

**Bremer Bay Occasional Child Care Centre**

**Enrolment Form**



**CHILD’S DETAILS**

Surname: First Names:

Date of Birth: MALE / FEMALE

Address:

Post Code:

**PARENT / GUARDIAN DETAILS**

**Parent/Guardian (1) –**

Surname: First Names:

Address:

Post Code:

Home phone No.: Mobile No.:

Work phone No.: Relationship to child:

Occupation: Place of Work or Study:

**Parent/Guardian (2) –**

Surname: First Names:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone No.:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Mobile No.:

Work phone No.: Relationship to child:

Occupation: Place of Work or Study:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**CUSTODY OF CHILD:**

a. Have any orders been made by any court regarding your child? YES / NO

b. If NO, are there any disputes concerning custody of your child?

Please provide details:

c. If YES, please provide the following:

Details of Guardianship and Custody, and Terms of any specific Custody or Access provision and a copy of the court orders:

**EMERGENCY CONTACTS** (other than the child’s parents/guardian)

Details of person(s) to be contacted in case of emergency – authorised to take the child from the centre’s premises. Persons must be of good health, easily contactable, within close proximity to the centre, and capable of dealing with emergencies.

**Emergency Contact Person (1) –**

Surname: First Names:

Address:

Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone No.: Mobile No.:

Work phone No.: Relationship to the Child:

**Emergency Contact Person (2) –**

Surname: First Names:

Address:

Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone No.: Mobile No.:

Work phone No.: Relationship to the Child:

**PERSON(S) AUTHORISED TO COLLECT YOUR CHILD FROM THE SERVICE:**

The following people are authorised to pick up your child on your behalf. Personal identification will be required from these people in order to collect your child. This list can be added to or changed throughout your child’s enrolment. Any one not detailed below will not be permitted to collect your child without prior permission.

**Authorised Person (1) –**

Surname: First Names:

Home phone No.: Mobile No.:

Work phone No.: Relationship to the Child:

**Authorised Person (2) –**

Surname: First Names:

Home phone No.: Mobile No.:

Work phone No.: Relationship to the Child:

**Authorised Person (3) –**

Surname: First Names:

Home phone No.: Mobile No.:

Work phone No.: Relationship to the Child:

**Authorised Person (4) –**

Surname: First Names:

Home phone No.: Mobile No.:

Work phone No.: Relationship to the Child:

**FURTHER INFORMATION ABOUT YOUR CHILD**

**Family**

Please provide details of any siblings or other family members that live in your household.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_ \_\_\_

4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language(s) spoken at home:

**Health/Medical information**

Medicare No.:

Family Doctor’s Name:

Family Doctor’s Address:

Post Code:

Family Doctor’s phone No.:

*Please ensure your Doctor is advised that he/she may be consulted, and has your permission to treat the child.*

Does your Child have any allergies? YES/NO

Has your child been diagnosed at risk of anaphylaxis? YES/NO (please attach action plan)

Does your child have an auto injection (epipen) devise? YES/NO

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any):

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any):

Does your child require regular medical attention or medication: YES / NO

If YES, please provide details:

Does your child have a disability: YES / NO

If YES, please provide details:

Does your child have a special need? YES/NO

If YES, please provide details:

(Please attach a medical management plan to this form)

**Immunisation**

Is your child up to date with their immunisations? YES/NO

(Please bring your child’s immunisation record card to the Centre. A copy will be attached to this Enrolment Form.)

**Cultural Background**

*This information helps us to meet the needs of your child and your family. You do not need to answer these questions if you do not want to.*

Child’s Family Nationality: Religious Beliefs:

Are there any special considerations you would like us to make? Eg Cultural, religious etc.

At the centre, we celebrate many religious/non religious festivals. Do you give permission for your child to participate in these activities? YES/NO

Please list any you would like your child to be exclude from:

**All About Me –** please share some information about your child with us.

My daily routines -Please include any home routines, day time sleeps, and special sleep time routines

What are my favourite activities (eg songs, toys, things to do)

Is your child toilet trained? YES/NO If yes, please give us an indication of their level of independence in using the toilet.

Does your child have any fears?

Is there anything else you would like to tell us about your child?

**MANAGEMENT OF CHILDCARE CENTRE**

The Bremer Bay Occasional Child Care Centre is staffed by experienced Childcare professionals, and managed by a volunteer committee. It is hoped that all users of the Childcare will be able to help out with the management of the Centre at some stage during their child’s enrolment. Please express your interest to be involved to the staff or committee members.

**AUTHORISATIONS** Please read carefully and sign each point -

* **Fees Authorisation**

I acknowledge that my fees need to be paid in full, daily or weekly and that there may be a 20% surcharge on fees over four (4) weeks outstanding.

If my child is booked into the Centre and is **not** cancelled **by 8:00am** on the day of the booking, **I am aware I am charged for this booking**.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Emergencies or Accidents**

In the event of an emergency, illness or accident (when the Centre is unable to contact the Parent / Guardian or the Authorised Contact/s), I give the staff at the centre consent to provide Medical or Hospital attention for our child**.** I consent to medical attention being sought from a doctor, other than my family doctor in the case of an emergency. I agree agree to pay any expenses incurred for Medical treatment and Transport.

Provided every care will be exercised in the management and safety of the children at the Centre, I agree to absolve the Centre and carers from any claim for accident or illness that my child may contract as a result of attendance at the Centre.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Permission for Publication and Observation**

I hereby give consent for my child’s photograph, name and age to be used for the room programming, Centre

displays and/or publications (Newsletters and Bremer Bay Bulliten). Where this information may be utilized outside of the Centre, further permission will be sought.

I give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child’s caregivers. If questioning or testing is to be carried out I will be asked for further permission.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Presence of Visitors and Volunteers**

I understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We

consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Administering of Paracetamol**

I agree for centre staff to administer ONE dosage of Paracetamol in the event of our child’s body temperature rising above 38°C. I understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Insect repellent application**

I agree for Centre Staff to apply Insect Repellant to our child where necessary for indoor or outdoor purposes. I understand that the Centre may use a variety of insect repellant brands from time to time.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Sun Care Policy**

I am aware of the Sun Care Policy of the Centre and authorise staff to apply sunscreen on my child. I allow the staff to use the sunscreen provided by the Centre.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If you wish to provide your own sunscreen, please do not sign above, you will be provided with an additional form to sign.*

* **Excursions**

As part of the program of activities offered to your child, we may, on occasion, go on excursions in the local area. These regular outings have been risk assessed.

A list of places we visit regularly is displayed on the parent’s notice board. Your permission will be sought prior to the children going on an excursion to any place NOT on the regular outings list.

Please sign below to give consent for your child to go on excursions in the local area.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF ANY OF THESE DETAILS CHANGE DURING YOUR CHILD’S ENROLMENT AT THE CENTRE, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE NOMINATED SUPERVISOR.

Thank you for your co-operation. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Date(s) Updated