



The Tree House

Early Childhood Centre

Enrolment Form

This form must be completed by a parent or a guardian who has lawful authority in relation to the child. Please answer all questions to assist for providing Government Funding and for planning purposes.

Preferred Commencement Date: _____ **School Starting Date:** _____

Days Required (please circle): Monday Tuesday Wednesday Thursday Friday

If your child has attended another care facility, please state how many absent days they have had this financial year _____.

Family Name:Date of Birth:.....Sex: Male / Female

Given Names: Usually Called:

Home Address:

Telephone Number/s:

Language(s) spoken at home:

CRN:

Does the child have any siblings? Yes / No. If Yes are they in care elsewhere? Yes / No

Name:.....Age:.....Sex:.....

Name:.....Age:.....Sex:.....

Name:.....Age:.....Sex:.....

Information about the child's parents or guardians

| | |
|--|---|
| <p>Parent: Name:</p> <p>Relationship to child.....DOB:</p> <p>Address: – If different from child's address </p> <p>Drivers License No.....</p> <p>CRN:</p> <p>Occupation:</p> <p>Workplace Name and Address: </p> <p>Telephone/s: –Home.....</p> <p>Mobile.....Work.....</p> <p>Email address</p> <p>Does the child live with this parent? Yes / No</p> | <p>Parent: Name:</p> <p>Relationship to child.....DOB:.....</p> <p>Address: – If different from child's address </p> <p>Drivers License No.....</p> <p>CRN:</p> <p>Occupation:</p> <p>Workplace Name and Address: </p> <p>Telephone/s: –Home.....</p> <p>Mobile.....Work.....</p> <p>Email address</p> <p>Does the child live with this parent? Yes / No</p> |
| <p>Guardian (If applicable):</p> <p>Name:</p> <p>Address:</p> <p>..... </p> <p>Driver's License No</p> <p>Occupation.....</p> <p>Workplace Name and Address:</p> <p>..... </p> <p>Country of Birth:</p> <p>Telephone/s: –Home.....</p> <p>Mobile.....Work.....</p> <p>Does the child live with the guardian? Yes / No</p> | <p>Guardian (If applicable):</p> <p>Name:</p> <p>Address:</p> <p>..... </p> <p>Driver's License No</p> <p>Occupation:</p> <p>Workplace Name and Address:</p> <p>..... </p> <p>Country of Birth:</p> <p>Telephone/s: –Home.....</p> <p>Mobile.....Work.....</p> <p>Does the child live with the guardian? Yes / No</p> |

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 of the child?

No – go to next section

Yes – please attach a copy of the court orders to this enrolment form:

Please describe changes and provide the contact details of any person given the powers and responsibilities:

.....

Signature

Other Persons to be notified – Over 18 Years of Age

There may be times when the child has had an accident, injury, illness or trauma and the parents or guardians can't be contacted. In this case the Director/staff should contact one of the following people who are authorised to collect and care for the child. Signatures are required on this form for all persons authorised to collect your child.

| | |
|------------------------------|------------------------------|
| Name..... | Name..... |
| Address..... | Address..... |
| Telephone/s – Home..... | Telephone/s –Home..... |
| Mobile.....Work..... | Mobile.....Work..... |
| Drivers License No..... | Drivers License No..... |
| Relationship with child..... | Relationship with child..... |
| Signature | Signature |

Collecting the child from the centre – children will only be released into the care of a person over the age of 18.

Your permission is required for other people to collect the child from the centre on your behalf.

Please list the details of the people that are permitted to collect your child from the centre. In the event that you cannot be contacted, this list will be used automatically to arrange someone to collect your child.

Details of people who can collect the child – You may add or change this list at any time throughout the year. Signatures are required for all nominated persons.

| | |
|---|---|
| Name..... Address..... Telephone/s – Home..... Mobile..... Work..... Relationship with child..... Signature | Name..... Address..... Telephone/s – Home..... Mobile..... Work..... Relationship with child..... Signature |
| Name..... Address..... Telephone/s –Home..... Mobile..... Work..... Relationship with child..... Signature | Name..... Address..... Telephone/s –Home..... Mobile..... Work..... Relationship with child..... Signature |
| Name..... Address..... Telephone/s –Home..... Mobile..... Work..... Relationship with child..... Signature | Name..... Address..... Telephone/s –Home..... Mobile..... Work..... Relationship with child..... Signature |

Child's Medical and Health Information

| |
|---|
| Child's Doctor / Medical Service Telephone..... Address of Doctor / Medical Service..... Maternal and Child Health Centre..... Has your child had the 3 ½ year old assessment? Yes / No If yes please attach a copy to this enrolment form. Medicare No Expiry Date..... |
|---|

Continue Child's Medical and Health Information

Health Card No..... Expiry Date.....

