

1. PURPOSE AND SCOPE

1.1. This procedure explains the enrolment process of preschool children at the Child Care Centres of the University of Malta - Ilwien and It-Tajra.

2. DEFINITIONS

2.1 UM: University of Malta

3. RESPONSIBILITIES

3.1. Roles and Responsibilities of Childcare Manager

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

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

3.1.3 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.

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

3.1.5 The Manager raises an Invoice through AIMS which is then approved by Finance.

3.1.6 The Childcare Manager is responsible for issuing monthly invoices to parents/guardians.

3.2. Roles and Responsibilities of Finance Office

3.2.1 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.

4. HEALTH AND SAFETY REQUIREMENTS

4.1. N/A

5. PROCEDURE

5.1 Children enrolled at the childcare centres shall not be younger than 18 months and not older than 3 years by the 1st of October (date of intake).

5.2 Application Process

5.2.1 Parents or Guardians wishing to enrol their children are required to compile the official Application form which is available from each respective centre. These applications are available all year round and Parents or Guardians are able to submit the Application form anytime during the year.

5.2.2 A child's application for enrolment becomes active only when the following forms are submitted to the Manager or Centre Co-ordinator.

- Application Form (Appendix 1)
- A copy of the child's Birth Certificate
- A copy of the €35 application fee official receipt from the Malta Post, Campus Office.

5.2.3 Once an application is received an acknowledgment is issued by the Manager to the parent's/guardian. The application form is processed by the Manager, all details are imputed and the child is put on a waiting list.

5.2.4 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.

5.2.5 Children are grouped by age groups as follows:

- 18 months – 2 years;
- 2 years – 3 years;
- 3 years – 4 years.

5.3 Priority for Enrolment

5.3.1 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.

5.4 Acceptance at childcare

5.4.1 Approximately one month 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.

5.4.2 The Childcare Manager raises an invoice through AIMS which is then approved/vetted by the Finance Office on a monthly basis. These fees are to be paid to the Malta Post Office on University Campus by not later than 10 days after the invoice has been issued. The Finance Office is responsible of these payments and following up the collection of all the necessary payments.

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

5.4.4 On the first day of attendance parents/guardians need to submit the following signed documents:

- Medical form (Appendix 2)
- Data Protection Form (Appendix 3)
- Pick up Authorization Form (Appendix 4)
- Signed Declaration (Appendix 5)

5.5 Afternoon Drop-In Session

5.5.1 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.

5.5.2 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.

5.5.3 Application forms (Appendix 1) are available from the respective centres. An application for the Drop-In session becomes active when the following forms are submitted to the Manager or Centre Co-Ordinator.

- Application Form
- A copy of the child's Birth Certificate
- Pick up Authorization Form, Medical History Forms, and Image using consent Form
- A copy of the €35 application fee official receipt form the Malta Post, Campus Office.

5.5.4 The application form is processed by the Manager, all details are imputed and the child is placed on a waiting list.

5.5.5 Enrolment for the Drop-In Sessions depends on the waiting list.

5.5.6 Following acceptance to these Drop-In Sessions, the Childcare Manager raises an invoice through AIMS which is then approved/vetted by the Finance Office on a monthly basis. These fees are to be paid to the Malta Post Office on University Campus by not later than 10 days after the invoice has been issued.

6. REFERENCES

6.1. Childcare Centres 2017, Available at <https://www.um.edu.mt/hrmd/kidspoint/it-tajra> [Accessed 23rd February 2018].

7. LIST OF APPENDICES/WORKSHEETS

- 7.1 Appendix 1: Application Form Childcare Centre
7.2 Appendix 2: Medical form
7.3 Appendix 3: Data Protection Form
7.4 Appendix 4: Pick up Authorization Form
7.5 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

Name & Surname			
Date of Birth			
Gender			
Preferred date for your child to commence child care/afternoon drop off		Age	
Number of days a week		From (time):	to (time):

Section II – Parents/Guardians/Custodian Details

Name & Surname		Name & Surname	
ID Number		ID Number	
Nationality		Nationality	
E-mail Address		E-mail Address	
Work Phone Number		Work Phone Number	
Mobile Number		Mobile Number	
Home Address		Home Address	

Section III – Emergency Contacts

Name & Surname		Name & Surname	
Relation to Child		Relation to Child	
Mobile Number		Mobile Number	
Alternative Number		Alternative Number	

Signature:		Date:	
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For Office Use	
Waiting List Date of Activation	
Contacted for enrolment on	Accepted <input type="checkbox"/> Declined <input type="checkbox"/>
Date when child is to start attending	

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	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Any infective disease	<input type="checkbox"/>
Hyperactivity	<input type="checkbox"/>	Reactions to insect bites or food	<input type="checkbox"/>
Hay fever or seasonal allergies	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>
Heart murmur or heart problems	<input type="checkbox"/>	Emotional, psychological or psychiatric disturbance	<input type="checkbox"/>

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

Appendix 4: Pick up Authorization Form

Pick-Up Authorisation Sheet
Scholastic year 2016- 2017
To be completed by Parent

Name of Child:

Group:

Authorised Person 1

Authorised Person 2



Name & Surname

Name & Surname

I.D. No. _____

I.D. No. _____

Mobile / Telephone Number

Mobile / Telephone Number

Relation to child

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_____