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## Enrolment Form Confidential

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

孩子的名: \_\_\_\_\_ 孩子的姓: \_\_\_\_\_

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

孩子曾今用过的名字和其他昵称: \_\_\_\_\_

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

住址: \_\_\_\_\_

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

性别: 男 / 女 出生日期: \_\_\_\_\_ 足月顺产: 是 / 否 早产: 是 / 否

Place of birth \_\_\_\_\_ (certified copy of birth certificate sighted/passport sighted or Australian Citizenship)

出生地: \_\_\_\_\_ 认证的出生证明/ 护照/澳洲公民证

Home phone: \_\_\_\_\_ Bill Fees to: \_\_\_\_\_ Religion: \_\_\_\_\_

电话: \_\_\_\_\_ 账单发至: \_\_\_\_\_ 宗教: \_\_\_\_\_

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

孩子使用的主要语言 \_\_\_\_\_ 文化背景: \_\_\_\_\_ 法定监护人: \_\_\_\_\_

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

难民 是 / 否 原住民或者托雷斯海峡岛民背景 是 / 否

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

是否有人被禁止与孩子接触或者接孩子? \_\_\_\_\_

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

所需天数: 周一 周二 周三 周四 周五 所需照顾时间: \_\_\_\_\_ 小组: \_\_\_\_\_

Enrolment date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

注册日期: \_\_\_\_\_ 开始日期: \_\_\_\_\_

Does the child attend another centre? Yes or No Hours attending other centre \_\_\_\_\_

孩子是否同时去了其他的幼儿园? 是 / 否 在其他的幼儿园使用的小时数

If yes Name of Centre: \_\_\_\_\_

如果去了其他的幼儿园, 幼儿园的名字是: \_\_\_\_\_

Address of centre: \_\_\_\_\_

幼儿园的地址: \_\_\_\_\_

### Information required to claim CCS: 申请托儿津贴的所需资料

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

符合使用托儿津贴的小时数 在该幼儿园所使用的时间

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

孩子的 CRN 号码: \_\_\_\_\_ 家长/监护人/申请人名字

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

家长/监护人/申请人的出生日期: \_\_\_\_\_ 家长/监护人/申请人的 CRN 号码: \_\_\_\_\_

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

**CCB 重要提示: 请确保父母/监护人/申请人/的出生日期和 CRN 号码是申请托儿津贴的人士;**

## Parent One: Parent registered with Centrelink, who is claiming CCS

家长一：在社会福利部登记申请托儿津贴的家长

Please Circle Preferred Title: Mr. Mrs. Ms. Miss  
请圈选首选名称： 先生 夫人 女士 小姐

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
名： 姓：

Other names the parent is known by: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
家长所使用过的其他名字： 出生日期

Phone (H): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_ Phone (W) \_\_\_\_\_  
电话（宅）： 手机： 电话（工作）

Email: \_\_\_\_\_  
电邮：

Australian Citizen? Yes No or Permanent Resident? Yes No or Neither? Yes No  
澳洲公民？ 是 / 否 或者 永久居民？ 是 / 否 或者 都不是？ 是 / 否

Work Details: 工作详情：

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_  
雇主： 职业：

Parent Signature 家长签名: \_\_\_\_\_

## Parent Two: 家长二

Please Circle Preferred Title: Mr. Mrs. Ms. Miss  
请圈选首选名称： 先生 夫人 女士 小姐

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
名： 姓：

Other names the parent is known by: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
家长所使用过的其他名字： 出生日期

Phone (H): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_ Phone (W) \_\_\_\_\_  
电话（宅）： 手机： 电话（工作）

Email: \_\_\_\_\_  
电邮：

Residential address \_\_\_\_\_  
住宅地址

Work Details: Employer: \_\_\_\_\_ Occupation \_\_\_\_\_  
工作详情： 雇主 职业

Are there any court orders affecting the custody of your child? Yes / No If yes, please attach a copy.  
有没有法庭命令影响到你孩子的监护？ 是/否 如果是，请提供证明

### Immunisation Details 免疫详情：

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.  
请提供免疫证明。请提供一份澳大利亚儿童免疫注册登记证（ACIR）免疫历史声明的副本，该声明显示该孩子是接受了最近的免疫接种。

**Medical Details: 医疗细节:**

Is your child on regular medication or have any disabilities, food sensitivities or allergies we should know about? **Yes / No**  
您的小孩是否定期服药或有残疾, 食物敏感或过敏, 我们应该了解什么? 是/否

**If yes, give details: 如果有, 详情** \_\_\_\_\_

Does your child have any Paediatric assessments, hearing or eyesight tests that we should be aware of? : If Yes, please provide details: \_\_\_\_\_

您的孩子是否有经过任何我们应该注意的儿科检查, 听力或视力测试? 如果有, 请提供详情

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

是否还有其它的信息需要让我们了解您的孩子?

