



ENROLMENT FORM

Confidential- Office use only

Bond Collected:

Type of care:

Immunisation Copy:

Start Date:

Child's Information			
Child's Surname		First Name	
Other Names Child is known by		Former names child has held	
Date of Birth		Age:	Years Mths
Place of Birth		Male/Female	
Residential Address			
Child's CRN #		Post code	

Days Required (please circle)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIMES	AM PM	AM PM	AM PM	AM PM	AM PM

FAMILY INFORMATION	MOTHER/CARER 1	FATHER/CARER 2
Full Name		
D.O.B		
CRN		
Residential Address		
Home Phone		
Occupation/ Work Address		
Work Phone		
Mobile Phone		
Email Address		

Number of children in family: _____ Child's Position in Family: _____
 Are you of Aboriginal/Torres Strait Islander heritage? _____
 Nationality: _____ Primary Language: _____

FAMILY HISTORY

Marital Status of Parents: _____

If separated does the other parent have contact to child/ren? _____

What Arrangements? _____

Are there any Court Orders affecting the residency of your child/ren _____

Details of any Court Orders: _____

NOTE: Copies are required for our files, to enable court orders to be enforced.

Child's Siblings (brothers and sisters)

Date of Birth

- | | |
|----------|--------------------|
| 1. _____ | ____ / ____ / ____ |
| 2. _____ | ____ / ____ / ____ |
| 3. _____ | ____ / ____ / ____ |
| 4. _____ | ____ / ____ / ____ |

Other people living at home

Relationship to Child

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

Family Religion: _____

Are there any specific requirements of your religion: _____

Delivering/Collecting Child/Medical Treatment

Please list people other than parents who will deliver, collect your child or consent to medical treatment. Only those listed here will be permitted to take your child from the Centre, or give consent for medication.

Name	Relationship to Child	Address	Work Phone	Home Phone	Mobile Phone
1					
2					
3					
4					
5					

Medical Information

Family Doctor: _____ Phone: _____

Address: _____

Specialist: _____ Phone: _____

Address: _____

Family Dentist: _____ Phone: _____

Address: _____

Medicare Number for Child: ____ _ Exp Date: _____

Health

Ambulance Cover Yes No Private Health Cover Yes No
Health Card Yes No Health Fund: _____

Medical History

Please provide medical Information (asthma, convulsions, ear, tonsil, respiratory problems, speech therapy etc).

List any intolerances/allergies or additional needs (e.g. physical, emotional, behavioural) that the Centre should be aware of. If yes, please provide a medical management plan.

Childhood diseases/previous illnesses:

Has your child been hospitalised: _____ Length of stay: _____

Child's reaction: _____

Medication: Is your child currently using any medication. If so please specify;

Are there any known side effects from this medication?

All medication MUST be handed personally to a staff member (never to be left in your child's bag) and MUST be in the original container

Note: Please approach a staff member if you require them to administer any prescribed medication. The Centre has medication charts which parents must sign and write instructions in prior to any child being administered medication.

Parent Signature

Date

Immunisation: The Centre requires a copy of your child's immunisation status. Please provide your child's Blue Book or Immunisation History Statement, or a letter from your doctor. Please bring in this information after updating immunisation. Child Care Benefit payments may be cancelled if immunisation is not up to date.

Routines

Does your child sleep through day? Yes/No Am/Pm Bed/Cot
Comforter: _____

Is your child breast fed? Yes/No Contact Number for feeds: _____
Formula Yes/No
Drinks from: Cup/Straw Cup/Spout Cup/Bottle
Cows Milk Yes/No

Are there any foods your child cannot eat due to medical or religious reasons?

