**ENROLMENT DETAILS Date: / /\_\_\_\_**

**Confidential Information about your child:**

|  |  |
| --- | --- |
| Family Name:  Given Names:  Date of Birth  Home Address  Email address:    Health Care Card or Concession:  Yes – See Admin No | Preferred Name:  Sex: M🞎 F🞎 (please tick)  Country of Birth:  Language(s) spoken at home:  Religion/Cultural Background: |

**Information about the child’s parents or guardians**

|  |  |
| --- | --- |
| **Parent 1:** | **Parent 2:** |
| Name | Name |
| Address - *as per child or*: | Address - *as per child or*: |
| Telephone/s  (H) (W)  Mobile | Telephone/s  (H) (W) Mobile |
| Does the child live with parent 1?  No Yes *(please tick)* | Does the child live with parent 2?  No Yes *(please tick)* |
| **Guardian (if applicable)** | **Guardian (if applicable)** |
| Name | Name |
| Address - *as per child or*: | Address - *as per child or*: |
| Telephone/s  (H) (W)  Mobile | Telephone/s  (H) (W) Mobile |
| Does the child live with this guardian?  No Yes *(please tick)* | Does the child live with this guardian?  No Yes *(please tick)* |

**Information about child’s siblings**

|  |  |
| --- | --- |
| Name  Date of Birth / / | Name  Date of Birth / / |

**EMERGENCY CONTACTS**

**Other persons who can collect your child from this children’s service:**

Your consent is required for other people to collect your child from the children’s service on your behalf.

**Details of people who can collect your child:**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone /s  (H) (W)  Mobile | Telephone / s  (H) (W)  Mobile |
| Relationship to child | Relationship to child |

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone /s  (H) (W)  Mobile | Telephone / s  (H) (W)  Mobile |
| Relationship to child | Relationship to child |

**Other persons to be notified in case of accident or illness:**

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted.

**Details of people who can collect your child:**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone /s  (H) (W)  Mobile | Telephone / s  (H) (W)  Mobile |
| Relationship to child | Relationship to child |

**Other persons authorised to consent to the medical treatment of, or to authorise administration of medication:**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone /s  (H) (W)  Mobile | Telephone / s  (H) (W)  Mobile |
| Relationship to child | Relationship to child |

**Other persons who are authorised to authorise an educator to take the child outside the childrens services premises**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone /s  (H) (W)  Mobile | Telephone / s  (H) (W)  Mobile |
| Relationship to child | Relationship to child |

**Court orders relating to the child**

Are there any court orders relating to 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):**

Please bring the *original court order/s* and any special requirements regarding custody for staff to see **and a copy to attach to this enrolment form**.

**Photos**

As part of our observations the children may be photographed during play sessions. These photos may appear in our ENewsletter or in flyers advertising our centre.

Do you give permission for your child to be photographed?

No Yes *(please tick).*

**Facebook**

Do you give permission for your child’s photo (no names) to appear on our facebook page

**Yes No (please tick)**

**CHILD’S MEDICAL AND HEALTH INFORMATION:**

Doctor / Medical Service Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance Subscription \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any allergies or sensitivities? No Yes (please tick)**

**If yes**, the following management procedures are to be followed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any medical conditions and needs which are relevant to the children’s service? (e.g. asthma, diabetes, epilepsy) No Yes (please tick)**

**If yes**, the following management procedures are to be followed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any dietary restrictions? No Yes (please tick)**

**If yes**, the following restrictions apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s immunisation record**

Has your child been immunised according to the National Immunisation Schedule?

No Yes (please attach)

### ADDITIONAL INFORMATION ABOUT YOUR CHILD

Is there anything else that the children’s service should know about your child?

(e.g. excessive fears, favourite activities, special toy, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration and consent to emergency medical treatment and** **consent to Emergency Evacuation Drill.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print full name) a person with lawful authority of the child referred to in this enrolment form,

1. 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 changes to this information;
2. agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service;
3. consent to the staff of the children’s service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children’s service.
4. transportation of the child by an ambulance service.
5. consent to the child’s participation in Emergency Evacuation Drills undertaken at the children’s service

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_