

Enrolment Form

Child's Name:

Address:

Preferred Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Before School	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commencement Date:

End Date:

Permanent:

Casual:

Parent / Guardian 1 Contact Information

Title: _____ First Name: _____ Last Name: _____

Relationship to child: _____

Parent / Guardian CRN: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Home Address

Street: _____

Suburb: _____ Postcode: _____

Postal Address (same as above YES / NO – if no, please complete below)

Street: _____

Suburb: _____ Postcode: _____

Parent / Guardian 2 Contact Information

Title: _____ First Name: _____ Last Name: _____

Relationship to child: _____

Parent / Guardian CRN: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Home Address

Street: _____

Suburb: _____ Postcode: _____

Postal Address (same as above YES / NO – if no, please complete below)

Street: _____

Suburb: _____ Postcode: _____



Correspondence for centre statements, newsletters, fee updates and general information

Email: _____ (please print clearly)

Is your child the subject of any custody, parenting or access order?
 YES NO (if yes please attach a copy of the court order)
Custody Particulars / Comments

Family Medical Details

Family Doctor: _____ Phone: _____

Medicare Number: _____ Health Fund: _____

General Parent Guardian Information

Parent/Guardian 1

Occupation: _____ Country of Birth: _____

Cultural Background: _____ Religion: _____

First Language: _____ Second Language: _____

Hobbies/Skills: _____

Parent/Guardian 2

Occupation: _____ Country of Birth: _____

Cultural Background: _____ Religion: _____

First Language: _____ Second Language: _____

Hobbies/Skills: _____



Authorised Collectors and Emergency Contacts

Please list the names and contact details of those authorised to collect, provide authority to administer medication and consent to medical treatment in the case of an emergency when the parents are unavailable. Children will only be released to the parents or authorised nominees.

1. Full Name:

Relationship to child:

Home Phone:

Mobile Phone:

Address:

Authorised to collect: YES NO

Authorised to provide permission for medication: YES NO

Authorised to consent to medical treatment: YES NO

2. Full Name:

Relationship to child:

Home Phone:

Mobile Phone:

Address:

Authorised to collect: YES NO

Authorised to provide permission for medication: YES NO

Authorised to consent to medical treatment: YES NO

3. Full Name:

Relationship to child:

Home Phone:

Mobile Phone:

Address:

Authorised to collect: YES NO

Authorised to provide permission for medication: YES NO

Authorised to consent to medical treatment: YES NO

Child's Information

First Name:

Last Name:

Preferred Name:

Gender:

Child's CRN:

Date of Birth:

School Currently Attending:

Food Requirements

Special Dietary Needs:

Cultural Dietary Needs:

Food Likes:

Food Dislikes:

Medical Conditions

Allergy Alert

YES

NO

Please tick as appropriate

Asthma

Anaphylaxis

Allergies

Action Plan Must Be Supplied

Office Use Only – Plan Attached

YES

NO

Known Allergies:

Medications:

Doctor's Name:

Doctor's Phone:

Other diagnosed health or medical condition:

Medications:

Immunisation

Birth:

YES

NO

EXEMPT

2 months:

YES

NO

EXEMPT

4 months:

YES

NO

EXEMPT

6 months:

YES

NO

EXEMPT

12 months:

YES

NO

EXEMPT

18 months:

YES

NO

EXEMPT

4 years:

YES

NO

EXEMPT

Permissions and Agreements

Please print all pages and sign where indicated.

I hereby give permission for centre staff to administer first aid on my child if they deem it necessary without obtaining my permission. Should at any time the staff consider that my child requires dental, medical or hospital treatment I hereby consent to you obtaining such treatment from a registered medical practitioner, hospital or ambulance service with all possible speed. I understand that all attempts will be made to contact me. I consent to transportation of my child by an ambulance service. I understand that relevant information on this form will be passed on to the hospital/medical staff if required.

Parent/Guardian Signature:

Date:

I give permission for centre staff to apply sunscreen to my child at regular intervals during the day. (If not please supply your own sunscreen)

Parent/Guardian Signature:

Date:

I give permission for my child to be photographed whilst at the centre for the purpose of developmental documentation. I understand photographs will not be released to outside agencies, or used for promotional purposes without my authority.

Parent/Guardian Signature:

Date:

I give permission for the centre staff to administer an age / weight appropriate dose of paracetamol / ibuprofen to my child if required.

Parent/Guardian Signature:

Date:

I understand that fees must be paid once invoiced within 7 days and that my child's place may be terminated if fees are not up to date.

Parent/Guardian Signature:

Date:

About My Child

The information supplied will allow educators to learn some important details about your child. This will be used to provide learning opportunities and play experiences as part of our programme to cater for each child.

Country of Birth:

Cultural Background:

Religion:

First Language:

Second Language:

Hobbies and Interests:

My child's strengths:

Sporting groups or extra-curricular activities my child participates in:

Behavioural concerns for your child or special needs at home or at school:

Social concerns you would like to share with educators about your child:

Does your child fear anything in particular? If yes, please provide details:

Strategies to help your child settle when distressed, anxious or upset:

Individual goals you would like us to work towards:

Is there any additional information you would like to share with us about your child? If yes, please specify:

Are there any religious or cultural events or festivals you celebrate as a family that we could also celebrate with the children at Before & After School & Vacation Care? If yes, please specify:

Are you or your family a member of or part of a community group or organisation that we could build a community relationship with or participate in projects to promote children's learning of their community and environment? If yes, please specify: