



Enrolment Form

CHILD'S NAME:..... Male Female

DATE OF BIRTH:...../...../..... ADDRESS:.....

CARE REQUIRED / ENROLLED FOR:

- (A) Occasional Care
- (B) Permanent Booking

Date Care to Commence:/...../.....

Monday	Tuesday	Wednesday	Thursday	Friday
Am	Am	Am	Am	Am
Pm	Pm	Pm	Pm	Pm

CRESSY AVOCA CAMPBELL TOWN

Monday	Tuesday	Wednesday	Thursday	Friday
Am	Am	Am	Am	Am
Pm	Pm	Pm	Pm	Pm

PERTH

DOES YOUR CHILD ATTEND SCHOOL? Yes No Grade
 Are there any times during the year when care will not be required? (Eg School Holidays etc)

Give dates:.....

	MOTHER	FATHER
Name	_____	_____
Address	_____	_____
Place of employment	_____	_____
Phone (Home)	_____	_____
Phone (Work)	_____	_____
Mobile	_____	_____
E-mail Address	_____	_____
CRN Number	_____	_____
Date of Birth	_____	_____

Would you like to claim Child Care Benefit as a Reduction in Fees **Yes/No** or as a Lump Sum Payment **Yes/No**
 (Please Fill In Email Address if you wish to receive Notices and Accounts via Email in 2012)

Date Application was received/..../.....

EMERGENCY CONTACTS – People authorised to collect my child (Other than parents)
 (If any person other than those listed, is to collect your child, notification must be given to the Director).

	CONTACT 1	CONTACT 2
Name		
Address		
Relationship		
Occupation		
Phone (Home)		
Phone (Work)		
Mobile		

Please note it is preferable if you let us know in advance if someone other than yourself is collecting the child.

IN THE CASE OF A RESTRAINING ORDER PLEASE ADVISE THE DIRECTOR

LANGUAGE SPOKEN AT HOME:

MEDICAL DETAILS –

Existing Complaints:.....
 Previous Illnesses:.....
 Allergies:.....
 (If your child suffers from an allergy, further information may be required. Staff will supply a separate sheet for you to complete.)

DOCTORS NAME:

Address:..... Phone:.....

IMMUNISATION RECORD:

Immunisation records need to be completed and updated as necessary. Please advise if you child has received any further immunisations since your child first commenced care with our Service.

AGE	IMMUNISATIONS	DATE GIVEN	DOCUMENTS USED FOR VERIFICATION	SIGHTED BY

NB Please advise the Director when your child has further immunisations

AUTHORISATIONS

	Signature
I authorise the Midlands Rural and Remote Child Care Services to care for For such periods as I may leave him/her in the Service's care.	
I will keep all information current in relation to the care of my child (eg. Immunisation, medical details and contact numbers)	
I will abide by the service's sickness exclusion and immunisation policies	
Photos: I give permission for my child to be video taped or photographed for Service's purpose or for promotion of the Service.	
Medical – Seek Emergency medical treatment for my child from a doctor, ambulance or hospital and I agree to pay any medical expenses incurred. (Although every care will be taken for your child while at the service, the staff can in no way be held responsible for any accident which may occur. In the event of any accident or illness requiring emergency medical treatment, every effort will be made to contact parents before such treatment is sought).	
<p>Medication: I give permission for staff to administer the following medications in the correct dosage for the age of my child, if required (please sign for each medication):</p> <ul style="list-style-type: none"> ❖ Paracetamol ❖ Ventolin <p>These medications will only be administered as a means of preventing harm to a child and in the event of a parent being uncontactable and at the discretion of the Director or acting –in-charge.</p>	
Sunscreen: I consent to have sunscreen applied to my child at the rate specified by the Sunscreen manufacturer before sun exposure.	
I have read and understood the service's cancellation policy. I agree to abide by the service's policies including the policy on payment of fees.	
Parent/Guardian Signature:	Date:/...../.....

Staff Information

Child's Name: _____ Date of Birth: _____

Country of Birth: _____

Child's position in Family: _____

Sibling's Names: _____ Age: _____

_____ Age: _____

_____ Age: _____

List the celebrations/Festivals your family celebrates? When?

Have there been any changes which may have affected you child (e.g. a new baby, moving, illness in the family, parent information)?

Are there any particular interests/hobbies you think your child may like incorporated into the program during his/her time at the Perth Child Care Centre?

Is there any other information you would like to share with educators about your child?

What aims and objectives do you have for your child whilst in care?

Do you have any skills, talents or resources you would like to share with our service?
