



Enrolment Form

Childs Name Gender

Date of Birth / /

Nicknames

Child's CRN.....Available from the Family Assistance Office

Address

..... Post Code

Place of Birth

Languages Spoken at Home.....

Family's CRN.....Available from the Family Assistance office

Does your family have a Health Care Card Yes/ No (required by DoCS)

Please write the hours and type of attendance on enrolled days in the box below.
 Pre School (PS) or Long Day Care (LDC).

Monday

Tuesday

Wednesday

Thursday

Friday

Parent One FAO contact

Parent Two

Name.....

Name.....

Date of birth / /

Date of birth..... / /

Address.....

Address.....

.....

.....

Post Code.....

Post Code.....

Working Yes / No
Studying or training Yes / No
Occupation.....
Phone (w).....
Phone (h).....
Mobile:.....
Country of Birth.....
Family's Cultural background
.....
Are you or your child of Aboriginal
Or Torres Straight Islander decent?

Yes or No

Working Yes / No
Studying or training Yes / No
Occupation.....
Phone w).....
Phone (h).....
Mobile:.....
Country of Birth.....
Family's Cultural Background
.....
Are you or your child of Aboriginal
or Torres Straight Islander decent?

Yes or No

Court Orders

Are there any court orders affecting the custody of your child? Yes or No
(A photocopy must be attached and the Coordinator needs to be notified if
circumstances change)

Emergency

In case of an emergency if we are unable to contact you, please indicate two
people in order of preference who may act on your behalf.

Name.....

Name.....

Address.....
.....

Address.....
.....

Post Code.....

Post Code.....

Phone

Phone.....

Relationship.....

Relationship.....

Other Children in the family

Name..... Age.....

Name..... Age.....

Name..... Age.....

Name..... Age.....

Particulars of persons, other than parents, authorised to collect your child

Name..... Name.....

Address..... Address.....

.....

Post Code..... Post Code.....

Phone Phone.....

Relationship..... Relationship.....

Sample Signatures..... Sample Signatures.....

Please note: Staff will not allow anyone to collect your child unless the parent or guardian gives notice.

Are there any other people it would be important for us to know about with whom your child has close, regular contact?

Name..... Relationship.....

Name..... Relationship.....

Health

It is important to keep this information current at all times. Special medical needs or disabilities WILL NOT affect your child’s acceptance into this centre.

Family Doctor..... Phone.....

Address

..... Post Code.....

Medicare Number (emergency use only).....

Private Health Fund (emergency use only).....

Does your child have ambulance cover? Yes or No

Family Dentist.....Phone

Does your child have a continuing serious illness? Yes or No

Details.....

Does your child need regular medicine? Yes or No

Details.....

Has your child ever been hospitalised ? If so please provide details Yes or No

Details.....

Does your child have any allergies? Yes or No

Details.....

Has your child been immunised? Yes or No

Your child’s immunisation records are required by the Centre upon enrolment and need to be copied and updated whenever necessary. If your child is not immunized (or we have not received your immunisation records) and an outbreak occurs in the Centre, you will be asked to keep your child at home, until the outbreak has passed.

Has your child ever experienced any language or speech difficulties. Yes or No

Physical problems or other health related difficulties? Yes or No

Details.....

Routines

Toileting

Is your child in nappies? Yes / No

Being toilet trained? Yes / No

Needs reminding? Yes / No

What words does your child use when asking to go to the toilet?

.....

Sleeping

Does your child need a sleep or rest during the day? Yes / No /Sometimes

If Yes at what time and for how long?

.....

Does your child need a nappy, dummy, or a bottle at sleep time? Yes / No

Any special toys or objects? Yes / No

Details

Does your child have any special routine on being out to bed? Yes / No

Details

Is there any important language to use at this time? Yes / No

Details

Diet

Does your child have any particular dietary requirements or restrictions? Yes / No

Details

Is your child allergic to any foods? Yes / No

Details

Is there any food your child particularly likes? Yes / No

Details

Is there any food your child dislikes? Yes / No

Details

Does your child feed Himself/Herself? Yes / No

Details

Are there any particular requirements at meal times? Yes / No
(Uses chopsticks etc)

Details

General Needs

Does your child have a special toy or object during the day? Yes / No
(Apart from sleep time)

Details

Does your child have deep fears about anything particular? Yes / No
(Noise, darkness)

Details

Are there any words that we need to know that have special Yes / No
meaning for your child?

Details

Has your child attended other children's services (playgroup etc) Yes / No
or been cared for outside the home before?

Details

How would you describe your child's reaction to being Yes / No
left with other children?

Details

Does your child get upset when left with other people? Yes / No

Details

Is there any further information which you feel may assist us in Yes / No
providing the best service for you and your child this year?
(Religious beliefs, family situation, etc)

Details

Please tell us how we can help your child this year
(What do you want most for your child at the centre?)

Details

.....

Is there any particular area that concerns you and that we need to know about. Yes / No

Details

.....

What information do you consider important to know from us each day?

.....

.....

Do you have any skills you would like to contribute to the Centre's program? Yes / No

Details

We look forward to caring for your child and welcome the family into the centre. If you have any suggestions you would like us to put forward, please talk to staff. We also hope that you will approach us with any concerns about the service we provide.

Agreements

Do you agree to staff applying Sunscreen on your child? Yes/No

Do you agree to staff applying Aeroguard / RID on your child? Yes/No

Emergency Action

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact parents. However, should this prove impossible, it will be necessary for authority to be given for treatment to be undertaken. Parents are asked to complete and sign the following.

I authorise the staff of the childcare centre to seek emergency medical treatment for my child from a doctor, dentist or hospital, as is applicable. I understand this may necessitate my child travelling by ambulance.

(Childs Name) Should this be necessary.

Signed Dated / /

However if the ambulance arrives before the relief person & it is deemed necessary by the ambulance officers that the child be taken to hospital ASAP, the coordinator will require that the child is taken into the care of the ambulance officers until such time as a staff member can leave the Centre to go to the hospital/ a parent or emergency contact person has been contacted & can go to the hospital post haste, whichever happens first.

NB Ambulance officers have the authority & clearance checks to take a child into their custody in such a circumstance.

(Checked by Coordinator with Ambulance Service NSW, Illawarra Sector Office ph. 42270222 on 12/5/2008).

Publicity

I consent to my child's photograph, name, age and suburb being used for publicity for the Centre, should this be required. Parents will be informed if and when this occurs.

Signed Dated / /

Child Care Attendance

Has your child attended another Childcare service during this financial year?
Yes/No

Does your child attend another childcare service during the week?
Yes/No

If yes please advise the number of hours of attendance paid for

Does your child have a sibling who attends another childcare service during the week?

Yes/No

Declaration

The above information is complete and accurate to the best of my knowledge. I have read and understood the Centre's Information Booklet and the fees policy. I understand that non payment of fees may result in late fees being charged, exclusion of my child and legal action being taken by the service.

Print Name:.....

Signed Dated / /

Office use only		
Date of Interview/...../.....	
Date of commencement/...../.....	
Date Enrolment processed/...../.....	
Holding Fee Paid	Yes / No	\$ _____
Immunisation records on file	Yes/No	
Sighted by _____	Date _____	
Copy of Birth Certificate on file	Yes/No	
Sighted by _____	Date _____	
Enrolment Changes		
.....		
.....		
.....		
Date of Departure /