



Pumpkin Long Day Care Centre Enrolment Form

Child Details:

| | |
|---|---|
| Child's First Name: _____ | Surname: _____ |
| Home Address: _____ | P/C: _____ |
| Date of Birth: ____/____/____ | Sex: M / F Language(s) spoken at home: _____ |
| Is the child of Aboriginal descent? | Yes / No |
| Is the child of Torres Strait Islander descent? | Yes / No |
| Family Permits Photographs | Yes / No |

Starting Date : _____ **Room :** Nursery / Toddler / Pre-schooler

Days Picked: Monday Tuesday Wednesday Thursday Friday

Parent or Guardian Details:

| | |
|---|---|
| Parent / Guardian 1 Full Name: _____ | Country of Birth: _____ |
| Home Address: _____ | P/C: _____ |
| Telephone: H _____ W _____ | Mobile _____ |
| Does the child live with the mother? | Yes No (Please circle) Email: _____ |
| Occupation: _____ | Place of Employment _____ |

| | |
|---|---|
| Parent / Guardian 2 Full Name: _____ | Country of Birth: _____ |
| Home Address: _____ | P/C: _____ |
| Telephone: H _____ W _____ | Mobile _____ |
| Does the child live with the father? | Yes No (Please circle) Email: _____ |
| Occupation: _____ | Place of Employment _____ |

Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

No Proceed to the next page. Yes Please complete the following:-

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
 - Authorise the taking of the child outside the service by a staff member of the services'
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication of the child;
 - Collect the child;
- b) Give these powers to someone else;

Please describe these changes and provide the contact details of any person given these powers _____

THE INFORMATION BELOW IS GUARDIAN INFORMATION – NOT EMERGENCY CONTACT INFORMATION

Guardian's Full Name (**not** emergency contact): _____

Home Address: _____

Telephone: H _____ W _____ Mobile _____

Does the child live with the guardian? Yes No (Please circle)

Emergency Contact Person other than parent

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations the children's service should notify the following person who is authorised to collect and care for the child. This person must live a maximum of 30 minutes from the centre. **Identification must be produced on request from staff.**

1. Name: _____ Male Female

Address: _____

Telephone: H _____ W _____ Mobile _____

Relationship to the child: _____

2. Name: _____ Male Female

Address: _____

Telephone: H _____ W _____ Mobile _____

Relationship to the child: _____

Details of Other People who can collect the Child

In the event that the child is not collected and the parent/s or guardian/s **cannot** be contacted, the children's service will use this list to arrange someone to collect the child. This list may be added to throughout the year. **Identification must be produced upon request from staff.**

1. Name: _____ Male Female

Address: _____

Telephone: H _____ W _____ Mobile _____

Relationship to the child: _____

2. Name: _____ Male Female

Address: _____

Telephone: H _____ W _____ Mobile _____

Relationship to the child: _____

Medical and Health Information

| | | | | | |
|--|--|--|--|--|--|
| Name of Doctor/Medical Services: _____ | | | | | |
| Address: _____ | | | | | |
| Telephone: _____ | | | | | |
| Medicare No: _____ | | | | | |
| Ambulance Subscription: Yes No | | Private Health Cover: Yes No | | | |
| Does the child have any allergy or sensitivity? Yes No (please circle) | | | | | |
| If yes, the following management procedures are to be followed (or a copy of the management plan is attached): | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Does the child have Asthma Yes No (Please circle) | | | | | |
| If yes, the following management procedures are to be followed (or a copy of the management plan is attached): | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Does the child have any other medical conditions and needs (eg epilepsy, diabetes, etc), which are relevant to the children's service? | | | | | |
| Yes No (Please circle) | | | | | |
| If yes, the following management procedures are to be followed (or a copy of the management plan is attached): | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Does the child have any dietary restrictions? Yes No (Please circle) | | | | | |
| If yes the following restrictions apply: _____ | | | | | |
| In the case of an emergency, do you consent to a blood transfusion: Yes No | | | | | |

Administering of Paracetamol

| | | |
|---|------------------|-------------|
| I/We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 37.5°C. I/We give the staff at the centre consent to provide Medical or Hospital attention for our child. I/ We agree to pay any expenses incurred for medical treatment and transport. | | |
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Dental Treatment

| | | |
|---|------------------|-------------|
| I/We agree for centre staff to manage a dental accident as an emergency (per our Dental accidents policy), injury forms will be completed . | | |
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Administration of first aid products and ambulance transportation

I/We agree for centre staff to administer the first aid products and consent to provide Medical or Hospital attention to our child. If our child needs the ambulance transportation, I/We agree to pay any expenses incurred for this medical treatment and transport.

Print Name

Signature

Date

Sunscreen Protection

In line with the Cancer Council of NSW recommendations, the children's service suggests all children are protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with Pumpkin Long Day Care Centre's Sun Smart Policy, we ask that each parent apply SPF 30+ sunscreen to their child prior to their arrival at the children's service. Copies of Pumpkin Long Day Care Centre's Sun Smart Policy are available on request from staff

Yes **reapply** SPF 30+ sunscreen, which I have supplied, to my child as required when going outside.

No do not **reapply** SPF 30+ sunscreen to my child.

Print Name

Signature

Date

Other Information

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, development delay or disability etc) please provide details:

Immunisation Record

- Has the child been immunised? Yes No (please circle)

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We also need the copy of the immunisation Record to be kept at our premises.

CCMS Information

To ensure that you are linked to our centre through the Child Care Management System (CCMS) and to have Child Care Benefit (CCB) applied to your child care fees, you must contact Centrelink to confirm that they have the correct name and date of birth for both the parents & child who are registered for CCB.

Person Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____ Date of Birth: ____/____/____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____ Date of Birth: ____/____/____ CRN: _____

Has this child attended another child care centre this financial year? Yes No (please circle)

Is the child attending multiple child care centres? Yes No (please circle)

Declaration

Parent / Guardian 1 (Print Full Name)

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
- Consent to the staff of the children's service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to these photographs being used for publicity purposes by Pumpkin Long Day Care Centre.
- Have read, understand and agree to follow the fee payment structure and policies.

No outside agency or individual will be permitted to photograph the children without parental consent.

Signature

Date

Declaration

Parent / Guardian 2 (Print Full Name)

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.
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- Have read, understand and agree to follow the fee payment structure and policies.

No outside agency or individual will be permitted to photograph the children without parental consent.

Signature

Date

Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.

Privacy Disclaimer

Pumpkin Long Day Care Centre acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in Pumpkin Long Day Care Centre children's service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians and the child enrolled in the program. By completing this form, Pumpkin Long Day Care Centre accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are Pumpkin Long Day Care Centre, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and Pumpkin Long Day Care Centre's Privacy Policy.

