Saranna Early Childhood Education and Care Centre (Pre-school age) – Enrolment Form

SURNAME: ______________________________________ **FIRST NAMES:** __________________________________
(Enrolling Parent/guardian)

SURNAME: ______________________________________ **FIRST NAMES:** __________________________________
(Child)

Commencement Date: ____________________________

Familiarisation visit dates

1. ______________________ 2. ______________________ 3. ______________________

Days of week enrolled

Time	Mon	Tue	Wed	Thu	Fri
Start					
Finish					

Child's Details

D.O.B. _________________ **MALE/FEMALE** Birth Cert presented?(circle one) **YES/NO**

Address: ____

____ Postcode: ____________________________

Tel No: ____________________________________ CRN: ______________________________________

Is the child of Aboriginal or Torres Strait Islander heritage? (circle one) **YES/NO**

Reason for care: ____
(to confirm priority of access)

Custody of Child

a Have any orders been made by any court regarding your child? **YES/NO**

b If NO, are there any disputes concerning custody of the child?

Please provide details: ____

____

c

If YES, please provide the following:
Details of court orders, parenting orders, parenting plans relating to long term care, welfare development of the child; residence of the child; and contact with the child:

____

____

Enrolling Parent's signature: ____

Date information supplied: ____

Please attach copies of relevant Court forms, documentation

Parent/Guardian (1)

Surname: ____________ First Names: ____________ D.O.B.: ______

Address: ____

Postcode: ______

Phone numbers: (H) ____________ (W) ____________ Mob ____________

Email address: ____________________ CRN: ____________

Place of work or study: ____________________________

Days/hours of work or study: ____________________________

Work or Study Address: ____________________________

Postcode: ______

Information required for census:

Country of birth: ____________ Language spoken: ____________

Is work/study undertaken by this person paid or voluntary? PAID ☐ VOLUNTARY ☐

Parent/Guardian (2)

Surname: ____________ First Names: ____________ D.O.B.: ______

Address: ____

Postcode: ______

Phone numbers: (H) ____________ (W) ____________ Mob ____________

Email address: ____________________ CRN: ____________

Place of work or study: ____________________________

Days/hours of work or study: ____________________________

Work or Study Address: ____________________________

Postcode: ______

Information required for census:

Country of birth: ____________ Language spoken: ____________

Is work/study undertaken by this person paid or voluntary? PAID ☐ VOLUNTARY ☐

Do either (or both) parents/guardians have a disability **YES/NO**

If YES what type of disability? ____________________________

If YES which agency (if any) is the parent/guardian involved with? ____________________________

I/we are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, release and have the service release children to.

Parent/guardian (1) Signed: ____________________ Date: ____________

Parent/guardian (2) Signed: ____________________ Date: ____________

Person Authorised to Collect the Child from the Service (1)

Surname:______________________________First Names: ______________________

Address: ____

____Postcode: _______

Home phone:_______________Work phone:______________Mob: _____________

Person Authorised to Collect the Child from the Service (2)

Surname:______________________________First Names: ______________________

Address: ____

____Postcode: _______

Home phone:_______________Work phone:______________Mob: _____________

further persons to be contacted in case of emergency/authorised to consent to medical treatment for the child or to authorise administration of medication to the child;

authorised to take the child form the service's premises or to give approval for an educator to take the child out of the service;

persons must be of good health, easily contactable, within close proximity to service, and capable of dealing with emergencies.

Emergency Contact Person (1)

Surname:______________________________First Names: ______________________

Address: ____

____Postcode: _______

Home phone:_______________Work phone:______________Mob: _____________

work or study address:____

____postcode:______________

Days/hours usually available:__________________relationship to the child:________________

signature of emergency contact person:Date:___________________

Emergency Contact Person (2)

Surname:______________________________First Names: ______________________

Address: ____

____Postcode: _______

Home phone:_______________Work phone:______________Mob: _____________

work or study address:____

____postcode:______________

Days/hours usually available:__________________relationship to the child:________________

signature of emergency contact person:______________________Date:________________

Childs Medical Practitioner Name:____

Address:____

_______________________________________ Postcode:__________________

Telephone No(s): ___________________________ ________________________

Medicare Care No:__________________ Ambulance No: ____________________

Please ensure your medical practitioner is advised that he/she may be consulted, and has your permission to treat the child.

Accidents, Illness & Emergencies:

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical treatment from a registered medical practitioner, hospital or ambulance service being sought for the child and transportation of the child by ambulance. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the approved provider/nominated supervisor/coordinator having due regard to the wellbeing of the child, authorising an adult educator who is responsible for the child to take the child from the education and care service.

Signature of Parent/Guardian (1) :____Date: _________________

Signature of Parent/Guardian (2) :____Date:_________________

Failure to provide the above information will result in the non-acceptance of the child.

