2016 Enrolment Form

PARENT DETAILS	Parent 1	Parent 2
Relationship:	☐ Father ☐ Mother ☐ _____	☐ Father ☐ Mother ☐ _____
Title:	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ _____	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ _____
First Name:		
Last Name:		
Nationality:		
Language:		
Marital Status:	☐ Married ☐ Defacto ☐ _____	☐ Married ☐ Defacto ☐ _____
Date of Birth:	_____ / _____ / _____	_____ / _____ / _____
CRN:		
Health Fund:		
Medicare Number:		

CONTACT DETAILS	Parent 1	Parent 2
Home Address:		
Home Town:		
Home Phone:		
Mobile:		
Email Address:		
Please tick if you would like to receive the following via email: ☐ Newsletters ☐ Statements & Invoices		

WORK DETAILS	Parent 1	Parent 2
Work Status:	☐ Working ☐ Studying ☐ _____	☐ Working ☐ Studying ☐ _____
Occupation:		
Work Name:		
Work Address:		
Work Phone:		
Days Worked:	M T W T F (please circle)	M T W T F (please circle)
Time Worked:		

HEALTH CARE PROVIDERS			
Doctor		**Dentist**	
Name:		**Name:**	
Address:		**Address:**	
Town:		**Town:**	
Phone:		**Phone:**	

CUSTODY DETAILS

Is yours a single parent family? Yes / No

If Yes, who has residence of the child/ren? _____

Are there any access/custody issues we should be aware of? Yes / No

If Yes, please provide details and a copy of any Court Orders witnessed by a Justice of the Peace:

_____

Please Note: *DOCS regulations require us to have a copy of any Court Orders regarding custody arrangements.*

OTHER CHILDREN	Child 1	Child 2	Child 3
First Name:			
Last Name:			
Gender:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth:	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Attends Child Care:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

FAMILY BACKGROUND

Does your family speak a language other than English at home? Yes / No _____

Do you have any family customs that need to be respected? _____

Do you or your family have any special skills, talents or cultural knowledge that you would like to share with the children at Gumnut Grove? _____

Can you contribute any skills to our Centre's program or have time to volunteer? (eg. sewing, assist with excursions, etc). _____

EMERGENCY CONTACTS

- At least 2 contacts must be provided before enrolment commences.
- Persons authorised to collect the child must be over 18 years of age.

	Contact 1	Contact 2	Contact 3
Relationship:			
Title:			
First Name:			
Last Name:			
Home Address:			
Home Phone:			
Work Phone:			
Mobile:			
Authority to Collect:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Contact 4	**Contact 5**	**Contact 6**
Relationship:			
Title:			
First Name:			
Last Name:			
Home Address:			
Home Phone:			
Work Phone:			
Mobile:			
Authority to Collect:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CHILD DETAILS	
Gender:	☐ Male ☐ Female
First Name:	
Last Name:	
CRN:	
Date of Birth:	_____ / _____ / _____
Town of Birth:	
Nationality:	
Language Spoken:	
Religion:	
Indigenous Status:	☐ Aboriginal ☐ Torres Strait Islander ☐ Not Applicable

SPECIAL NEEDS

Does your child have any disabilities or special needs? Yes / No

If Yes, provide details? _____

_____

ANAPHYLAXIS AND ALLERGIES

If your child has no history of anaphylaxis, but is suspected of having an anaphylactic reaction while in attendance at the Centre, we may need to administer an Epipen and call an ambulance.

Do you give permission for staff to administer an Epipen to your child? Yes / No

Signed: _____ Date: ____ / ____ / ____

Parent/Guardian

***Please note**: If your child requires an Epipen, you must supply a current Action Plan prior to commencing care; and the Epipen must be in date and on the premises every day the child attends care.*

Does your child have any known allergies? Yes / No

	Allergen	Treatment
Foods:		
Medication:		
Insect Bites:		
Other:		

HEALTH DETAILS

Does your child have asthma, epilepsy, diabetes or any other specified medical condition? Yes / No

***Please Note:** If your child has asthma, you will also need to provide us with an asthma plan from your doctor.*

Does your child have eczema or sensitive skin? Yes / No _____

Does your child regularly get ear and/or throat infections? Yes / No _____

Has your child had any serious injuries or illnesses? Yes / No _____

IMMUNISATION

Is your child's immunisation up to date? Yes / No *(Please provide a copy of your child's Immunisation Record)*

☐ 2 Months ☐ 4 Months ☐ 6 Months ☐ 1 Year ☐ 18 Months ☐ 4 Years

Unimmunised Child

In the event of an outbreak of an infectious disease at the Centre, I agree to exclude my child from the Centre for the period of time recommended by the Department of Health.

