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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: ____/____/____ Starting Date: ____/____/____

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

If yes Name of Centre: _____

Address of Centre: _____

This Section is Compulsory. Are You Claiming CCS? YES NO

If yes, Information required to claim Child Care Subsidy-CCS: Tick one Box

CCS Approved 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

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

Please Circle Preferred Title: Mr. Mrs. Ms. Miss

Family Name: _____ Given Name: _____

Other names the parent is known by: _____ Date of Birth _____

Phone (Home): _____ Mobile: _____ Work _____

Email: _____

Australian Citizen? Yes No Permanent Resident? Yes No or Neither? Yes No

Claimant / Parent Signature: _____

Parent Two: Parent who is not claiming CCS

Please Circle Preferred Title: Mr. Mrs. Ms. Miss

Family Name: _____ Given Name: _____

Other names the parent is known by: _____ Date of Birth _____

Phone (Home): _____ Mobile: _____ Work _____

Email: _____

Are there any court orders affecting the custody of your child? Yes / No

If yes, please attach a copy.

This Document is Compulsory- Child's Immunisation Records:

Please provide evidence of Immunisation such as a copy of an Australian Childhood Immunisation Register (ACIR) Immunization History Statement which shows that the child is up to date with scheduled immunizations. If your child is not immunised or you do not provide evidence of immunisation, your Child Care Subsidy and or enrolment at the Centre may be suspended.

Medical Details: These details are very Important

Is your child on regular medication or have any disabilities, food sensitivities or allergies we should know about? Yes / No

If yes, please give details and provide medical certificates:

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

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

Has your child had any: Measles German Measles Ear Infection
Of the following? (Tick Box) Hepatitis Mumps Chicken Pox
Throat Infection

Does your child have serious illness or been hospitalised? If Yes, please provide details _____

This Section is Compulsory - Emergency Contact Details:

Doctor's Name: _____ Phone No: _____

Address: _____

Dentist's Name _____ Phone No: _____

Address: _____

Religious Requirements in case of Accident: _____

You must nominate at least 2 Emergency Contacts

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 Y/N
1.							
2.							
3.							
4.							

Person 1 - Parent or Guardian

Home Address – if different to child's residential address: _____

Occupation, Employer Name & Address: _____

Person 2 – Parent or Guardian

Home Address – if different to child's residential address: _____

Occupation, Employer Name & Address: _____

Emergency Contact Person 1

Home Address: _____

Work Address: _____

Emergency Contact Person 2

Home Address: _____

Work Address: _____

Emergency Contact Person 3

Home Address: _____

Work Address: _____

This Section is Compulsory-Emergency Authorisation

In the event of an emergency, illness or accident concerning my child and the Educator 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's signature: _____ **Date:** / /

Family Background:

Country of Birth: Child: _____ 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/children 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? (for example: 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?

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? Tick Yes / No

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? _____

Does your child have favourite security objects, dummies, blankets, soft toys, etc.? _____

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? _____

Authorization & 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
First aid when accident happens.
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.

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 updating my child care subsidy entitlements whenever necessary and in accordance with Government Regulations and I am responsible for the payment of all outstanding fees if my child care entitlements are reduced or suspended,
5. The adult delivering or collecting the child from the service signs the Attendance Register and following my child's absence, the Attendance Register must be signed and reason for absence given,
6. My child cannot attend when he/she is suffering from cold, flu, diarrhea, 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: _____