



Child's Full Name _____
 Child's CRN _____
 Child's Date Of Birth _____
 Parents Full Name (CCB Eligible) _____
 Parents CRN _____
 Parents Date of Birth _____

Days of Care Required

Monday Tuesday Wednesday Thursday Friday

Estimated arrival and Departure Time _____

CHILD'S INFORMATION

Child's Surname _____ Child's Given Name _____
 Date of Birth _____ Gender _____
 Address (Street No) _____ (Street Name) _____
 Suburb _____ Postcode _____
 Child's Country of Birth _____ Language Spoken at Home _____
 Aboriginal or Torres Strait Islander descent? Yes No (Please tick)

Parent / Guardian information

Mother/Father/Guardian

1st Parent/Guardian Surname _____ **1st Parent/Guardian Given Name** _____
 Address (Street No.) _____ (Street Name) _____
 Suburb _____ Postcode _____
 Phone (H) _____ Mobile _____
 Email _____ Workplace/Occupation _____
 Work Address (Street No) _____ (Street Name) _____
 Suburb _____ Postcode _____ Phone (W) _____
 County of Birth _____ 1st Parent/Guardian Date of Birth _____

2 nd Parent/Guardian Surname		2 nd Parent/Guardian Given Name	
Address (Street No.)		(Street Name)	
Suburb		Postcode	
Phone (H)		Mobile	
Email		Workplace/Occupation	
Work Address (Street No)		(Street Name)	
Suburb		Postcode	Phone (W)
County of Birth		2 nd Parent/Guardian Date of Birth	

People authorised to collect your child other than parents

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre must be able to notify one of the following people who are authorised and available to collect and care for your child.

An emergency contact is an acknowledged person who, with the parents/guardian's authorisation, is allowed to give permission for the following:

- Authorise the taking of your child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;

Collect your child if necessary.

This list may be added to or changed throughout the year. Please note:

1. Your child will not be allowed to leave with any person not on this list.
2. The people on this list may be required to produce photo identification such as a drivers licence.
3. **People on this list must be aged 16 years and older, and must live in surrounding areas for immediate pick up if required.**

Emergency/Authorised Contact One

Emergency/Authorised Contact Two

Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to your child	Relationship to your child

Emergency/Authorised Contact Three

Emergency/Authorised Contact Four

Name	Name
Address	Address
Phone (H) (W)	Phone (H) (W)
Mobile	Mobile
Relationship to your child	Relationship to your child

Court Orders Relating To Your Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to your child and access to your child?

Yes No *(Please tick)*

Details of the person to whom the order relates

Name: _____

Address: _____

Phone (H): _____

Mobile: _____

Relationship to your child: _____

Please bring the original court order/s for Educators to see and copy to attach to this enrolment form.

If these orders:

a. Change the powers of a parent/guardian to:

- In an emergency, authorise the taking of your child outside the service by a staff member of the service;
- Consent to the medical treatment of your child;
- Request or permit the administration of medication to your child;
- Collect your child; and / or

b. Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers.

Child's Medical and Health Information

Doctor's Name	Phone
Address (Street No.)	(Street Name)
Suburb	Postcode
Child's Medicare No	Family Ambulance No
Does your child have any dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please tick)</i>

If yes, what restrictions apply?

Does your child have any allergies/sensitivities? Yes No *(Please tick)*

If yes, a copy of the management or care plan is to be attached.

Does your child have any medical conditions (eg. epilepsy, diabetes, anaphylaxis, asthma, etc)? Yes No *(Please tick)*

If yes, a copy of the management or care plan is to be attached.

Does your child have any additional support requirements? Yes No *(Please tick)*

If yes, a copy of the management or care plan is to be attached.

Is there anything else that the centre should know about your child (eg. excessive fears, fear of loud noises, etc)? Yes No *(Please tick)*

Child's Immunisation Record

Has your child been immunised? Yes No *(Please tick)*

If Yes, please provide the details by:

- Attaching a copy of the immunisation History statement
- Attach a copy of the immunisation record from the child health record book.
- Attaching a copy of the immunisation record print out from the National Immunisation Register, or contact your local Council or your local Medicare Office – Ph: 1800 653 809

If No, please state the reasons why s/he is not immunised and/or alternative immunisation used and sign below.

Reason

Parent's
Signature

Date

Please note: If an outbreak of vaccine preventable illness occurs and your child has not received medical immunisation, your child will not be able to attend the centre during this time.

