

PLEASE PRINT IN BLOCK LETTERS

ENROLMENT FORM



6 High St., Doncaster Vic 3108
Ph: 03-9857-8123
Fax: 03-9857-8789
E-mail: wcc@bigpond.net.au
Website: wonderlandforkids.com



106 Templestowe Rd Bulleen Vic 3105
Ph: 03-9850-1777
Fax: 03-9850-8831
E-mail: wonderworldcc@bigpond.com
Website: wonderworldforkids.com

Child's Full Name: _____

Date of Birth: _____

FOR OFFICE USE ONLY

Confirmed Commencement Date:	
CCB Enrolment Completed:	Yes / No
Enrolment Data Input Date and Staff:	
Remarks:	

ENROLMENT FORM

DETAILS OF CHILD

First Name Surname

Usually Called Male Female (please circle)

Date of Birth Country of Birth

Has child been in care before, if so what type of care and date commenced

Is the child of Aboriginal or Torres Strait Islander decent? YES NO (please circle)

Does either parent / guardian have a disability? YES NO (please circle)

DETAILS OF MOTHER/GUARDIAN

Name

Address

Telephone (home)

(work)

(mobile)

E-mail

Does the child live with the mother/guardian **YES / NO**

Employer

Occupation

Ethnicity

Religion

DETAILS OF FATHER/GUARDIAN

Name

Address

Telephone (home)

(work)

(mobile)

E-mail

Does the child live with the father/guardian **YES / NO**

Employer

Occupation

Ethnicity

Religion.....

Information about children services needed:

Booked days required: Weekly, 5 days a week

_____ day(s) per week

Monday Tuesday Wednesday Thursday Friday

Normal drop off time for child: _____ am/pm

Normal pick-up time for child: _____ am/pm

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MEDICAL INFORMATION

How would you describe your child's health?.....
.....

Is he/she under any medical treatment?.....
.....

Has he/she had any history of illness?.....

Is there anything about his/her physical well being that you feel we should know? (e.g. allergies, food intolerances etc.) If so please describe and outline management procedures

.....
.....

AMBULANCE SUBSCRIPTION (please circle) YES Number NO

FAMILY DOCTOR

Name of Practice

Name of Doctor

Address

Phone

Maternal & Child Health Centre (MCH)

Contact Name

Has the child had their 3½ year old assessment? YES NO

OTHER INFORMATION

Is there anything else that we should know about your child? (eg. Excessive fears, favourite activities, early intervention services etc.).....

.....
.....
.....
.....
.....
.....
.....

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IMMUNISATION RECORD

Has your child been immunised? NO YES (please circle)

If yes please fill out the relevant dates in the table below and bring in a copy of your Health Record book for confirmation

Immunisation	2 months	4 months	6 months	12 months	18 months	4-5 years
DTP (Diphtheria/ Tetanus/Pertussis)						
OPV (Oral Polio Vaccine-Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib- TITER or Hib- PedvaxHIB						
Meningococcal C						

You may have also purchased additional immunisations for your child. If so, please provide the dates these have been given:

Hepatitis B	1.	2.	3.
Childhood Pneumococcal Vaccine			
Chicken Pox			

LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. Lawful authority is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases the guardian is the person the child lives with who has day to day care and control of the child.

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COURT ORDERS RELATING TO THE CHILD

Are there any court orders regarding the powers and responsibilities of the parents in relation to the child or access to the child?

NO (go to next section)

YES (please complete the following)

1. Bring the original court order/s for staff to see and a copy to attach to the enrolment form;
2. If these orders
 - a) change the powers of a parent/guardian to:
 - * authorise the taking of the child outside the service by a staff member of the service
 - * consent to the medical treatment of the child
 - * request or permit the administration of medication to the child
 - * collect the child AND/OR
 - b) give these powers to someone else,

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

.....
.....

PERSONS AUTHORISED TO COLLECT CHILDREN

(Please note that ONLY persons listed below are permitted to pick up your child.)

Full Name / Relationship: _____

Phone Numbers: Work: _____ Home: _____ Mobile: _____

Full Name / Relationship: _____

Phone Numbers: Work: _____ Home: _____ Mobile: _____

Full Name / Relationship: _____

Phone Numbers: Work: _____ Home: _____ Mobile: _____

EMERGENCY CONTACT

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

(Please list out contact persons not listed previously)

Name: _____ Ph #s: Work: _____ Home: _____ Mobile: _____

Name: _____ Ph #s: Work: _____ Home: _____ Mobile: _____

Name: _____ Ph #s: Work: _____ Home: _____ Mobile: _____

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DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I / We..... print full name/s

Person/s 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 the children’s service in the event of any change to this information
- agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- consent to the staff of the children’s service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the children’s service

.....
Signature **Date**

PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed and/or video taped by staff members. I understand that these photos are for centre use only

YES NO (please circle appropriate response)

I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES NO (please circle appropriate response)

SUNSCREEN CONSENT

I give permission for my child to have a 30+ sunscreen applied as per the centre’s Sunsmart Policy

YES NO (please circle appropriate response)

PRIVACY NOTIFICATION

All personal information contained in this enrolment form will be used solely for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the Centre Manager

