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## Enrolment Form Confidential

Child's Given Name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_

Other names/nicknames and any former names the child is known by \_\_\_\_\_

Residential address: \_\_\_\_\_

Sex: M / F: \_\_\_\_\_ Date of birth \_\_\_\_\_ Born at full term Yes /No Born Premature Yes /No

Place of birth \_\_\_\_\_ (certified copy of birth certificate sighted/passport sighted or Australian citizenship ) Home phone: \_\_\_\_\_ Bill Fees to: \_\_\_\_\_ Religion: \_\_\_\_\_

Primary language spoken by child \_\_\_\_\_ Cultural Background: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Refugee Yes/No Aboriginal and Torres Strait Islander background Yes /No

Is there anyone who is prohibited from having contact with or collecting the child \_\_\_\_\_

**Days required: Mon Tue Wed Thur Fri** Hours of care required \_\_\_\_\_ Group \_\_\_\_\_

Enrolment date \_\_\_\_\_ **Start date** \_\_\_\_\_ Does the child attend another centre? Yes No

If yes Name of Centre \_\_\_\_\_ Address of centre \_\_\_\_\_ Hours attends other centre \_\_\_\_\_

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### Information required to claim CCB:

CCB Eligible hours \_\_\_\_\_ Nominated hours at this centre \_\_\_\_\_

Child's CRN \_\_\_\_\_ Parent/Guardian/Claimant Name \_\_\_\_\_

Parent/Guardian/Claimant's Date of birth \_\_\_\_\_ CRN \_\_\_\_\_

**Important; Please make sure that the Parent/Guardian/Claimant/ Date of birth and CRN are for the person claiming CCB**

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### Parent One: Parent registered with Centrelink

Family Name: \_\_\_\_\_ Given Name \_\_\_\_\_

Other names the parent is known by \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please circle appropriate Title Mr Mrs Ms Miss

Phone (H): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Australian Citizen Yes No Or Permanent Resident Yes No Or Neither Yes No

**Work Details:** Employer: \_\_\_\_\_ Phone (W) \_\_\_\_\_ Occupation \_\_\_\_\_

Parent Signature \_\_\_\_\_

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**Parent Two:**

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Other Names the Parent is known by \_\_\_\_\_

D.O.B \_\_\_\_\_ Please circle appropriate Title Mr Mrs Ms Miss

Phone (H): \_\_\_\_\_ Phone: (Mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address \_\_\_\_\_

**Work Details:** Employer: \_\_\_\_\_

Phone (W) : \_\_\_\_\_ Occupation \_\_\_\_\_

**Are there any court orders affecting the custody of your child? Y/N If yes, please attach a copy.**

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**Immunisation Details:**

Please supply evidence of Immunisation. Please provide a copy of an Australian Childhood Immunisation Register (ACIR) Immunization History Statement which shows that the child is up to date with their scheduled immunizations.

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**Medical Details:**

Is your child on regular medication or have any disabilities, food sensitivities or allergies we should know

about? Yes/No If yes, give details: \_\_\_\_\_

Is there any other information you wish us to know about your child? \_\_\_\_\_

Any Paediatric assessments, hearing or eyesight tests? \_\_\_\_\_

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Has your child had any: Measles ☐ German Measles ☐ Ear Infection ☐ Hepatitis ☐  
Of the following? Y/N Mumps ☐ Chicken Pox ☐ Throat Infection ☐

Hospitalisation or serious illness: \_\_\_\_\_

**Emergency Details:**

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist's Name \_\_\_\_\_ .Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Religious Requirements in case of Accident: \_\_\_\_\_

**Using the boxes below, list at least 2 people authorised to collect your child and at least 2 people that we may call if we cannot find you in an emergency. These may be the same people for both but must be different to details on front page. Parents cannot be emergency contacts.**

Person's name	Relationship to child	Phone (h)	Phone (w)	Phone (mob)	Emergency Release Y/N	Daily Pick Up Y/N	Consent to medical treatment
1.							
2.							
3.							

**Person 1**

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Person 2**

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Person 3**

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Person 4**

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

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In the event of an emergency, illness or accident concerning my child and the teacher being unable to contact me or other persons so authorised by me, I consent to the service seeking on my behalf any medical, dental, hospital & ambulance attention for my child and I accept liability for medical, dental, hospital & ambulance as may be incurred.