Does your child have any allergy or intolerances? Yes / No

.....
(If so please attach a management plan to this enrolment form.)

Does your child have any medical conditions and or special needs, which are relevant to the centre? Yes / No

.....
(If so please attach a management plan to this enrolment form.)

Does your child have any dietary preferences or restrictions? Yes / No

If Yes please comment on reasons:

.....

Do you have Private Health Insurance: Yes / No – If Yes give details:

Do you have Ambulance cover: Yes / No – If Yes give details

Child's Immunisation Details

Has the child been immunised? Please circle Yes / No – If Yes please provide the details by:

- Attach a copy of the Immunisation Record from the Child Health Record book or
- Attach a copy of the Immunisation Record printout from local government and

Recommended Australian Immunisation Schedule

| Age | Disease Immunised Against |
|------------------|---|
| Birth | Hepatitis B |
| 2 months | Hepatitis B Diphtheria Tetanus Pertussis/Whooping Cough (DTPa/HepB), Haemophilis Influenzae type B (Hib), Polio, Pneumococcal |
| 4 months | DTPa/HepB, Hib, Polio, Pneumococcal |
| 6 months | DTPa/HepB, Hib, Polio, Pneumococcal |
| 12 months | Hib, Measles Mumps Rubella (MMR), Meningococcal C, |
| 18 months | Chicken pox (varicella) |
| 4 years | DTPa, Polio, MMR |
| | |
| 12 years | Chicken pox (for those not vaccinated as children and who have not had the disease), Hepatitis B (for those not vaccinated as children) |
| 15 years | Adult Diphtheria/Tetanus/Pertussis (DTPa) |

Some children have had Hepatitis A immunisations – If so please provide the date.....

Some children have had Hepatitis B immunisations – If so please provide the date.....

Some children have had Chicken Pox immunisations – If so please provide the date.....

If there is an outbreak of Head Lice, I give permission for the staff to check my child's hair –Please circle

Yes/No Signature:.....

FEE POLICY:

It is a requirement of enrolling into the centre that all families pay two weeks of full fees in advance. Accounts must be maintained in advance at all times. Failure to do so will result in reduction or cancellation of care for your child/ren. Please be aware that all families need to give the Centre Director two weeks notice in writing when changing or terminating care details.

Other Information

Is there anything else the centre should know about the child (eg – Security items, fears, favourite activities or interests, etc) Please comment:

.....

Has your child previously attended : Please circle

Long Day Care Occasional Care Pre-school Play Group
Family Day Care

Do you or any of your family members have any special interests skills or talents that you would like to share with the centre – Please circle

Yes / No - If Yes please comment:

Please indicate any festivals, celebrations or traditions your family celebrate and or list any cultural / religious events that centre staff need to be aware of: - Please circle

Easter Christmas Birthdays Divali Mother's Day Father's Day
Luna New Year Other: Please list.....

I have time that I would be able to donate to the centre to help in events such as fundraising, meetings or extra circular activities such as incursions and excursions. -Please circle Yes / No

Are you willing to have your child photographed to appear in displays within the centre— Please circle

Yes / No Signature:.....

Are you willing to have your child photographed to appear in videos, newspapers, promotional activities and other publications? – Please circle

Yes / No Signature:.....

I give permission for my child's name to be displayed within the centre. (This can include on the attendance book, artwork, birthday lists and allergy lists.) – Please circle

Yes / No Signature:.....

I give permission for my child's photo and name to appear in the daily photo journals of my child's room and individual learning

Portfolios of other children. Yes/No Signature.....

Priorities within each category of priority

Within each priority mentioned above, the following children are to be given priority:

- children in Aboriginal and Torres Strait Islander families;
- children in families which include a person with a disability;
- children in families which include an individual whose taxable income percentage under Clause 7 of Schedule 2 to the Family Assistance Act is 100%;
- children in families with a non-English speaking background;
- children in socially isolated families; and
- children of single parents.

Where a child care service is funded by an employer in order to provide child care solely or primarily for the children of the employer's employees, the service may give priority to those children.

Declaration and 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 is correct and true and will update any changes to this information immediately with the service.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form should he/she become unwell while at the service.
- Consent to the staff of the centre seeking or where appropriate administering, such emergency medical, hospital, dental or ambulance services or treatment as is necessary and that I will reimburse any necessary expenses incurred by the service.
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the centre premises under the direction and supervision of staff.
- Have read and understood the centre's fee policies.

Signature..... Date.....

References

NCAC
Dept of Communities
DHS
FAO
DFACSA

Effective Date: *January 2009*
Reviewed: *January 2009*
Review Date: *February 2009*