No

Teaching purposes

3. May we include photos of your child in his/her personal Learning Journal, which will only be shared with you as the responsible parent/s or legal guardian/s? Yes No

Information and Communication Purposes

4. May we publish photos of your child in our Newsletter, which is issued three times a year and shared only with parents via e-mail? Yes No
5. May we upload photos of your child to our web and Facebook pages?  
Yes  No

We remind you that online locations are accessible worldwide.

6. May we upload video recordings of your child to our web and Facebook pages?  
Yes  No

Promotion of our services

7. May we include photos of your child on promotional materials (such as banners and posters) to be published online?  
Yes  No

8. May we include photos of your child on printed promotional materials (such as posters and brochures)?  
Yes  No

We note that once a publication has been issued and is in circulation, it may not be recalled.

______________________________  ______________________________
Signature of Parent 1  
Signature of Parent 2

Date ______________________
Appendix 4: Pick up Authorization Form

Pick-Up Authorisation Sheet

*Scholastic year 2016-2017*

To be completed by Parent

**Name of Child:**

________________________

**Authorised Person 1**

Name & Surname

________________________

I.D. No. _________________

Mobile / Telephone Number

________________________

Relation to child

**Group:**

________________________

**Authorised Person 2**

Name & Surname

________________________

I.D. No. _________________

Mobile / Telephone Number

________________________
Appendix 5: Signed Declaration

*Declaration*

*Form*

I/We, the parent/s of __________________________
Have read, understood and accept the Policies and Procedures of the childcare facility.
I/We will make a conscientious effort to co-operate with, and abide by them.

I/We, the parent/s agree that our child attends childcare facility.

Signature Parent  
Name in BLOCK letters

________________________  __________________________

Signature Parent  
Name in BLOCK letters

________________________  __________________________

Date________________________