



Enrolment Form

Child Details

Given Name: _____

Surname: _____

Gender M/F: _____

CRN: _____

Address: _____

Suburb: _____

Postcode: _____

Date of Birth: ___ / ___ / _____ Place of Birth: _____

Languages spoken: _____

Days of care required: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

Please supply the child's original birth certificate for staff to sight and copy.

Please tick or cross the boxes below:

My child has the following allergies: _____

My child has the following dietary needs due to allergies, religion, beliefs, etc. _____

My child suffers from: Anaphylaxis / Asthma / Diabetes / Epilepsy / Other. We need a related Health Management Plan (See office) to be completed by your Doctor.

My child is on regular medication. We need a related Medical Authorisation Record (See office).

My child is immunised. Please supply your Immunisation Record.

I have chosen not to have my child immunised.

[Approved documentation must be provided before your child can attend – See Immunisation Policy]

My child is day time toilet trained.

My child has a day time nap (if so for how long) _____

I give permission for my child to participate in celebrations at the Service such as Christmas, Birthdays, Easter, etc.

If not, please submit reason: _____

Is there anything else you would like us to know that will assist us in getting to know your child?
For example, likes, dislikes, behaviour management, needs, strengths:

Siblings

Name: _____ Gender: M / F _____ Date of Birth: ___ / ___ / _____

Name: _____ Gender: M / F _____ Date of Birth: ___ / ___ / _____

Name: _____ Gender: M / F _____ Date of Birth: ___ / ___ / _____

Parents Details

Relationship to child: _____ Relationship to child: _____

Title: _____ Title: _____

First Name: _____ First Name: _____

Surname: _____ Surname: _____

Home address: _____ Home address: _____

Suburb: _____ Suburb: _____

Post code: _____ Post code: _____

Home Phone no. _____ Home Phone no. _____

Mobile no. _____ Mobile no. _____

D.O.B: _____ D.O.B: _____

Email Address: _____ Email Address: _____

CRN: _____ CRN: _____

Cultural Background: _____ Cultural Background: _____

Language Spoken: _____ Language Spoken: _____

Marital Status: _____ Marital Status: _____

Occupation: _____ Occupation: _____

Work address: _____ Work address: _____

Suburb: _____ Suburb: _____

Phone: _____ Phone: _____

Legal Documentation

- Do you have any legal documents detailing custody for your child? If so please supply documents to the Director. (Please ensure that you read our policy on Health & Safety and Arrival and Departure).
- Is there anyone who is prohibited from having contact with or collecting the child? Please provide legal documentation to the Director.

Please ensure that you provide us with any amendments to the above as they occur.

Authorised to Collect / Emergency Contacts/Authorised to Disburse Medication

If there is another person who has a parenting role e.g. Step parent and they are not listed in previous section please add their details here.

We require at least two local contacts that, if we cannot contact you, we can call if your child is unwell or in the case of an emergency.

People listed below will be authorised to collect your child from the Service.

Your password may be used if you need to add a new person in an emergency, however to be added permanently a slip will be required to be signed.

Relationship to child: _____ Relationship to child: _____

Title: _____ Title: _____

First Name: _____ First Name: _____

Surname: _____ Surname: _____

Home address: _____ Home address: _____

Suburb: _____ Suburb: _____

Home Phone: _____ Home Phone: _____

Mobile: _____ Mobile: _____

Work Phone: _____ Work Phone: _____

I authorise the above named people to collect my child from the Service:

Signed: _____ Name: _____ Date: ___ / ___ / _____

Please ensure that this information is kept up to date.

Medical Details

Child's Doctor: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Do you have any religious requirements in case of an accident? _____

Medicare Number: _____ Private Health Fund Details: _____

If you do not list a Doctor and/or Dentist the staff may contact one on your behalf. Service staff may contact the nearest Doctor or Dentist if unable to contact those listed or if deemed more suitable.

In the event of an emergency, illness or accident concerning my child and the centre being unable to contact me or another person authorised by me, I consent to the Service seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance expenses where incurred. If the Doctor or Dentist listed on the enrolment form or the nearest Doctor or Dentist available considers immediate medication, anaesthetic or surgery he/she has my permission to administer whatever procedure is deemed necessary.

In the event of a medical emergency, which is deemed life threatening, an ambulance will be contacted as the first priority by Service staff prior to contacting you. We recommend that all children attending Childcare Service should have ambulance cover.

I agree to all of the above conditions:

Signed: _____ Name: _____ Date: ___ / ___ / ___

Conditions of Enrolment

Please tick box to confirm you have read each point.

- I understand and acknowledge that upon enrolment the first 2 weeks of care will require full payment in advance.*
- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date and understand that a placement for my child will not be held if my fees are not kept current. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- I agree to contact the Service if my child will be absent.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 per 15 minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to giving two weeks written notice to withdraw my child or reduce booked days
- I give permission for my child to be photographed and videoed and the video and photos used for displays at the Service, shared with other children and families, used as teaching resources and to publicise the Service. (If no, please confirm with the Director)
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I understand that availability of placements will be given on a priority basis in accordance with government guidelines, these are as follows:
 - First Priority – A child at risk of serious abuse or neglect
 - Second Priority – A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.
 - Third Priority – Any other child
- I have read the Parent Information Booklet and am aware the Service's Policy Manual is located at sign in area and the office.
- I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand.
- I, or someone I know has a skill they could share with the children.

Signed: _____ Name: _____ Date: ___ / ___ / ___

Office Use Only

- Birth certificate sighted and copied
- Immunisation Record sighted and copied
- Court Orders sighted and copied
- Medical Plans (if applicable) copy provided
- Allergy Notification (if applicable)

Enrolment approved by: _____

Date: _____