Child Profile & Information Form

Child's full name	
Do you have a name preference, like Nicholas to Nick	
Place of Birth	
Has the child been in other childcare centre before? If so, when and which centre	
Are both parents working full time, part time or staying home?	
Language usually spoken at home	
Any siblings? If so, name and age	
Other than parents, is the child being looked after by grandparents, baby-sitter, and friends?	
Other people living at home (grandparents, aunt, uncle)	
Any pets, what they are and their names	
Favourite activities? (e.g. pasting, colouring, painting, singing, etc)	
Favourite foods: Both like and dislike....	
Does your child feed him/herself?	
Does the child drink from the cups?	
Is your baby breast fed or by formula? Feeding on cow's milk or formula?	
Is your child toilet trained? If no, when would you like to start?	
What are the family's favourite activities on the weekend?	
Does your child sleep in the afternoon? How many times and what time?	
Does your child have a special toy or comforter? eg. Dummy, teddy bear, blanket, etc.	

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Child's Full Name: _____

Date of Birth: _____

ASTHMA ---Child Asthma Details and Action Plan

Is your child suffering, or you believe o be, from Asthma: Yes No

If yes, please ask management for the Asthma Action Plan and Policy. A meeting is required between you and the management for formulation of an Action Plan for your child before attending our Centre.

ANAPHYLAXIS --- Child Anaphylaxis Details and Action Plan

Is your child suffering, or you believe o be, from Anaphylaxis: Yes No

Is your child prescribed with a Epi Pan: Yes No

If yes in any of the above boxes, please ask management for the Anaphylaxis Action Plan Policy. A meeting is required between you and the management for formulation of an Action Plan for your child before attending our Centre.

Enrolling children with additional needs

Government funding and support are available to children with additional needs for providing suitable resources and additional caring services.

Please fill in the following details if you believe your child require additional needs in the areas of language and communications, physical and learning abilities, existing medical conditions and/or any other special caring services.

What additional needs or medical condition does your child have?

Details of any special requirement or procedures our staff may be required to perform to ensure your child receives appropriate quality care:

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Child's Routine
(For child under the age of 3 only)

6 – 9 am: _____

9 - 11 am: _____

11-1pm: _____

1 – 3pm: _____

3 – 6 pm: _____

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Child Dietary Restriction Form

Child's Full Name: _____

Date of Birth: _____

Please list down ACCURATELY and CLEARLY any dietary restrictions for your child while attending our Centre:

Please indicate in EACH food items whether your child is restricted in his/her daily diet in our Centre:

Food items	√ OK X NOT OK	Restriction Reasons Allergy, Religious, Parent Preferences, etc.
Eggs		
Trace amount of eggs		
Nuts of any kind		
Trace amount of nuts		
All dairy products, cow's milk, cheese, yogurt, butter, etc		
Trace Amount of all dairy products		
Rice, wheat, beans, breads, etc		
Fish		
Pork or Ham		
Beef		
Chicken		
Sugar		
List any other restrictive food items to your child:		

Details _____

Note: It is important for us to be informed of any changes of the above after the child has attended to our Centre

Notes to All Parents

1. For the health, safety and well-being of all children attending the centre, please ensure these items are removed from your child's bags:
 - Any food, lollies, biscuits or snacks.
 - Cigarettes
 - Cigarette lighters
 - Creams
 - Headache tablets
 - Medications, including Panadol or Bonjella
 - Poison
 - Safety pins, rubber bands, hair clips, etc
 - Mobile phones
 - Cosmetics
 - Plastic nappy bags
 - Money
 - Any other items that could potentially cause harm to a child
2. Please ensure you close all gates behind you at all times
3. It is a legal requirement that each child is signed into and out of the Centre on a daily basis.
4. A minimum of two weeks notice period or payment in lieu is required for all changes in booked days, holiday notice and/or termination of enrolment. All children sick days or public holiday are chargeable and no make up day(s) are allowed.
5. All fees or charges are to be paid at least one week in advance. Any overdue amount outstanding may be subject to late payment fee imposed and may result in child enrolment suspension until all family accounts are cleared.
6. All other terms and conditions of enrolment are stated both on our Centre Policy & Procedures and the Parents Handbook.

I / We acknowledge that we have read and understood the above.

Parent's Name/s _____

Parent's Signature/s: _____

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Childcare Benefit (CCB) & Childcare Tax Rebate (CCTR) Registration Form

If you have never registered your child for CCB or CCTR, it is essential for you to call up the Family Assistance Office (FAO) for registering your child(ren).

On-line registration can be done by the Centre after the following details are provided. ALL details must be provided in order for us to claim the CCB and CCTR.

Parent's Full Name _____
(Parent, usually mother, must be the registered parent in the Centrelink office)

Centrelink Ref (CRN) _____ - _____ - _____ () (9 digits + 1 letter)

Parent Date of Birth _____

Child #1 Full Name _____

Centrelink Ref (CRN) _____ - _____ - _____ () (9 digits + 1 letter)

Child #2 Full Name _____

Centrelink Ref (CRN) _____ - _____ - _____ () (9 digits + 1 letter)

CCB eligible hours (if known): 24 hrs 50 hrs

CCB percentage assessed (if known): _____

For further queries, feel free to contact the Centrelink or FAO at 13 61 50.
For Assistance other than English: 13 12 02