

Magill Campus & Community Children's Centre Inc
Enrolment Form: Part 1

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CHILD

Family Name: Gender: F / M

First Name: Other:

Known as: Primary Language:

Date of birth: / / Birth Cert. cited: Yes / No CRN:

Address:

Indigenous status: Aboriginal: Yes / No TS Islander: Yes / No

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name: Contact Priority:

Address: Relationship to child:

Phone: (h) (w) (m)

Name: Contact Priority:

Address: Relationship to child:

Phone: (h) (w) (m)

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

ENROLLING PARENT/GUARDIAN & BILLING DETAILS

Name:

Date of birth: / / CRN:

Relationship to child: Contact Priority: Primary Language:

Address: (h)

(w)

Phone: (h) (w) (m)

Email:

COLLECTION AUTHORITIES ONLY

Name: Relationship to child:

Address:

Phone: (h) (w) (m)

Name: Relationship to child:

Address:

Phone: (h) (w) (m)

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

IN CARE ELSEWHERE

I am claiming Childcare Benefit at other Approved Child Care Service/s (which includes LDC,OSHC,FDC,IHC,OCC) for this number of children:

OTHER PARENT/GUARDIAN (if applicable)

Name:

Relationship to child: Contact Priority: Primary Language:

Address: (h)

(w)

Phone: (h) (w) (m)

Email:

BOOKINGS

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depart:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From: / / for: weeks / or until: / / or Ongoing (tick)

Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATION

Has the child received the following immunisations? (please tick):

	Birth	2 months	4 months	6 months	12 months	18 months	3.5 - 4 years
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Diphtheria		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Tetanus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Pertussis (Whooping Cough)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Haemophilus b (Hib)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Poliomyelitis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Meningococcal C					<input type="checkbox"/>		
Measles					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal conjugate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rotavirus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Varicella (Chickenpox)						<input type="checkbox"/>	

Additional immunisations received for Aboriginal and Torres Strait Islander children in high risk areas? (please tick):

	12 - 18 months	12 - 24 months
Pneumococcal conjugate	<input type="checkbox"/>	
Hepatitis A		<input type="checkbox"/>

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child any disabilities? Yes / No Effective date:

If yes, please record specifics:

Has the child any special needs? Yes / No Effective date:

If yes, please record specifics:

Does the child usually require regular medication or special aids?

If yes, please specify (e.g. glasses, hearing aid etc.):

Has the child suffered any illness that may re-occur?

If yes, please specify (e.g. chronic ear infection):

Has the child had any kind of allergic reactions?

Foods: Penicillin: Yes / No

 Others (Insects etc.):

 Reaction:

Usual Medical attendant

Doctor's name: Phone No.:

 Clinic name:

 Address:

Usual Dental attendant

Dentist's name: Phone No.:

 Clinic name:

 Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number: Health Care Card number:

SLEEP NEEDS

approx. time(s) and duration:

Cot Bed Special Toy Dummy Bottle (please circle)

How do you settle your child when s/he becomes distressed?

DIET / FEEDING INFORMATION

Bottle Cup Feed self Spoon fed Trainer/Cup (please circle)

Likes:

Dislikes:

Amount:

Times:

Enrolment Form: Part 3

Child's Name:

UNIVERSAL ACCESS DATA COLLECTION

Does a parent/guardian/carer of this child have any of the following.?(please circle)

Health Care Card: Yes / No

Pensioner Concession Card: Yes / No

Temporary Protection/Humanitarian Visa: Yes / No

Bridging Visa for an Asylum Seeker: Yes / No

Department of Veteran Affairs Gold Card: Yes / No

If this child attends another funded Preschool program please complete the following:

Name of other Preschool/Kindergarten:

How many hours of attendance at other Preschool/Kindergarten:

PARENTING PLANS / ORDERS relating to this child

IS THERE ANYTHING MORE WE NEED TO KNOW?

(e.g. any personal, religious or cultural practices/prohibitions that you would like the service to know.)

CONSENTS

Please initial next to each item to which you consent.

I consent for my child to be involved in experiences which specifically necessitate a change of clothes. i.e. water play

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program .

I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.

I consent for Centre staff to apply sunblock to my child as required and am aware the Centre has a SunSafe Policy. Parents are asked to apply sunblock to their child upon arrival at the Centre. Sunblock is available by sign in /out register.

I give consent for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury.

MC&CCCC works closely with Tertiary Training Institutions often being involved in observations and practicum placements. I give permission for my child to be involved and observed by students.

