CONFIDENTIAL: RESTRICTED ACCESS

☐ Full Enrolment ☐ Casual Enrolment

HALLETT COVE COMMUNITY CHILDREN'S CENTRE INC.

Enrolment Form: Part 1

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CHILD

Family Name: | Gender: F / M

First Name: | Other:

Known as: | Primary Language:

Date of birth: __ / __ / ____ | Birth Cert. cited: Yes / No | CRN:

Address:

Indigenous status: | Aboriginal: Yes / No | TS Islander: Yes / No

ENROLLING PARENT/GUARDIAN & BILLING DETAILS

Name:

Date of birth: __ / __ / ____ | CRN:

Relationship to child: | Contact Priority: ☐ | Primary Language:

Address: (h)

(w)

Phone: (h) | (w) | (m)

Email:

IN CARE ELSEWHERE

I am claiming Childcare Benefit at other Approved Child Care Service/s (which includes LDC,OSHC,FDC,IHC,OCC) for this number of children: ☐

OTHER PARENT/GUARDIAN (if applicable)

Name:

Relationship to child: | Contact Priority: ☐ | Primary Language:

Address: (h)

(w)

Phone: (h) | (w) | (m)

Email:

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name: | Contact Priority: ☐

Address: | Relationship to child:

Phone: (h) | (w) | (m)

Name: | Contact Priority: ☐

Address: | Relationship to child:

Phone: (h) | (w) | (m)

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

COLLECTION AUTHORITIES ONLY

Name:

Address: | Relationship to child:

Phone: (h) | (w) | (m)

Name:

Address: | Relationship to child:

Phone: (h) | (w) | (m)

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

BOOKINGS

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							

From: __ / __ / ____ for: ____ weeks / or until: __ / __ / ____ or Ongoing (tick) ☐

Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATION

Has the child received the following immunisations? (please tick):

	Birth	2 months	4 months	6 months	12 months	18 months	3.5 - 4 years
Hepatitis B	☐	☐	☐	☐			
Diphtheria		☐	☐	☐			☐
Tetanus		☐	☐	☐			☐
Pertussis (Whooping Cough)		☐	☐	☐			☐
Haemophilus b (Hib)		☐	☐	☐	☐		
Poliomyelitis		☐	☐	☐			☐
Meningococcal C					☐		
Measles					☐	☐	☐
Mumps					☐	☐	☐
Rubella					☐	☐	☐
Pneumococcal conjugate		☐	☐	☐			
Rotavirus		☐	☐	☐			
Varicella (Chickenpox)						☐	

Additional immunisations received for Aboriginal and Torres Strait Islander children in high risk areas? (please tick):

	12 - 18 months	12 - 24 months
Pneumococcal conjugate	☐	
Hepatitis A		☐

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child any disabilities? **Yes / No** **Effective date:** _ _/_ _/_ _ _ _

If yes, please record specifics:

Has the child any special needs? **Yes / No** **Effective date:** _ _/_ _/_ _ _ _

If yes, please record specifics:

Does the child usually require regular medication or special aids?

If yes, please specify (e.g. glasses, hearing aid etc.):

Has the child suffered any illness that may re-occur?

If yes, please specify (e.g. chronic ear infection):

Has the child had any kind of allergic reactions or food intolerances?

Foods: **Penicillin: Yes / No**

Others (Insects etc.):

Reaction:

Usual Medical attendant

Doctor's name: **Phone No.:**

Clinic name:

Address:

Usual Dental attendant

Dentist's name: **Phone No.:**

Clinic name:

Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number: **Health Care Card number:**

SLEEP NEEDS

approx. time(s) and duration:

Cot Bed Special Toy Dummy Bottle (please circle)

How do you settle your child when s/he becomes distressed?

DIET / FEEDING INFORMATION

Bottle Cup Feed self Spoon fed Trainer/Cup (please circle)

Likes:

Dislikes:

Amount:

Times:

Enrolment Form: Part 3

Child's Name:

UNIVERSAL ACCESS DATA COLLECTION

Does a parent/guardian/carer of this child have any of the following.?.(please circle)

Health Care Card:	**Yes / No**
Pensioner Concession Card:	**Yes / No**
Temporary Protection/Humanitarian Visa:	**Yes / No**
Bridging Visa for an Asylum Seeker:	**Yes / No**
Department of Veteran Affairs Gold Card:	**Yes / No**

If this child attends another funded Preschool program please complete the following:

Name of other Preschool/Kindergarten:

How many hours of attendance at other Preschool/Kindergarten:

PARENTING PLANS / ORDERS relating to this child

IS THERE ANYTHING MORE WE NEED TO KNOW?

(e.g. any personal, religious or cultural practices/prohibitions that you would like the service to know.)

CONSENTS

Please initial next to each item to which you consent.

I give consent for my child to be walked to and from Hallett Cove Preschool and to go on local walks.

I consent for my child to be photographed while at play and for that image to be used for centre purposes only.

I consent for Centre staff to apply sunblock to my child if required.

I consent for information on my child's day to be displayed on the day boards. Any private information will always be given verbally or in your own communication book.

I give consent for my child to be transported to hospital by ambulance in an emergency. The centre has ambulance cover.

I give consent for staff of the centre to administer simple first aid to my child if the need arises & for staff within the routine care of my child to check for any signs of illness, infection or infestation as stated in the centre's policy.

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/ hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/ hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

The Centre may terminate child care services upon written notice under the following circumstances: Failure to follow policies and procedures of the centre.

I/ we have read, fully understand and agree to comply with all of the Centre's policies, guidelines and procedures as outlined in the Centre's policy documents which also includes the Parent Information Handbook and as updated from time to time by the Governing Council.

I/we acknowledge that failure to comply with the Centre's policies, guidelines or procedures is a breach of this agreement and may result in termination of my/our child/ children's child care arrangement.

Parent / Guardian signature: **Date:** _ _ / _ _ / _ _ _ _

Interviewed / Accepted by:		Date:	_ _ / _ _ / _ _ _ _