Signed: _____ Date: ____ / ____ / ____

Parent/Guardian

OTHER INFORMATION

Toileting

☐ Nappies ☐ Potty ☐ Toilet with assistance ☐ Independent

Comments: _____

Sleep

Does your child sleep during the day? Yes / No

Details: _____

Feeding

Does your child require a bottle? Yes / No ☐ Formula ☐ Cow's Milk ☐ Other: _____

Details (eg. times, quantity, etc): _____

Diet

Does your child have any special dietary needs? Yes / No _____

Favourite Foods: _____

Disliked Foods: _____

Comfort

☐ Dummy ☐ Favourite Cuddly Toy: _____

Please Note: *Due to safe sleeping policies, children in cots are not permitted to have a cuddly toy or pillow.*

Other

So staff may understand your child better, is there any further information we should be aware of? Yes / No

_____

_____

CHECKLIST

☐ I have provided a copy of my child's Birth Certificate.

☐ I have provided an up-to-date copy of my child's Immunisation Record from Medicare (not the blue book).

Please Note: *You must provide an updated copy of Immunisation Records each time your child is immunised.*

PARENT'S SIGNATURE

I hereby certify that all information provided is true and correct.

Signature:		**Date:**	

DIRECTOR'S SIGNATURE

I hereby certify that I have sighted the Immunisation Record and confirm that this child's immunisation is up to date.

Signature:		**Date:**	

NON-WORKING PARENTS ONLY

☐ I understand that the position I have at Gumnut Grove Child Care Centre is a temporary one and agree to withdraw my child if it is needed by the child of a working parent.

☐ I agree not to bring my child to the Centre before 9.00am and to pick him/her up no later than 3.30pm.

Signature:		**Date:**	

Please note: If you have any problems completing this form, please see Donna or Meghan for assistance.

✉ 22 Main Street, Young NSW 2594
☎ 02 6382 4124 🖷 02 6382 4674 mail@gumnutgrove.com.au
www.gumnutgrove.com.au

AUTHORISATIONS

- ***Please read each of the following authorisations carefully before signing.***

Emergency Assistance

In the event of an emergency, illness or accident concerning my child and staff being unable to contact me or other authorised persons, I consent to the staff seeking medical or dental treatment, an ambulance or hospital treatment for my child and I accept liability for any expenses that may be incurred.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Infectious Diseases

In the event of my child contracting an infectious disease, I agree to exclude him/her from the Centre for the period of time as recommended by the Department of Health.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

First Aid

In the event of my child requiring first aid while in attendance at the Centre, I give permission for staff to administer:

☐ Antiseptic Cream/Liquid ☐ Stingose Spray ☐ Burnaid Gel
☐ Sterile Dressing/Eye Pad ☐ Bandages and/or Band-Aids ☐ Sodium Chloride (for Eyes)

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Paracetamol

I authorise staff to administer one dose of paracetamol to my child if required (ie. temp above 38.0°C). I understand that I will be contacted before paracetamol will be administered and agree to collect my child as soon as possible after being notified. I understand the potential risks and side effects of this medication on my child.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Sunscreen

I give permission for Sunscreen SPF 50+ to be applied to my child prior to participating in outdoor activities.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Written Observations and Photos

☐ I agree to written observations being completed on my child by staff and students.

☐ I give permission for staff to take photos of my child for the purpose of recording events or activities for display in journals, day books, room displays and the monthly newsletters.

☐ I give permission for photos of my child to be published in the local newspaper.

☐ I give permission for other parents to purchase photos where my child is pictured with their child.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Centre Policies

I acknowledge that I have received and read the Parent Information Book and agree to abide by the policies and guidelines stated within.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Fees

☐ I understand that in the event of my fees being 2 weeks in arrears, my child's position at the Centre may be forfeited (unless previously arranged with the Director).

☐ I understand that a Working Bee Levy of $30.00 will be added to my account each calendar year.

Signed: _____ Date: ____ / ____ / ____
Parent/Guardian

Parent Questionnaire

Child's Name..... DOB.....

Our Family consists of....

We live....

When at home my child enjoys....

Other significant people in my child's life....(family & friends)

Weekends: How does your family spend weekends?

What special celebrations do you celebrate and how?

Pets....

Child's Interests....

Child's favourite toys....

Child's Dislikes...

Fears/ Concerns your child has...

Any other information to help us better know your child?

Parent Expectations

While at Gumnut Grove I would like my child ..... to achieve:-

- ❖
- ❖
- ❖
- ❖

Other Comments....