GENERAL CONSENT

	<i>Please Tick</i>	<i>Please Initial</i>
I give permission for staff to apply sunscreen.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I give permission for bandaids to be applied to my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I give permission for my child to be photographed or videod which may be used outside the centre for promotional purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I give permission for my child to be photographed and for Educators to use my child's photo to collate a portfolio	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I give permission for my child to be photographed for the use of trainees and students.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I understand my child may appear in another child's group learning photos which may be sent home at the end of the year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
I am aware that staff keep developmental records (learning stories) on my child and that I am able to access records in accordance with Council Policy.	<input type="checkbox"/> Yes	_____
I am aware an emergent curriculum is displayed within each room at the centre.	<input type="checkbox"/> Yes	_____
I understand the policy document is available to read within each centre.	<input type="checkbox"/> Yes	_____
I have read the centre's guidelines in the family information booklet and agree to abide by them.	<input type="checkbox"/> Yes	_____

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I give permission for staff to seek emergency medical, hospital or ambulance services for my child and agree to pay the costs. Council is not held responsible for any costs incurred.

- I agree to collect, or make arrangements for the collection of, my child referred to in this enrolment form if s/he becomes unwell/injured when at the centre. **yes** _____
- I agree to notify the centre in the event of my child having an infectious illness. Yes _____
- I agree to notify the centre of any changes to the contact information of parents or emergency contacts to ensure my child’s record remains up to date and complies with State Government Legislation. Yes _____
- I accept that the centre has a duty of care in the event of attending the centre under the influence of alcohol or drugs and that an alternate person is required to collect and/or transport my child. Yes _____
- I have attached the relevant medical management plans. Yes _____
- I agree to notify the centre if my child is absent and to provide documentation required for Childcare Benefit to be paid correctly (*Long Day Care Only*). Yes _____

CONSENT

I declare that the information provided on this enrolment form is current.

I understand that all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I am able to access a copy of information pertaining to my child at any time. I agree to pay my Childcare fees as outlined above.

1 st Parent/Guardian Signature	Date
2 nd Parent/Guardian Signature	Date
Supervisor’s Signature	Date

Health Privacy Notification
The personal and health information requested on this form is being collected by Council for the provision of Community Services. This information will be used solely by Council, for that primary purpose or directly related purposes. Council may disclose this information to other allied health professionals for the purpose of continuity of care. If a referral to an allied health professional is required, consent will be obtained at that time, unless exempted by other relevant legislation. If this information is not collected, then this may impact on the accuracy of professional advice given to you by the allied health professional and could affect service provision. The applicant understands that the personal and health information provided is for the provision of the Early Learning Service and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council’s Health Privacy Officer.

Child’s Development

This area will be detached from the enrolment form and placed with your child’s portfolio for Educators to use for information on your child while program planning.

Child’s Name _____		Child’s Preferred Name _____
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Date of Birth

Days Attending

Other Siblings

Pet's Name (if relevant)

Is your child used to spending time away from you?

Yes No

Have they regularly attended children's groups?

Yes No

How does your child settle when away from you?

Eating

Does your child feed themselves with:

Fingers

Spoon

Fork

Does your child drink from a:

Cup

Trainer Cup

Bottle

Is your child on formula or is your child breast fed?

Name of formula (if appropriate)

When does your child have a bottle?

What would your child usually eat on an average day?

Is there any food that your child should not eat for health, lifestyle or religious reasons?

What signs/symptoms does your child have if an allergic reaction occurs?

Are there any special feeding requirements?

Sleeping

Does your child sleep well at night? Yes No

Does your child sleep during the day? Yes No

Do you want your child to rest if they don't have a sleep? Yes No

What is their day time sleep pattern, including any comfort routines or items?

Toileting

Is your child? In daytime nappies? In process of toilet training? Independently toilet trained?

Does your child like sitting on? A potty? Yes No A toilet? Yes No

Does your child use any special word or sign for toilet? Yes No If yes, what is this?

What assistance and routines does your child require for toileting?

Language

Does your child use gestures and sounds to communicate? Yes No

Is your child using words to communicate? Yes No

Is your child talking in more than three (3) word sentences? Yes No

Is your child talking in more than three (3) word sentences? Yes No

Do you speak another language other than English at home? Yes No

If yes, what language do you speak at home? _____

Have you any concerns about your child's speech? Yes No

If yes, what are your concerns?

Is your child?	Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crawling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sitting	<input type="checkbox"/> Yes <input type="checkbox"/> No		Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No		Falling Often	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child sit for?	A Story	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Mealtime	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Singing	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Does your child require any physical assistance or aides to walk, climb, sit, feed, communicate, and if so, what assistance does your child require?

- | | | | | | | |
|-----------------------|-------------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Does your child like? | Song/Music | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Getting Messy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cars/Trucks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Sandpits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Puzzles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Being Outside | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dress Up Play | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Art Activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Water Play | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Construction Toys | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Are there any Early Intervention Services involved with your child? Yes No

If yes, who are the agencies involved with your child/family?

What support do they provide?

- Physiotherapy Occupational Therapy Speech Therapy
 Other (please state)

Is there anything else about your child that you would like us to know?

Thank you for your time