Has your child had any: **Measles**  **German Measles**  **Ear Infection**   
您的孩子是否得过 麻疹 德国麻疹 耳炎

Of the following? (Tick Box) **Hepatitis**  **Mumps**  **Chicken Pox**  **Throat Infection**   
请在方格内打勾 肝炎 腮腺炎 水痘 咽喉感染

Does your child have serious illness or been hospitalised?: If Yes please provide details \_\_\_\_\_

您的孩子是否患过严重的疾病或者进过医院吗? 如果有, 请注明详情

**Emergency Details: 紧急情况详情**

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
家庭医生名字: 电话:

Address: \_\_\_\_\_  
地址:

Dentist's Name \_\_\_\_\_ .Phone No: \_\_\_\_\_  
牙医名字: 电话:

Address: \_\_\_\_\_  
地址:

Religious Requirements in case of Accident: \_\_\_\_\_  
在紧急情况发生时要注意的宗教信仰要求:

**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.**

使用下面的表格, 提供至少 2 个人被授权接您的孩子, 和至少有 2 个人在紧急情况下如果找不到您的话, 我们可以联系他们。这两者可以是相同的人, 但必须与注册表首页上的人员不同。家长不列入以下名单内。

Person's name 被授权人的名字	Relationship to child 和孩子的关系	Phone (h) 电话 (宅)	Phone (w) 电话 (工作)	Phone (mob) 手机	Emergency Release Y/N 紧急联系 Y/N	Daily Pick Up Y/N 接孩子 Y/N	Consent to Medical Treatment 授权同意药物治疗 Y/N
1.							
2.							
3.							

**Person 1 - Parent or Guardian 家长一： 家长和监护人**

Home Address – if different to child’s residential address: \_\_\_\_\_

家庭住址 – 如果与孩子的住址不同: \_\_\_\_\_

Work Address: 工作地址 \_\_\_\_\_

**Person 2 – Parent or Guardian 家长二： 家长和监护人**

Home Address – if different to child’s residential address: \_\_\_\_\_

家庭住址 – 如果与孩子的住址不同: \_\_\_\_\_

Work Address: 工作地址 \_\_\_\_\_

**Emergency Contact Person 1 紧急联络人员一：**

Home Address 住址: \_\_\_\_\_

Work Address 工作地址: \_\_\_\_\_

**Emergency Contact Person 2 紧急联络人员二：**

Home Address: 住址 \_\_\_\_\_

Work Address: 工作地址 \_\_\_\_\_

**Emergency Contact Person 3 紧急联络人员三：**

Home Address: 住址 \_\_\_\_\_

Work Address: 工作地址 \_\_\_\_\_

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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.**

如果发生紧急情况，我的孩子生病或有意外事故，老师无法与我或其他授权的人联系的紧急情况下，我同意为我的孩子寻求医疗，牙科，医院和救护车的照顾。我承担可能发生的医疗，牙科，医院和救护车的责任。

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

家长签名:

日期:

## Family Background: 家庭背景

Country of Birth: Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
出生地国家: 孩子 母亲: 父亲:

Language spoken at home: Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
在家使用的语言 孩子 母亲 父亲

Religion: Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
宗教 孩子 母亲 父亲

Other children in the family (names and ages): \_\_\_\_\_  
家里其他的孩子 (名字和年龄):

Name of other child/children attending another Centre: \_\_\_\_\_  
家里其他的孩子使用的其他幼儿园

Name of Centre(s): \_\_\_\_\_  
幼儿园的名字

Please give details of any special living arrangements, e.g. living with Grandparents, step family, shared home, etc:  
请提供任何特殊生活安排的详情, 例如 与祖父母同住, 继父/母家庭, 合租家庭等

What interests or activities does the family enjoy together? (for example: Fishing, camping, car racing, farming, gardening, athletics, music etc.)  
家庭成员会在一起参加什么兴趣活动? (例如: 钓鱼, 野营, 赛车, 农耕, 园艺, 田径, 音乐等)

Is there an adult, other than the parents, with whom the child is very close? (Grandparent, baby sitter, relative, friend, etc.)  
是否有除父母以外与孩子非常接近的成人? (祖父母, 保姆, 亲戚朋友等)

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?  
有没有关于您的家庭历史, 宗教仪式, 庆祝活动和庆祝活动等方面的信息, 这可能对老师在为您的孩子制定学习计划时是有用的?

## Child's Development, Needs and Interests 孩子的发展, 需要和兴趣

What can you tell us about your child's early development? Talking, walking, eating, sleeping, toilet training, etc:  
你能告诉我们您孩子的早期儿童发展吗? 说话, 走路, 吃饭, 睡觉, 如厕训练等:

Is your child toilet trained already and can he/she manage the undressing and dressing unassisted? \_\_\_\_\_  
您的孩子是否已经进行了如厕训练了, 他/她可以自己独立的脱衣服和穿衣服吗?

Is there any special word or term that is used for toileting? \_\_\_\_\_  
是否有任何用于上厕所的特殊用语?

Has your child been left before at? 您的孩子曾今用过以下的服务吗?