I consent for the staff to apply face paint to my child

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: Date:

Interviewed / Accepted by: Date:

Enrolment Form: Part 4

DETAILS REQUIRED to undertake regular GOVERNMENT CENSUS NEEDS

Child's additional personal details

You must present one of the following documents:

- Proof of age: Birth Certificate
 Centrelink Document
 Passport
 No proof provided (Estimated)

Parental Status

Select one option that best describes the child's family type

- Two parents home
 Guardian (s)
 Sole Parent-Female
 Sole Parent-Male
 Shared Parenting
 Other

Parental Employment Status

- | | | | |
|---------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Mother | | Father | |
| Employed Fulltime | <input type="checkbox"/> | Employed Fulltime | <input type="checkbox"/> |
| Employed Part time | <input type="checkbox"/> | Employed Part time | <input type="checkbox"/> |
| Casual Employment | <input type="checkbox"/> | Casual Employment | <input type="checkbox"/> |
| Student | <input type="checkbox"/> | Student | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Pension other than unemployed/student | <input type="checkbox"/> | Pension other than unemployed/student | <input type="checkbox"/> |
| Home maker | <input type="checkbox"/> | Home maker | <input type="checkbox"/> |
| Self Employed | <input type="checkbox"/> | Self Employed | <input type="checkbox"/> |
| Employed - on parental leave | <input type="checkbox"/> | Employed - on parental leave | <input type="checkbox"/> |

Cultural Background

In which country was the child born? Australia Other

Please specify

If other, on what date did the child arrive in Australia?

If the child speaks a language other than English at home, what languages (including English) does the child speak?

* Main language

* Other language/s:

* What is the child's cultural background?

Does the Centre need to be aware of any cultural or religious requirements?

Yes No

Details:

* Is the child of Aboriginal or Torres Strait Islander origin?

	Yes	No
Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal & Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>
Not Aboriginal or Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>

Health Care / Medical Management / Medication Plan

* If the child has any individual emergency or routine health care / medical management needs (e.g. seizure management, toilet support, diabetes management, anaphylaxis first aid, allergic reactions, dietary restrictions) the Centre will need a health care / medical management / medication plan / clear dietary requirements from the treating doctor / health professional. Health Care / Management Plan attached.

Yes No

If not, it **MUST** be provided before your child starts care.

Additional Needs & Diagnosed Disabilities

* Does the child have an additional need or diagnosed disability?

Yes No

- Autistic Disorder Significant challenging
- Global Dev. Delay behaviour
- Hearing Impaired Speech & language
- Physically impaired impairment
- Visually impaired Undiagnosed significant
- need

Agencies involved:

Contact Person/s:

Phone Number/s:

Email Address:

Support received:

Do you have any concerns about the child's development? (eg. Behaviour, language skills)

Yes No

If yes, please provide details.

WORK CONTACT DETAILS of PARENT/S and/or GUARDIANS

ENROLING PARENT / GUARDIAN

Occupation _____

Work details and
Address: _____

Post Code _____

Contact Phone Number _____

Extension (if applicable) _____

Mobile Number _____

Work Email Address _____

OTHER PARENT / GUARDIAN

Occupation _____

Work details and
Address: _____

Post Code _____

Contact Phone Number _____

Extension (if applicable) _____

Mobile Number _____

Work Email Address _____

Preferred Email contact to send accounts, newsletters, excursion notices etc. _____

If either parent speaks a language other than English at home, what is the main language spoken?

What is the cultural background of each parent / guardian?

Parent / Guardian Signatures

I / We understand that the centre **operates for 48 weeks a year** and is closed prior to Christmas (date to be determined each year) and re-opens in late January the following year.

I / We understand that

* in the event of an emergency, if I / we have failed to complete the enrolment form, this may jeopardise the safety of the child

* **normal fees will be charged for Public Holidays, Sick Days and Holidays taken during the Centres operating periods**

* two weeks written notice of **change of booking or cancellation** of care must be provided or accept two weeks full fee costs in lieu of notice

* **ALL** children attending the centre should be **immunised** according to the schedule and guidelines recommended by the National Health & Medical Research Council of Australia.

* I / we may be required to provide a Doctor's certificate as a pre-requisite to the child recommencing attendance, following illness, if required to do so. I understand the child will **NOT** be re-admitted to care unless this certificate establishes that the child does not pose a risk of infection to the other children, staff and volunteers/students

* it is my / our responsibility to keep the centre informed of all changes to any information supplied on the enrolment form including immunisation updates, change of address and contact numbers and any other information relating to the child's continued enrolment

* it is a legal responsibility of the centre to report any evidence of suspected child abuse, to the appropriate authority

* the session times are between the following periods:

Morning Session 8:00am to 1:00pm, **Afternoon Session** 1:00pm to 6:00pm and **Full Day Session** is between 8:00am to 6:00pm

and accept responsibility for picking up the child prior to the session closing times and to pay any late fees imposed for any extra session or part thereof incurred by the child's attendance. **A minimum attendance of 2 half days or 1 full day per week is current Centre Policy.**

I / We certify that all information given is true and accurate.

Signature/s _____

Enrolling Parent / Guardian (if applicable)

Other Parent / Guardian (if applicable)