

# Enrolment Form



## Child Information

Family Name	Sex M F
Childs Name	D.O.B
Child Name	D.O.B
Child Name	D.O.B
Address	Preferred names

## Parent or Guardian Information

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Address (if different from child's address)	Address (if different from child's address)
Home phone	Home phone
Work Phone	Work Phone
Mobile Phone	Mobile Phone
Fax no.	Fax no.
Email address	Email address
Occupation	Occupation
Name and address of business or company	Name and address of business or company

## **Emergency contacts**

In case of an emergency and parents/guardians cannot be contacted the following people are authorised to collect and care for my child.

Name	Name
Relationship to child	Relationship to child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Mobile Phone	Mobile Phone

In a case where somebody else other than yourself of the above mentioned people will be picking up you child, you will need to notify us in writing or by email. Written permission is compulsory.

## **Medical and Health Information**

Child's Doctor
Address
Phone
Maternal and Child Health Nurse contact:
Ambulance Subscriber Number:
Medicare Number:
Private Health Insurance Fund:

## Physical Health

Does your child have any allergies or sensitivities?	Yes	No
If yes, please describe, including reaction type and necessary action:		
Does your child suffer from any medical conditions?	Yes	No
If yes, please describe, including reaction type and necessary action:		
Does your child require any ongoing medication:	Yes	No
Please describe:		
Does your child suffer from any skin irritations:	Yes	No
If yes, please describe, including reaction type and necessary action:		
Please note any other relevant medical information regarding your child:		

## Consent to emergency medical treatment

I .....(print full name)

(A person with lawful authority of the child referred to in this enrolment form)

declare that the information in this enrolment form is true and correct and undertake to immediately inform my child's carer in the event of any change to this information.

In the event of an emergency, illness or accident concerning my child, I hereby give permission for my child's carer to seek medical, hospital or dental treatment or request an ambulance for my child. I understand that I will be responsible for any expenses incurred.

.....

Signature

.....

Date

## **Photo release form**

We \_\_\_\_\_ & \_\_\_\_\_

Please print names

give permission for my child's carers to take photographs of our child/ren

\_\_\_\_\_

Please print children/s name/s

for curriculum purposes and documenting children's work.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# Getting to Know your Child

Child's full name:		
Child's preferred name/s:		
Name and age of sibling/s:		
Cultural background of family:		
Language/s spoken at home:		
List any "words" your child uses that may not be understood by staff:		
Child's special dietary requirements:		
What foods does your child especially like, please include sandwich fillings, fruits and vegetables?		
What foods does your child especially dislike?		
Is your child toilet trained?	YES	NO
How does your child express anger or frustration?		

## Getting to Know your Child

Does your child have any particular fears?

Please explain:

What helps to comfort your child when he/she is upset?

Does your child have a special comfort toy or blanket?

Has your child previously attended or received childcare or non parental care?

Please note any problems:

COMMENTS: