

ENROLMENT FORM



“Providing unconditional love, care and lots of opportunities to experiment, Learn,
Grow and make new friends in those most precious early childhood years”

CHILD INFORMATION *(Information on this Form is Private & Confidential – Please Print Clearly)*

Child's Family Name: _____ Child's Given Name _____

Nicknames (if any): _____ Other Former Names: _____

Sex: _____ D.O.B.: _____ **CRN:** _____

Country of Birth: _____ Religion: _____

Is your child of: Aboriginal Decent: Torres Strait Islander: Neither:

Address: _____

_____ Post Code _____

(Please TICK the days your child will be attending)

Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
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PARENT/GUARDIAN INFORMATION *(CCB registered parent/guardian to fill the section below)*

Title: _____ Family Name: _____ Given name: _____

Other/Former Names: _____ D.O.B: _____

Relationship to Child: _____ **CRN:** _____

Address: _____

_____ Postcode: _____

Country of Birth: _____ Arrived in Australia: _____ Ethnicity: _____

Are you of: Aboriginal Decent Torres Strait Islander Neither:

Occupation: _____ Employer: _____

Home Phone No: _____ Work Phone No: _____ Mobile No: _____

E-mail: _____

PARENT/GUARDIAN 2 INFORMATION

Title: _____ Family Name: _____ Given name: _____

Other/Former Names: _____ D.O.B: _____

Relationship to Child: _____

Address: _____

_____ Postcode: _____

Country of Birth: _____ Arrived in Australia: _____ Ethnicity: _____

Are you of: Aboriginal Decent Torres Strait Islander Neither:

Occupation: _____ Employer: _____

Home Phone No: _____ Work Phone No: _____ Mobile No: _____

E-mail: _____

PLEASE NOTE: PARENT/GUARDIAN PHOTO ID – PROOF OF NAME & CURRENT ADDRESS NEED TO BE PROVIDED WHEN ENROLING (eg. Driver's Licence or Passport)

Background:

What are your expectations for your child? _____

Has your child been left with other people? Family, Friends YES NO

How did he/she cope with this? _____

How does your child respond to an unfamiliar situation?

Confidently Tearfully Withdraws Very Excited Observes but joins in later

What type of activities interest your child? _____

Does your child watch television? YES NO Favorite Programs: _____

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties? YES NO

Languages spoken at home: _____

Are you working on any skills with your child at home? (Please give examples)

MEDICAL INFORMATION

Medical Conditions

Does your child have any specific health care needs or medical conditions such as allergy, anaphylaxis, asthma or febrile convulsion? If yes, please explain.

If yes, please provide a medical management plan which has been prepared by the child's medical practitioner. The Plan should include:

- a photo of the child
- if relevant, state what triggers the medical condition, allergy or anaphylaxis
- first aid needed
- contact details of the doctor who signed the plan
- when the plan should be reviewed.

Hospitalisation:

Has your child ever been hospitalised? Yes No

If yes, what for and when? _____

Immunisation Record:

We are required to keep a copy of your child’s current immunization record prior to enrolment:

- ACIR Version – available from Medicare (blue book not accepted)
- The ‘No Jab No Pay’ policy means your child’s immunisations must be up-to-date or on a catch-up schedule to be eligible to receive the CCB and/or CCR
- Exemptions will still apply for children who have a natural immunity or allergies to specific medicines, if diagnosed by a general practitioner.
- Please ensure the record is kept up-to-date
- For more information please see <http://www.humanservices.gov.au/customer/subjects/immunising-your-children>

Immunisation record (copy taken) Yes No

Hearing / Vision:

Has your child had?

A hearing test Yes No Result: _____

A vision test Yes No Result: _____

Describe any dislikes, fears or phobias your child may have:

Has your child ever had a reaction to any medication? Yes No

How did they react? _____

Is your child allergic to any medication? Yes No

If yes which medication: _____

Is your child allergic to Panadol? Yes No

If yes, what would you prefer us to administer instead, if necessary? _____

I do give permission for staff to administer Panadol or other recommended medication to my child if they feel it is necessary (after consultation with parents if possible).

.....
Signature (Parent / Guardian 1)

.....
Signature (Parent / Guardian 2)

.....
Date

Toilet:

Is your child toilet trained? Yes No

If no, what term is used at home for toileting? _____

Does your child sit on the potty? Yes No

Sleep:

What time does your child go to sleep at night? _____

What time does your child wake up in the morning? _____

What time does your child sleep and for how long during the day? _____

Does your child have a favourite toy or security object? Yes No

What is it and what is it called? _____

Other comments: _____

Food:

Can your child feed themselves? Yes No

Bottle: Cup: Cup with lid: Spoon:

Exact details of formula: (babies) _____

Solids: _____

Feeding times: _____

Has your child any food allergies? Yes No

If yes what are they not allowed to have and why? _____

Does your child require a special diet? Yes No

If yes what is it: _____

Child's Siblings

Name: _____ Date of Birth: _____ Male/Female: _____

Name: _____ Date of Birth: _____ Male/Female: _____

Name: _____ Date of Birth: _____ Male/Female: _____

Name: _____ Date of Birth: _____ Male/Female: _____

Adults living at home (other than parents):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Custody or Access Arrangements:

Are there any custody arrangements we should be aware of? _____

Do both parents/guardians have access? _____

Please provide copies of details of court orders affecting custody of your child.

