



ENROLMENT FORM

CONFIDENTIAL INFORMATION

OFFICE USE ONLY

| | |
|-------------------|----------------------|
| Immunisation | <input type="text"/> |
| Deposit | <input type="text"/> |
| Parent Folder | <input type="text"/> |
| Birth Certificate | <input type="text"/> |

Child's Personal Details

Interview Date

Date of Commencement

Child's Surname

Child's Given Name

Other/Former Name

Child CRN

Gender Male Female

Date of Birth

Address

Postcode

Ph

Place of Birth

Day/s Attending (please tick)

Mon Tues Wed Thu Fri

Approx. times of Daily Attendance to per day

Cultural Background

Languages Spoken

Is your child of Aboriginal or Torres Strait Islander origin?

Aboriginal Torres Strait Islander

Religion (Optional)

Siblings

| | |
|------------|-----------|
| Name | Age |
| Name | Age |
| Name | Age |

Family Details

• Parent 1 •

Name

Other Name (known by)

Address

Postcode

Date of birth

Nationality

CRN #

Email Address

Mobile

Occupation

Workplace

Work Phone

Workplace Address

• Parent 2 •

Name

Other Name (known by)

Address

Postcode

Date of birth

Nationality

CRN #

Email Address

Mobile

Occupation

Workplace

Work Phone

Workplace Address

Emergency Contact Details (if we are unable to contact you)

| | | | | |
|-----------------------|--|---------|--|-----------|
| Name | | | | |
| Address | | | | |
| Home Ph | | Work Ph | | Mobile Ph |
| Relationship to child | | | | |

Authorisation for the Collection of Child

I hereby authorise the educators at Bunya Childcare Centre to allow access to my child to the following authorised nominees:

| | | | | |
|---------|---------|--|-----------|--|
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |

A copy of any Court Orders must be provided for Centre file. If no Court Orders are provided, the Centre has no legal right to deny access to your child to the parent/guardians of the above-mentioned child. In the event of my wishing to change the above I agree to provide necessary documentation (e.g. copies of any Court Order, changes, etc).

Do Court Orders apply? Yes No

Have you provided a copy of Family/Court Order for Centre file? Yes No

Late Fee Authorisation

Should none of the above authorised persons, including myself, have collected my child at the closure time of the Centre, I give permission for the Centre to make whatever provisions are deemed necessary to secure the care of my child and I agree to pay a late fee of \$5.00 per minute.

Parent's Name Date

Witnessed Date

Health Details *(Please refer to Centre Health Policy)*

Child's Medicare Number

Has your child been immunised? Yes No

Has your child ever experienced any language or speech difficulties, or physical or other health related problems?

.....

Is your child currently on medication? (e.g. short term or long term)

Yes No

If Yes, please specify reason why and medication details

.....

Please see Centre Health Policy and complete 'Medication Forms' found in Centre Administration Folder located in Foyer.

Does your child have Asthma? Yes No

If Yes, please fill out the attached Asthma Record Card and attach your child's Asthma Management Plan.

Does your child have any allergies ? Yes No

If Yes, please specify

.....

Is your child allergic to any foods? Yes No

Please specify food allergies

.....

A management plan from your child's Registered Medical Practitioner/ Specialist is required. It should state the foods or allergens the child is allergic to and the symptoms of allergic reactions. The management plan should indicate medical procedures to be taken in case of an allergic reaction.

Registered Medical Practitioner

Contact Number

Address

Postcode

Family Dentist

Contact Number

Does this family have private health insurance? Yes No

If Yes, with which private health insurance fund?

.....

Authorisation & Consent for Illness, accident and emergency medical treatment and administration of medication

Every care will be taken of your child while at the Centre. In the event that emergency action appears to be necessary because the child has been injured, or is ill, at the premises, it is necessary for a parent to give written authorisation/consent for the Centre and educators to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and to give written consent to transportation of the child by an ambulance service. Parents will be informed immediately if such emergency treatment is required. If, however we are unable to contact you it is also a requirement that authorisation be provided for any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.

Parents are required to complete the following: I, (print name)..... the parent, hereby authorise Bunya Childcare Centre, the Nominated Supervisor or an educator to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and give written consent to transportation of my child by an ambulance service in the event that such action appears to be necessary because the child has been injured, or is ill, at the premises. I also authorise any person who is authorised to authorise an educator to take the child outside the education and care service premises;

I also authorise the following persons to consent to medical treatment of, or to authorise administration of medication to my child in this event:

| | | | | |
|---------|---------|--|-----------|--|
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |

.....
Parent's Signature

.....
Date

.....
Director's Signature

.....
Date

Please be advised as per the National Education and Care Services National Regulations 2011 the following exception to the authorisation requirements apply:

94 Exception to authorisation requirement— anaphylaxis or asthma emergency

- 1 Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- 2 If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable:
 - (a) a parent of the child;
 - (b) emergency services.

