



MARAYLYA Early Learning Centre

8 Neich Rd, Maraylya, NSW

Phone: (02) 4573 6686 Fax: (02) 4573 6636

www.melc.com.au

ENROLMENT FORM

CHILD'S DETAILS

Child's name: _____

Other name/preferred name: _____

Address: _____

Postcode: _____

Date of birth: _____ Age: _____ years & _____ months

CRN: _____

Cultural background: _____ Religion: _____

Name of sibling: _____ D.O.B. ____/____/____

Name of sibling: _____ D.O.B. ____/____/____

Name of sibling: _____ D.O.B. ____/____/____

ATTENDANCE DETAILS

Commencement Date ____/____/____

Long Day Care

Occasional Care

Days _____ Hours _____

PARENT DETAILS

Parent One:

Name: _____

Address: _____

P/C

Phone: Home _____

Work _____

Mobile _____

Email address: _____

Date of birth: _____

CRN (if applicable): _____

Occupation: _____

Place of work: _____

Language: _____

Cultural background: _____

Religion: _____

Parent Two:

Name: _____

Address: _____

P/C

Phone: Home _____

Work _____

Mobile _____

Email address: _____

Date of birth: _____

CRN (if applicable): _____

Occupation: _____

Place of work: _____

Language: _____

Cultural background: _____

Religion: _____

Are there any custodial arrangements or injunction orders relevant to the child? Yes No

If yes then a copy of the court order must be provided.

EMERGENCY CONTACTS/AUTHORISATION FOR THE COLLECTION OF CHILD

In accordance with the State law, we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child/children from this centre. If someone arrives to collect your child, and we have not been notified and their name is not on the list, we CANNOT allow your child to leave the centre with them. No child will be released into the care of a person under the age of eighteen (18) years. Any changes to the list below must be done personally by adding names to the list below, or by completing an additional child collection Authorisation form.

Non-custodial parents will not be given access to children under any circumstances. The Centre MUST have a copy of the court order to verify custody in the child's file, and all staff will be made aware of the existence of such documentation.

I give permission to the centre to release the enrolled child to the care of the following people:

1. Name: _____
Address: _____
Phone: Home _____ Work _____
Mobile _____ Relationship to child: _____
2. Name: _____
Address: _____
Phone: Home _____ Work _____
Mobile _____ Relationship to child: _____
3. Name: _____
Address: _____
Phone: Home _____ Work _____
Mobile _____ Relationship to child: _____

In the event of my wishing to change the above list, I will personally notify staff to provide the necessary documentation, e.g. copies of Family Law Court Orders. Should none of the above authorised persons have collected my child at Centre closure time, I give permission for the centre to make whatever provision is deemed necessary to secure the care of my child. I also agree to pay a late fee for each minute my child remains in the Centre after closure.

Signature

Witness

Date

Date

HEALTH DETAILS

Family Doctor: _____ Family Dentist: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please supply:

Medicare Number: _____

Health fund: _____

Blue Book & birth certificate for copying Yes No

Immunisation:

(Please note: It is the policy of the NSW Department of Health that all children enrolling in childcare must provide written continuing proof of immunisation. Failure to provide this proof may mean that the child will not be able to attend the centre should there be an outbreak of a vaccine-preventable disease).

Has your child been immunised? Fully Partially None

Child's previous illness

- | | |
|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> German measles | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Ear Trouble |
| <input type="checkbox"/> Other _____ | |

Does your child have asthma? Yes No

If yes, please provide copy of medication plan.

Does your child have any allergies? Yes No

If yes, please list. _____

Does your child have any special medical needs? Yes No

If yes, please list. _____

Does your child have any special dietary needs? Yes No

If yes, please list. _____

Has your child ever experienced any language or speech difficulties, physical problems, serious illness, hospitalisation or any other health or non-health related difficulties? Yes No

Details: _____

ROUTINE / GENERAL NEEDS

Does your child need a sleep or rest during the day?

Yes No

Does your child have any of the following at sleep time?

Nappy Dummy Bottle

Any special toys or objects? _____

At what toileting stage is your child?

Nappies Training Trained

Are there any special words that your child uses for:

Bed _____

Toilet _____

Food _____

Comforters _____

Other _____

Does your child have any deep fears about anything in particular e.g. noise, thunder etc?

Has your child attended other children's services e.g. playgroup, or been cared for outside the home? _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child e.g. religious beliefs, family situation, and recent significant events?

AGREEMENTS

1. Permission for staff to act in the case of emergency or accident: In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for transport by ambulance to the casualty department and to be treated as per hospital protocol. Parents are asked to complete and sign the following;

I _____ authorise the staff of the Centre to seek and carry out emergency/medical/dental treatment for my child _____ should this be considered necessary. This may include emergency transportation to hospital in an ambulance.

2. Permission for staff to administer panadol: When a child's temperature reaches 38.5 degrees and all efforts to contact parents fail, staff has permission to administer panadol.

3. Staff have permission to apply curash to my child: Where necessary during nappy changing.

4. Staff have permission to apply sunscreen to my child: Before the children go outside staff will apply sunscreen to my child.

5. Emergency evacuation: In the event of an emergency e.g. fire at the Centre, the children will be required to evacuate premises and will assemble at a central point of safety. The evacuation procedure will be practiced throughout the year. The children will be fully supervised by staff.

6. Maintaining fees: I agree to abide by the Centre's policy of maintaining fees two (2) weeks in advance. I also understand that fees are to be paid for all days the child is absent or sick, and that if fees fall behind, my child's place at the Centre may be in jeopardy.

7. Permission for publicity: I consent for my child's photograph, name, age and suburb being used for publicity for the Centre, should this be required.

e.g. Internally
Newspapers
Articles
Website

8. Policy and enrolment information: I have read the Centre's policies and agree to abide by them.

9. Provide blue book and birth certificate for verification

10. Permission to take part in supervised walking excursions as part of the Centre's programs

Signature

Witness

Date

Date