General Information:

Is either parent sick or incapacitated? *(If yes, give details)* _____

Type of Home: House Town House Unit Caravan

Have there been any changes to your family recently? Moved House Parent ill

Birth of a Child Parent Unemployed Death of a Person Close to Child

Separation from Parent or Sibling Other: _____

Has this affected the Child in any way? _____

Do you (the parent/guardian) have any skills that can help the Pre-School? E.g. Piano, cooking, storytelling, languages, art: _____

Are there any religious or cultural/practices, celebrations relating your child's upbringing we should honor in our handling of your child? _____

MEDICAL INFORMATION:

Medicare Number: _____ Expiry Date: _____ Health Fund: _____

Medical Practitioner's Details:

Surgery Name/Medical Centre's Name: _____ Phone No: _____

Doctor's Name: _____ Address: _____

Dental Surgery Name: _____ Phone No: _____

Dentist's Name: _____ Address: _____

Emergency Contact (other than parent): Please note in this section you are to provide at least two emergency contacts. These people must be contactable during the hours of the child's care.

1. Full Name: _____ Relationship to Child: _____

Address: _____

_____ Postcode: _____

Home No: _____ Work No: _____ Mobile No: _____

2. Full Name: _____ Relationship to Child: _____

Address: _____

_____ Postcode: _____

Home No: _____ Work No: _____ Mobile No: _____

Other people permitted to collect your child/children from care:

(You may list more than one person, but must notify in writing any changes)

Name/ Address/Phone No./ Relationship to child	Name/ Address/Phone No./ Relationship to child

I give permission for the emergency contacts and others listed above to collect my child from care.

.....
Signature (Parent / Guardian 1)

.....
Signature (Parent / Guardian 2)

.....
Date

PARENT'S/GUARDIAN'S AUTHORISATION

I give permission for Dashing Ducks Pre-School's staff to exchange information with doctors, therapists, teachers etc. about my child.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I hereby authorise staff of Dashing Ducks Pre-School to seek & provide any emergency with medical, dental, ambulance, hospital or any other service seen fit should my child suffer any illness or injury whilst at the premises. Also if after every reasonable effort to contact me has failed, and if the doctor considers immediate medication, anesthetic or minor surgery is necessary, they have my permission to administer same.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I understand that medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:

- the label must contain the child's name and
- parents must provide any verbal or written instructions provided by the medical practitioner.

Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I give permission for my child to be included in any photos and video footage taken while at Pre-School and for photos to be used for displays, as part of the daily program. I give permission for photos of my child to be included in other children's portfolios, for learning purposes only.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I (circle) do/do not give permission for photos of my child to be included on the Dashing Ducks Website.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

Note: Additional written approval will be required should Dashing Ducks Pre-School wish to use photographs for other advertising and promotional purposes eg. Newspaper, flyers.

I give permission for my child to be applied with Sunscreen whilst at Dashing Ducks Pre-School in accordance with the manufacturer's recommendation.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I (circle) do/ do not give permission for students from University or TAFE to record observations of my child/children for the purpose of practical studies. I understand that the information will remain confidential and only the child's given name will be used.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

I give permission for information concerning my child to be displayed in the Pre-School. E.g. allergy charts, eat sleep charts, birthday charts etc.

.....
Signature (Parent / Guardian 1) Signature (Parent / Guardian 2) Date

Office Use Only

Photo ID (Licence or Passport) sighted and copied for our records:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Immunisation Records copied for our records:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Birth Certificate copied for our records:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Copy of Family Information Booklet received:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

.....
Print Name – Enrolment Interviewer

.....
Date

How did you find out about Dashing Ducks Pre-School?

Word of Mouth	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Mail Flyer	<input type="checkbox"/>
Our Sign	<input type="checkbox"/>
Local Directory	<input type="checkbox"/>
Yellow Pages	<input type="checkbox"/>
Our Banner	<input type="checkbox"/>
Other:	<input type="checkbox"/> _____

We welcome you and we are proud to have your child/children at Dashing Ducks Pre-School. We look forward to working together as a team, to help your child have fun, learn, make friends, grow and develop to his or her fullest potential. We will strive to make your child's early childhood journey, one that he or she will remember forever.

Dashing Ducks Pre-School,
Approved Provider
Paula Elazzi