Excursions

I also authorise any person who is authorised to authorise an educator to take the child outside the education and care service premises e.g. excursions. The below people are authorised.

| | | | | |
|---------|---------|--|-----------|--|
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |
| Name | | | | |
| Address | | | | |
| Home Ph | Work Ph | | Mobile Ph | |

Panadol Procedure Authorisation

Unfortunately, at times children do become ill while in care at the Centre. To ensure a high temperature is quickly controlled, it is necessary for the consent form below to be completed. Parents will be informed by staff if this procedure is to be taken or has taken place. Parents will need to collect their child from the service to seek further medical advice. I hereby give permission for the staff at Bunya Childcare Centre to administer Panadol (Paracetamol) to my child should he/she have a fever and all other methods to lower the temperature have failed (i.e. tepid sponging, removal of excess clothing, increased intake of fluids).

The Centre provides Panadol Elixir for children. If I wish my child to be given an alternative form of or brand of paracetamol, then I will provide it for my child at the Centre. I understand that Panquil or Phernegan is not a suitable alternative. I understand that every effort will be made to notify me (or another nominated responsible adult), as my child may be required to be collected immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, the Panadol (paracetamol) will be administered. (Please refer to Health Policy).

I, (print name)..... the parent,

DO DO NOT give permission for the staff at Bunya Childcare Centre to administer the correct dosage of Panadol if needed for my child.

.....
Parent's Signature

.....
Date

.....
Director's Signature

.....
Date

Permission for the Application of First-Aid & Health Products

The following first-aid products are contained in the Centre's first-aid kit and in other areas of the Centre. Please delete by putting a red line through any product/s that you will not allow to be used/applied to your child.

Child's Name Date of birth

W.H.S. Standards

| | | | |
|---------------------------------|---------------------------------------|----------------------------|------------------------------------|
| Basic First Aid Products | | 12 | Eye pads – sterile |
| 1 | Triangular bandages 110x110x155cm | 13 | Safety pins assorted |
| 2 | Roller bandages 50mm | 14 | Emergency blanket 127 X 200cm |
| 3 | Roller bandages 100mm | 15 | Gloves – latex |
| 4 | Adhesive strips | 16 | First aid booklet |
| 5 | Dressings non-adhesive 7.5 x 7.5cm | 17 | Plastic bag - resealable (small) |
| 6 | Wound dressings – No.15 | 18 | Plastic bag - resealable (medium) |
| 7 | Adhesive dressing tape roll 25mm X 5m | 19 | Plastic bag - resealable (large) |
| 8 | Scissors- sharp/blunt 12.5cm | Additional Products | |
| 9 | Forceps – 110mm | 20 | Sun Cream 30+ |
| 10 | Antiseptic swabs | 21 | Sorbolene, Zinc & Castor Oil Cream |
| 11 | Eye irrigation – sodium chloride 30ml | 22 | Curash Nappy Cream |

I agree that the above first-aid products, other than those crossed out, may be applied/used for my child as basic first-aid treatment.

Parent's Name Date

Signature

Director Date

Signature

Photo & Observation Consent

During the year the staff would like to capture special moments and occasions that your child participates in here at the Centre. These will be in the form of photographs, written observations and videos. Please fill out the form below to give us permission to take pictures of your child, write observations about your child and video your child. Photographs and videos will only be used within the Centre and/or in your child's portfolio observation records.

These records are taken home at the end of each year and periodically throughout the year when requested. It must also be noted that other children will be pictured in your child's portfolio and that your child's picture may also appear in other children's portfolios. We expect all parents to view these portfolios for their personal use only and to respect the privacy of all children.

I hereby give permission for the staff to use camera or video equipment to capture special moments of my child. I understand that these photographs and videos will not be used in promotional advertisements regarding childcare without my written consent. I understand that photographs will be displayed in portfolios and that my child's photograph may appear in another child's portfolio for observation purposes.

Parent's Name Date

Signature

Child's Routine

Is your child able to use: Toilet with help Toilet independently

Are there any special words that mean toilet to your child?

Does your child need a sleep or rest during the day? Yes No If Yes, approximately what time of the day?

Does your child have a dummy at sleep/rest time? Yes No

Does your child wear a nappy at sleep/rest time? Yes No

Does your child take any special objects for sleep/rest times? Yes No

List

Does your child require a bottle? Yes No If Yes, approximately what time of the day?

Does your child have special routines on being put to bed?

Any important language/words to be used at this time?

Does your child have any particular dietary requirements? Yes No

If Yes, please specify

Any food our child particularly likes?

Or Dislikes?

Any particular requirements at meal times?

Does your child feed him/herself at home? Yes No

General Needs

Does your child have any deep fear about anything in particular (e.g. noise)?

Any words that we need to know that have special meaning for your child? (Please translate if appropriate)

Has your child attended other children's services (playgroup, etc.) or been cared for outside the home?

Does your child attend another children's service at present? Yes No

Does your child get upset when left with other people?

What do you love about your child that you would like us to know about?

How may we help your child this year? What would you most want for your child at the Centre? Any particular area that concerns you that we need to know about?

What interests your child at present?

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

Do you have any skills that you would like to contribute to the Centre's program?