Permissions:

I give my permission for: (Please circle YES or NO)

1. My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child/ren to participate in a particular activity. Excursions will be planned in advanced & written permission required by parents for each individual excursion. **YES / NO.**
2. For educators at the service to take my child on excursions by foot within the local community. Destinations may include: **YES / NO**
3. My child being observed by educators and students for programming purposes. **YES / NO**
4. a) My child's photograph, to be taken or recorded at the service for use within the service (May include photo development and/or printing outside the service) **YES / NO**

   b) Publish my child's photograph, name and age in local papers or publicity materials in regard to publicity for the service **YES / NO**
5. I authorise examinations of my child by community health services who regularly visit the service to carry out health examinations on the children. Parents will be advised in advance of any Health Professional visits and written permission required for any checks. **YES / NO**

Signature of Parent/Guardian (1) :____Date: ________________

Signature of Parent/Guardian (2) :____Date: ________________

Parent Participation:

1. Can you contribute skills or talents to our service, i.e. music, cooking, storytelling, sewing etc?

   ____
2. Would you be interested in joining our Parent Consultative Committee? **YES/NO**
3. Do you have any suggestions on how parents can be involved in our service?

   ____

Information About the Child (Pre-school age)

(Separate form to be completed for each child)

Name of Child: ____D.O.B:_______________

Routines at Home:

Usual getting up time:______________________________Usual evening bedtime:______________________

Day sleep (approx. time from & length): ____

What does child take to bed?: ____

Any special bedtime routines: ____

Please indicate here how child is put to sleep.

Language spoken by the child: ____

Language(s) spoken in the home: ____

Child's cultural background: ____

Does the child need a bi-lingual worker to assist them during the initial settling-in process? **YES / NO**

If yes. Why?

____

Place of child in the family: _________________________

Number of brothers:__________Ages:____

Number of sisters:____________Ages:____

Number of other adults living with the family: __________

Does your child have any special requirements (e.g. religious or cultural customs or requirements etc) **YES/NO**

If YES please comment:____

____

____

Other Comments

please provide any other relevant info9rmation relating to your child's enrolment.

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Health of the Child Form

Special Health Support Needs:

Does your child have any special health support needs? (i.e. asthma, diabetes, epilepsy, allergies (anaphylaxis), special dietary requirements regular medical attention etc). **YES/NO**

If your answer is YES please provide details of specific health care needs, allergens, medical management plans, anaphylaxis management or risk minimisation plan, etc: (Dietary restrictions complete a Special Diet Record Form)

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____

You and your Doctor will be required to complete a "***Special Needs Support Plan***" and/or an "***Emergency Action Plan***" and provide copies of any medical/anaphylaxis management/action plans, to ensure the service is fully prepared to manage your child's special health needs. This will include appropriately training educators to administer medication or other actions required to manage your child's condition.

Ointments, Creams and Applications:

The service provides the following preparations for First Aid: protection from the sun or biting insects, nappy rash or sore gums during teething. The service will ensure the brand named below is the only product used. Please sign against products you give staff permission to use on your child.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Sunscreen		Sun protection	
Band-aides		Minor wounds/abrasions	
Nappy rash cream		Nappy rash	
Teething Gel		Teething sore gums	
Insect Repellent		Mosquito repellent	
Insect sting cream		Insect bites	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than three occasions without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

I understand that for all other medications I must complete and sign an ***Authority to Give Medication*** form on the day in which medicine is to be administered.

I have read and agree to follow the service policy on administration of Medication.

I have signed previously granting staff permission to seek medical attention when needed for my child.

Signature of Guardian / Parent (1):____Date________________

Signature of Guardian / Parent (2):____Date________________

Community Health Services

Immunisation Record

Name of Child:____________________________________D.O.B:__________________________

For the vaccinations your child has received please fill in the dates accordingly.

		1st	2nd	3rd	4th
1a	Diphtheria, Tetanus & Whooping Cough (DTP)	/ /	/ /	/ /	/ /
1b	Diphtheria & Tetanus (CDT)	/ /	/ /	/ /	
2	Poliomyelitis (Sabion Vaccine)	/ /	/ /	/ /	
3	Measles, Mumps, Rubella (12mths)	/ /			
4	Booster 5 years Diphtheria, Tetanus	/ /			
5	Booster 5 years Poliomyelitis	/ /			
6	Hepatitis B (Hep B)	/ /	/ /	/ /	
7	Haemophilus Influenza (Hib) (B)	/ /	/ /	/ /	/ /
8	Any others *Name of vaccine and date*	/ /	/ /	/ /	/ /
		/ /	/ /	/ /	/ /
		/ /	/ /	/ /	/ /

Parent/Guardian Signature:____________________________ Date: ____________________

(Separate form to be completed for each child or attach a copy of the child's Immunisation Record.)

Update:

Annual
Parent(s)/Guardian(s) Names/Addresses/Information

I verify that the information provided in this Enrolment form is accurate and current.

Parent signature: ________________________________ Date: ____________________

Parent signature: ________________________________ Date: ____________________