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Family Background:**

Country of Birth: of Child \_\_\_\_\_ of Mother \_\_\_\_\_ Father \_\_\_\_\_

Language spoken at home: Child \_\_\_\_\_ Mother \_\_\_\_\_

Father \_\_\_\_\_

Religion: Child \_\_\_\_\_ Mother \_\_\_\_\_

Father \_\_\_\_\_

Other children in the family (names and ages): \_\_\_\_\_

Name of other child/ren attending another Centre: \_\_\_\_\_

Name of Centre/s: \_\_\_\_\_

Please give details of any special living arrangements, e.g. living with Grandparents, step family, shared home, etc:

What interests or activities does the family enjoy together? (Fishing, camping, car racing, farming, gardening, athletics, music etc.) \_\_\_\_\_

Is there an adult, other than the parents, with whom the child is very close? (Grandparent, baby sitter, relative, friend, etc.) \_\_\_\_\_

Is there any information concerning your family history, religious ceremonies, festivities, celebrations, etc. which may be useful for staff to know when planning a program for your child? \_\_\_\_\_

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**Child's Development, Needs and Interests**

What can you tell us about your child's early development? Talking, walking, eating, sleeping, toilet training, etc. \_\_\_\_\_

Is your child toilet trained already and can he/she manage the undressing and dressing unassisted? \_\_\_\_\_

Is there any special word or term that is used for toileting? \_\_\_\_\_

Has your child been left before at:

A Child Minding Centre (yes/no)      A Pre-school (yes/no)

Family Day Care (yes/no)      Relatives or friends (yes/no)

What was the child's reaction to these experiences? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

Does your child have any particular interests, favourite toys, book or TV character? \_\_\_\_\_

What about security objects, dummies, blankets, soft toys, etc.? \_\_\_\_\_

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Does your child prefer to play indoors or out, active or quiet play, with you or with other children? Please give us a short "picture" of your child! \_\_\_\_\_

How can we help you? What would you most want for your child while he/she is attending this service? \_\_\_\_

Do you have any concerns about your child attending our service? \_\_\_\_\_

Our rest routine gives children the opportunity to sleep or engage in quiet play. Do you have any concerns or special requests for your child at rest and quiet time? \_\_\_\_\_

Would you like to be involved in the daily activities of the service? Yes No

Have you any skills or interests which you would like to share with the children here? (e.g. craft, music, gardening, art, pottery, sewing, etc.) \_\_\_\_\_

Would you enjoy being involved in the management of the service through the management committee, Fund Raising Committee, etc.? Yes No

Do you have any experience or professional skills in these areas? \_\_\_\_\_

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#### Authorisation & Permission Statements

I \_\_\_\_\_ being parent/guardian of \_\_\_\_\_ hereby give my permission for:

1. The Nominated Supervisor and educators of the service to have my child treated by a qualified medical practitioner or dentist if every effort to contact me has failed and the doctor considers immediate medication or minor surgery necessary. If an ambulance is required for the child in case of an injury or illness the cost of the ambulance will be the responsibility of the parent/s.
  2. The staff at the service to assess the need for and administer:  
Sunscreen Lotion  
Paracetamol should my child's temperature reach 38 degrees centigrade and all efforts to contact parent/guardian before the administration of the medication have been made.
  3. My child to be photographed and/or video recorded for display in or out of the service and/or publication, but my child's name will not be used without my prior knowledge and consent.
  4. My child being the subject of observations by the staff to assist in their programming or by childcare students studying child development. If questioning or testing of the child is to be undertaken, my permission will be sought. (First name only will be recorded and strict confidentiality observed).
  5. My child to accompany a permanent staff member to and from a destination which is within walking distance of the service. No such excursion will exceed thirty (90) minutes and permission for all formal or extended excursions will be sought as the occasions arise.
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I also agree that:

1. All information given on this Enrolment Form is correct
2. I will inform the service immediately of any changes to this information
3. I have read the Parent handbook
4. I am responsible for renewing my child care Assistance every twelve (12) months my child is in care or I will be required to pay full fees from the date of expiry.
5. The adult delivering or collecting the child from the service signs the Attendance Record and following my child's absence, the Attendance Record must be signed and reason for absence given.
6. My child cannot attend when he/she is suffering from cold, flu, diarrhoea, tonsillitis and all other infectious and contagious illnesses.
7. I understand that withdrawal of my child 6 weeks prior to our closure at the end of the year will result in full fees being charged until the end of the year.
8. Within the first 3 months of care Four(4) weeks notice is required to withdraw my child or four weeks fees is required after three months of care Two (2) weeks notice is required to withdraw my child or two weeks fees is required.
9. My failure to pay fees, non attendance without advice, an unwillingness to comply with the service's policies and procedures or any other reason determined unsatisfactory will result in termination of my child's enrolment.
10. The enrolment Bond is held by Daisy Learning Centre and is only returnable if full settlement of all fees is made within 10 days of your child/children leaving the centre.
11. I understand the importance of family cooperation and agree to attend and participate in the activities of the service.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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