

Child's Details				
Name of Child:			Sex:	
Child's CRN no:		Date of birth:		Age:
Religion:		Cultural background:	*Language spoken at home	
Parent 1 Details (Mother)				
Name:		Home:		
Address:		Mobile:		
		Work:		
Date of birth:		CRN no:	Occupation:	
				Religion:
Email:		Cultural background:		
Parent 2 Details (Father)				
Name:		Home:		
Address: <i>(if different to parent 1)</i>		Mobile:		
		Work:		
Date of birth:		CRN no: <i>If applicable</i>	Occupation:	
				Religion:
Email:		Cultural background:		
Requirements				
Commencement date: _____				
Days required: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday				
<input type="checkbox"/> Long Day Care <input type="checkbox"/> Before / After School Care <input type="checkbox"/> Occasional Care <input type="checkbox"/> Vacation Care				
Types of care: <input type="checkbox"/> Routine <input type="checkbox"/> Casual Care <input type="checkbox"/> Flexible Care				
Start time of care: _____ End time of care: _____				

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.

Office use:

Copy of Birth Certificate? Yes No

Enrolled in room: _____

Copy of Immunisation Certificate Received & Cited by Staff? Yes No

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.

2. Permission for staff to administer Panadol or Paracetamol. When a child's temperature reaches 38 degrees and all efforts to contact parents fail, staff has permission to administer Panadol.

3. Permission for staff to administer Clarantyne. When a child presents with allergic reaction.

4. Staff have permission to apply Curash to my child – Where necessary during nappy changing.

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

6. Emergency evacuation – In the event of an emergency eg. Fire at the Centre, the children will be required to evacuate the 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.

7. Maintaining Fees – A bond is charged at the commencement of enrolment. Parties agree to abide by the Centre's Payment and Arrears Policy. Parties also understand that fees are to be paid for all booked days including if the child is sick or absent. If fees fall behind the child's attendance could be suspended up until all fees are paid.

The fee schedule is available on our website www.melc.com.au or at the office and parties expressly understand that the fees may vary from time to time. Any changes in relation to fees will be communicated in accordance with the Childcare Regulations (14 days notice in writing).

8. Termination of Care – I understand I am required to give two weeks' notice in writing should I wish to terminate my child's enrolment at the Centre.

9. Permission for publicity – I consent for my child's photograph and name being used in publications for the Centre (please circle which publications you WILL ALLOW) Storypark, website, Facebook, Instagram, newspapers, videos or articles.

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

11. Provide immunisation history statement from Medicare.

12. Permission to take part in supervised walking excursions as part of the Centre's program. Risk assessment and excursion information is available on request.

13. I agree that the information provided forms my CWA (Complying Written Arrangement) with Maraylya Early Learning Centre.

Parent / guardian signature

MELC staff signature & name

Date

Date

Emergency Contact / 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 addition 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 and seek permissions for medical treatment as indicated:-

1. Name: _____ Relationship to child: _____

Address: _____

Home No. _____ Mobile No. _____ Work No. _____

Authorised to: Collect Child Administer Medication Provide Medical Treatment Attend Excursions

2. Name: _____ Relationship to child: _____

Address: _____

Home No. _____ Mobile No. _____ Work No. _____

Authorised to: Collect Child Administer Medication Provide Medical Treatment Attend Excursions

3. Name: _____ Relationship to child: _____

Address: _____

Home No. _____ Mobile No. _____ Work No. _____

Authorised to: Collect Child Administer Medication Provide Medical Treatment Attend Excursions

4. Name: _____ Relationship to child: _____

Address: _____

Home No. _____ Mobile No. _____ Work No. _____

Authorised to: Collect Child Administer Medication Provide Medical Treatment Attend Excursions

In the event of my wishing to change the above list, I will personally notify staff to provide the necessary documentation. Eg. 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.

Parent / guardian signature

MELC staff signature & name

Date

Date

Health Details of the Child

Family Doctor

Name:		Phone:	
Address:		Medicare No:	
	P/C:	Health Fund:	

Family Dentist

Name:		Phone:	
Address:		Suburb:	

Immunisation

Please note it is the policy of the NSW Department of Health that all children enrolling in childcare must provide copy of immunisation History Statement. 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 a 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

1. Does your child need a sleep or rest during the day? Yes No

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

Nappy Dummy Bottle Toy / Blanket

3. At what toileting stage is your child?

Nappies Training Trained

4. Are there any special words that your child uses for:

Bed	
Toilet	
Food	
Comforters	
Others	

5. Does your child have any deep fears about anything in particular eg. Noise, thunder etc..?

If yes, please list. _____

6. Has your child attended other children's services eg. Playground or been cared for outside the home?

If yes, please list. _____

7. Are there special considerations which you feel may assist us in providing the service best suited to your needs and the needs of your child e.g. cultural/religious beliefs, family situation and recent significant events?

Details:
