

Country Life Child Care Centre



OFFICE USE ONLY

Room 0-2 2-3 3-5	Days Req M T W T F
Birth Certificate Y/N	Immunisation Y/N
Medical Condition:	Allergy: Cultural:

ENROLMENT FORM

CHILD DETAILS

Surname : _____ Child's Name: _____

Other known names / Former name: _____ D.O.B: _____

Place Of Birth: _____ Primary Language: _____

Religion: _____ Home Phone: _____

Home Address: _____

Please attach the following;

Birth Certificate: Yes /No Parent CRN: _____

Immunisation record: Yes/No Parent DOB: _____

Court Orders (if any) Yes/No Child CRN: _____

PARENT /GUARDIAN INFORMATION

	PERSON 1	PERSON 2
Given Name:		
Surname:		
Other Given Name/s: Other Surname/s:		
Home Address:		
Suburb / Postcode:		
Home Number:		
Mobile:		
Relationship to Child:		
Primary Language:		
Country of Birth:		
Occupation:		
Employer:		
Employer Address:		
Suburb:		
Work Phone:		
Email Address:		

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AUTHORISATION TO COLLECT - List two extra people authorised to collect your child daily. The person must be at least 18 years of age.

Given Name:		
Surname:		
Home Address:		
Suburb /Postcode:		
Home Phone:		
Place of employment:		
Work Phone:		
Mobile:		
Relationship to child:		

Emergency - In case we are unable to contact you upon an emergency please list an emergency contact below.

Given Name:		
Surname:		
Home Address:		
Suburb /Postcode:		
Home Phone:		
Place of employment:		
Work Phone:		
Mobile:		
Relationship to child:		

CHILDREN'S HEALTH DETAILS - Does your child have any of the following?

Asthma		
Anaphylaxis		
Allergies		
Food intolerance		
Take regular medication		
A.D.D / A.D.H.D		
Gifted / Talented		
Speech		
Behavioural Condition		
Other		

If you answered yes to any of the above please attach the necessary documentation. I.e. A letter from your health care professional, action plan and / or assessment documentation.

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Family Doctor:		Family Dentist:	
Phone #:		Phone # :	
Address:		Address:	
Contact:		Medicare #:	
Private Health Plan:		Membership # :	

Administration

Will you be claiming Child Care Benefit? Yes/No

Has your child been enrolled at another centre this financial year? Yes/No

If yes, how many allowable absences have they used this financial year? _____

Does your child have siblings at another centre? i.e. Before and After School Care? Yes/No

If you answered yes to the previous question please state the Child's name and the centre they attend for CCB records.

Name: _____

Centre: _____

Privacy and Photographs:

I understand that photographs and videos of children participating in the Country Life Child Care Program will be taken from time to time. Therefore, I grant permission for our child to be included in photographs that may appear in the following –

- Learning Journals
- Newspapers
- Magazines
- Brochures
- Classroom Projects (collages, cards, puzzles, etc)
- Centre Website
- Year End CD of photos
- Other publicity materials

Initial: _____

I give permission for my child's photo to appear in another child's portfolio, displaying group social interactions / learning experiences.

Initial: _____

I am aware that other parents wish to take photos at special events at the centre such as Christmas Celebrations and hereby give permission for my child to be in these photos for this purpose.

Initial: _____

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Parent Handbook:

I have read and understand the Parent Handbook issued by Country Life Child Care Centre and agree to abide by the conditions.

Initial: _____

Sun Safety:

I agree to apply sunscreen to my child before or upon arrival at the centre. I give permission for staff to reapply Sunscreen 30+ to my child for outdoor play as required.

Initial: _____

Illness:

In the event of my child developing a fever over 38.0 degrees, consent will be sought from the parent for the administration of colour free panadol (dosage according to instructions). If parent/ guardians cannot be contacted the director / authorised supervisor will act in the best interests of the child and administer the required amount of medicine and parents will be asked to sign the medication form upon collection of their child.

Initial: _____

In the event of an emergency, illness or accident concerning my child, I hereby give permission for the staff at the centre to seek medical, dental, hospital treatment or ambulance service and give consent to the carrying out of appropriate treatment. I accept liability for any medical and /or ambulance expense which may be incurred.

Initial: _____

Please indicate the days required;

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
ARRIVAL					
DEPARTURE					

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General Needs:

Does your child participate in Celebrations? Eg: Birthdays, Christmas. Yes/No

Are there any other words that we could use to make your child's day smoother?

Does your child have a comforter during rest time? (dummy, teddy) _____

Does your child have any fears? (Mowers, thunder) _____

Does your child get upset when left with other people? _____

What do you want to gain most from the centre? _____

Do you have any concerns about your child that you would like us to be aware of? _____

What information do you consider to be most important each day? _____

Do you have any skills you would like to contribute to the centres program? _____

Any special dietary requirements e.g. vegetarian, religious beliefs?

Any food your child dislikes? _____

Does your child feed him/herself? _____

If your child is a fussy eater please do not hesitate to speak with centre management or staff.

Name of siblings and ages? _____

How did you find out about the centre? _____

Welcome to Country Life Child Care Centre. If you have any concerns or enquiries about the centre please feel comfortable to discuss these with the director or staff.

We look forward to developing a warm and trusting relationship.

Parents Signature: _____ **Date:** _____