Is your child toilet trained? Yes/No
If your child is toilet training do they use a potty? Yes/No
Is your child able to use a toilet: Independently/with help

Child Experiences

Has your child had any experience in care prior to coming to our Centre? (Family Day Care, baby sitters, other Childcare Centre's or Preschool etc)

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

Does your child have any fears/phobias, or has had any traumas (e.g. spiders, dogs, thunder, confined spaces, accidents etc)

Is there any further information, you feel may help us understand your child better? E.g. family situation, recent events etc)

What areas would you like to assist our Centre in? Have you as a parent, time to volunteer at the centre? Some ideas are:

- Excursions
- Parent Meetings
- Educational days
- Cooking days
- Feedback
- Child activities
- Story reading
- Open Days
- Fundraising

If you would like to be involved in any of these activities please circle, or if you have any suggestions or talents, please feel free to note them down for us:

We would also like to know how you have heard about our Centre (e.g. Friends, Word of mouth, Newspaper, Existing parent, Brochure, Letter Drop, Posters): _____

Parent Contract and Authorisation

1. I have read the Parent Handbook and I agree to abide by Centre policies and procedures.
2. We would also like in writing an agreement from you regarding payment of fees. Please read the following and indicate where applicable to you.

I /We _____ (Name) understand that it is the Centre's Policy that fees are paid weekly. The bond, and one weeks fees are payable on the childs first day of care.

I/We agree to pay my/our fees for _____ (Child) on a weekly basis, and understand that if this is not done that care can be postponed/cancelled for my/our child/ren until the account is paid in full. I/we understand if fees are not paid, my account and details will be passed on to a debt collection agency.

3. I will notify the Family Assistance Office (FAO) and the Centre regarding family circumstances changing
4. I authorise the Centre to contact my emergency contacts, if I am unable to be contacted. I give the Centre consent to seek emergency medical assistance via ambulance if necessary to the nearest hospital, doctor or dentist. Along with administration of emergency medication, e.g. asthma medication, panadol, epi-pen etc. I will take responsibility for any associated costs.
5. I give the centre consent to carry out any or appropriate medical, dental or hospital treatment if required. I will take responsibility for any associated costs.
6. I will give two weeks (14 days) written notice for the cancellation of care, and the bond will be refunded.
7. I give permission for staff to apply appropriate nappy creams and powders on my child if they are in nappies.
Yes/No (please circle)
8. I give permission for sunscreen to be applied to my child for outdoor play.
Yes/No (please circle)
9. I give permission for my child to participate in incursions scheduled at Bright Sparks.
Yes/No (please circle)
10. I give permission for my child to attend any regular outings.
Yes/No (please circle)
11. I give permission for the Centre to take photos of my child & display them within the Centre.
Yes/No (please circle)
12. I give the Centre permission for my child to participate in community promotion and advertising e.g. photographs, newspapers, television.
Yes/No (please circle)
13. I give the Centre permission to video tape my child, which may be used at parent events.
Yes/No (please circle)

Parent Signature _____ Date _____

Communication Plan

This communication plan is devised for your child's teacher to assist with developing an individual program to meet their needs and interests.

This communication plan outlines the opportunities for _____ (parents) to share information about _____ (child) health and development with the staff in the _____ room (child's room).

At the beginning of each year the Centre will ask you to complete this form.

- My child's interests are: (e.g. painting, outdoor play etc)

- My child dislikes are: _____
- My child drinks from: Cup/Straw cup/Spout cup/Bottle Formula/Breast fed/Cows milk
- My child's eating habits are: _____
- My child's sleeping habits are: Am: ___ Pm: ___ Nil: ___ Security Item: _____
- My child toilet habits are: Nappy: ___ Pull-ups: ___ Training: ___ Trained: ___
- Independently: ___ Are there any special words for toileting: _____
- My child's allergies/medical needs are:

Further information that may assist with meeting my child's needs are;

On a daily basis I agree

- Informal conversation will take place at arrival & departure times.
- Day book will be written, outlining the activities which have taken place, achievements and social interactions.
- Sleep details will be recorded, nappy change and meals (0-3yrs) will be recorded.

On a weekly basis

- An individual room program will be displayed in my child's room in the parent corner.

On a monthly basis

- A contribution by carers and staff to my child's individual folder.

On a half yearly basis

- Parent-staff interviews will take place using information from individual observations/programs and from my child's individual folder.

Comments:

Parent signature

Date

Staff signature

Date

*Please remember if you have a concern about your child, do not hesitate to talk with staff.
Sharing information is important.*