A Child Minding Centre 儿童中心 (yes / no)	A Pre-school 学期服务 (yes / no)
Family Day Care 家庭日托 (yes / no)	Relatives or friends 亲戚朋友 (yes / no)

What was the child's reaction to these experiences? 孩子对这些经历的反应是什么? \_\_\_\_\_

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Does your child have any particular fears? 您的孩子有特别害怕的事情吗? \_\_\_\_\_

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Does your child have any particular interests, favourite toys, book or TV character 你的孩子有什么特别的兴趣, 喜欢的玩具, 书籍还是电视角色 \_\_\_\_\_

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Does your child have favourite security objects, dummies, blankets, soft toys, etc.? 你的孩子有最喜欢的安抚物品吗?

如: 奶嘴, 毯子, 毛绒玩具等 \_\_\_\_\_

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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: 你的孩子喜欢在室内还是户外游戏, 喜欢活跃还是安静的玩耍, 喜欢和你或其他孩子一起玩

吗? 请简单的描述 \_\_\_\_\_

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How can we help you? What would you most want for your child while he/she is attending this service? 我们该怎么帮助你?

当您的孩子在使用服务时, 你最想要的是什么 \_\_\_\_\_

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Do you have any concerns about your child attending our service? 孩子使用服务时您有什么特别关心的事情? \_\_\_\_\_

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Our rest routine gives children the opportunity to sleep or engage in quiet play. Do you have any concerns or special requests? 休息时间, 孩子可以睡觉或者也可以选择参与安静的活动。你有特别要求和关注的事情吗?

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

你愿意参与幼儿园的日常活动吗? 是 / 否

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: 你有什么技艺或兴趣想和这里的孩子分享吗? (如手工, 音乐, 园艺, 艺术, 陶器, 缝纫等)

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

您是否喜欢通过管理委员会，筹款委员会等参与幼儿园的服务管理？ 是 / 否

Do you have any experience or professional skills in these areas? 你在这些领域有什么经验或专业技能吗？

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# Authorization & Permission Statements

## 授权和许可声明

I \_\_\_\_\_ being parent/guardian of \_\_\_\_\_ hereby give my permission for:  
我 是家长/监护人 特此授予我的许可

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  
如果在紧急的情况下联系不到我，但是又需要获得及时的医治或者小手术，幼儿园的任命主管和幼教者可以让我的孩子接受合格医务人员或牙医的治疗。如果在受伤或疾病的情况下需要救护车，救护车的费用将由孩子的父母责则。
2. The staff at the service to assess the need for and administer: 服务人员评估需要和管理  
Sunscreen Lotion 防晒乳液  
First aid when accident happens. 事故发生时急救  
**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. **Paracetamol** 将会在孩子的体温达到了 38 摄氏度的情况下，同时我们会尽量联系家长或者监护人，在征得同意后我们才会给。
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. 我的孩子在服务机构内和外面被拍照，和/或者视频记录，但是我的孩子的名字不得在未经我事先知情和同意的情况下使用。
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). 我的孩子被职员观察来制定儿童活动安排，或者用于学生学习儿童发展。如果要对孩子进行询问或测试，需要征求我的同意。在记录中只用名，并且要严格保密)
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.

我的孩子需要在常任的一名职员陪同下，在步行距离之内到服务目的地。外出活动不超过（90）分钟，所有正式或延长的外出活动都被视为偶然性的外出活动来征得家长同意。

### I also agree that:

1. All information given on this Enrolment Form is correct 本注册表上提供的信息是正确的
2. I will inform the service immediately of any changes to this information 如果对此信息有任何更改，我将立即通知幼儿园。
3. I have read the Parent handbook 我已经阅读了父母手册
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. 我有责任每十二（12）个月更新我的托儿津贴资料，或者我将被要求从到期之日起支付全额费用。
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. 成人接送孩子时要签出勤记录，孩子缺席后，要填写缺席原因并签名。
6. My child cannot attend when he/she is suffering from cold, flu, diarrhea, tonsillitis and all other infectious and contagious illnesses. 当孩子患有感冒，流感，腹泻，扁桃体炎和所有其他传染性和传染性疾病时，我的孩子不能出席。
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. 我明白在年底关闭前 6 周通知幼儿园来终止托儿服务，否则，我的孩子将导致收取全额费用，直至年底。
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. 在前 3 个月内，家长需要给四（4）个星期的通知来终止服务，否则需要缴纳四周的费用交幼儿园。使用服务三个月以后，家长要给两（2）周的通知来终止服务，否则家长需要缴纳两周的托儿费。



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.  
我没有缴纳费用，不愿意遵守服务机构的政策和程序，或任何其他不合理的原因将导致我的孩子终止使用服务。
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. 入学押金由幼儿园持有，只有在孩子离开中心的 10 天内完全收取所有费用后才可退回。
11. I understand the importance of family cooperation and agree to attend and participate in the activities of the service.  
我了解家庭合作的重要性，同意出席并参与服务机构的活动

**Signed: 签名** \_\_\_\_\_ **Date: 日期** \_\_\_\_\_

**Witness: 见证人** \_\_\_\_\_ **Date: 日期** \_\_\_\_\_