We look forward to caring for your child and welcome the family into the Centre. If you have any suggestions that you would like to put forward, please tell the staff. We also hope that you will tell us if you have any concerns about the service we are providing. We welcome parent participation on many levels of the Centre's operations, and hope we can develop a warm and trusting relationship with you and your child.

Acknowledgement

I, (print name)
the parent, agree that the information provided in this application is true and correct and will be relied upon by Bunya Childcare Centre.

The parent agrees to notify the Centre immediately of any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within seven (7) days of the date of such a change.

The parent agrees to keep fees paid fortnightly in advance at all times. If the family's childcare fees fall one (1) week in arrears, the child/ren's position will be taken as forfeited and the child/ren will no longer be able to attend the Centre. All fees outstanding by more than two (2) weeks will incur a late fee of \$15 each week that the fees remain outstanding.

The parent agrees to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent's fees, court costs and legal fees reasonably incurred by Bunya Childcare Centre. In the case of a default the parent acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to Legal and Commercial Recoveries for legal recovery action.

I, (print name)
the parent, understand that in the case of a default on payment for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty (30) days or until paid. This information may be accessed by other care providers at the time of enrolment. Details regarding children will remain confidential.

The parent acknowledges that care may be refused in the case of default.

Parent 1 Name Date

Signature

Parent 2 Name Date

Signature

Director Date

Signature

Asthma Record

Dear Parent,

To help us provide the best asthma care for your child, please complete the attached Asthma Record if your child has ever been diagnosed with asthma. This form should be completed in consultation with your child's Doctor and returned as quickly as possible to us. If you have any queries regarding this matter, please contact the Centre Director.

To keep our records up to date, please send us written advice of any changes to your child's asthma management, or request an additional copy of the Asthma Record. At the time you return the Asthma Record, please demonstrate how to administer your child's medication.

If you do not provide an Asthma Record for your child's asthma management, staff who have been trained in Emergency Asthma Management will use the standard Asthma First Aid Plan as detailed in our Asthma Policy if your child has been known to have asthma or is having difficulty breathing. Centres have policies and procedures for managing medical emergencies including calling an ambulance for any child we consider to be having an asthma attack or if a child is having difficulty breathing. We encourage you to have ambulance cover for your child.

If you would like any further information about asthma management, please contact the Asthma Foundation of NSW on **1800 278 462** or **www.asthmansw.org.au**.

If you have any queries regarding this matter, please speak with me.

Thank you,
Centre Director

(Ref: Asthma Foundation)

Individual Child Routine

Date

Childs Name

Birth date & Age of child

Parents Name

Primary Caregiver

Pre-sleep routines:

How many sleeps per day (typical): 1 2

..... to to

Length of sleep

What sleeping position does your child prefer?.....

Waking behaviour/routine:

Special Concerns:

Solid food Yes No

Time of day you want given

Allergies

..... Food

dislikes or eating problems

..... Food

likes or eating preferences

Special diet/requests

Special concerns

Bottle/Cup Routine: Please supply your own milk in a labeled bottle

Please tick Bottle Cup

Formula Amount

Brand

Juice Amount

Brand

Milk Amount

Brand

Breast Milk Amount

Brand

Introducing solid foods

We recommend introducing infant cereal at 4-6 months, vegetables, fruits, and their juices at 5-7 months. Protein such as cheese, yoghurt, cooked beans, meat, fish, chicken, and egg yolk at 6-8 months. Whole egg at 10-12 months, and milk at 12 months. We also can introduce the use of a cup and spoon at 8-10 months.

If you wish to follow our recommendations,

Please sign:

Does your child have a security object?

Name?.....

Does your child use a dummy? Yes No

When?

Other information

Nappy changing routine - if the child needs lotion or ointment, please specify which brand:

Does your child have any needs that are different from those provided by the Centre's routine program? (e.g. special exercises, special materials, accommodation of special services)

Other Information

The needs and services plan will be updated every three months or sooner if requested by parent/guardian.

Parent signature

Date

Staff Signature

Date

We look forward to caring for your child and welcome the family into the Centre. If you have any suggestions that you would like to put forward please tell the staff. We also hope that you will tell us if you have any concerns about the service we are providing. We welcome parent participation on many levels of the Centre's operations, and hope we can develop a warm and trusting relationship with you and your child.



ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

PHOTO OF STUDENT
(OPTIONAL)

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

Plan date
____/____/20____

Review date
____/____/20____

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe): _____

Frequency and severity:

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe): _____

Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) – please detail:

- Does this student usually tell an adult if s/he is having trouble breathing? Yes No
- Does this student need help to take asthma medication? Yes No
- Does this student use a mask with a spacer? Yes No
- *Does this student need a blue/grey reliever puffer medication before exercise? Yes No

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

| NAME OF MEDICATION AND COLOUR | DOSE/NUMBER OF PUFFS | TIME REQUIRED |
|-------------------------------|----------------------|---------------|
| | | |
| | | |

DOCTOR
Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

PARENT/GUARDIAN
I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

EMERGENCY CONTACT INFORMATION
Contact name _____

Phone _____

Mobile _____

Email _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au

