



Lane Cove Occasional Child Care Centre Enrolment Form

All information contained in this form is **CONFIDENTIAL**.

Please note: Prior to your child's position beginning at Lane Cove Occasional Child Care Centre it is essential that the following information is complete and kept up to date. This information must be completed by each known parent who has lawful authority in relation to the child. Please notify the service of any changes to details on this form as soon as possible.

We thank you for your understanding and cooperation.

<p>Office Use Only:</p> <p><input type="checkbox"/> Immunisation Form Complete</p> <p><input type="checkbox"/> Email details in outlook</p> <p><input type="checkbox"/> Emergency contacts updated</p> <p><input type="checkbox"/> Emergency contacts updated for emergency bag</p> <p><input type="checkbox"/> Allergy list updated</p>	<p>Date: ... / ... /</p> <p>Signed by:</p>
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We provide three services in our Service:

1. **Occasional Care – Out Of Scope Service (NO - CCB or CCR is offered with Occasional Care)**
2. **Regular Occasional Care – Out Of Scope Service. Full Days Only (NO - CCB or CCR is offered with Occasional Care)**
3. **Regular Care – Long Day Care - Full Days Only (You will need to register with FAO to Receive CCB/CCR.)**

- I am interest in only using Occasional Care
- I wish to use both Occasional and Regular Services.
- I wish to be on the waiting List for Regular Care. (Long Day Care –CCB/CCR)
- I wish to be on the waiting List for Regular Occasional Care (Out of Scope – Not entitled to any CCB/CCR)

How did you find out about us?

Date: / /

Child's Full Name:

Surname:

Other Names:

Date of Birth:/...../... Sex: Male / Female

CRN Number:

Place of Birth:

Address:

Mother's Full Name: Surname:
Other Names: Date of Birth:
CRN Number: Place of Birth:
Address:
Phone (Home): Phone (Work):
Mobile: Email:
Occupation: Employer:

Father's Full Name: Surname:
Other Names: Date of Birth:
CRN Number: Place of Birth:
Address:
Phone (Home): Phone (Work):
Mobile: Email:
Occupation: Employer:

OTHER CHILDREN IN FAMILY:

Name: Age:
Name: Age:
Name: Age:
Name: Age:

CUSTODY:

Are there any Court Orders affecting the custody of your child/ren? Yes / No

If yes, please provide all relevant documentation and paperwork.

Please attach proof. Please advise the Director if this changes. This information is kept strictly confidential.

Please note that without this documentation we cannot legally enforce the Order/s.

CULTURAL BACKGROUND:

Where was your child born?

Is your child of Aboriginal or Torres Strait Island Descent? Yes / No

Country Mother was Born? Country Father was Born?

How long have you been in Australia? Mother: Father:

What language/s do you and your child speak at home?

If you do not speak English well, please tell us a name of a friend who speaks English as well as your own language:

..... Phone:

Are there any cultural or religious beliefs which we should respect when looking after your child?

.....

Child's Religion: Mother's Religion: Father's Religion:

Cultural Background:

MEDICAL DETAILS:

Medicare Number:

Health Cover: Yes / No

Health Cover Number:

Ambulance Cover: Yes / No

Is your child allergic to anything? Yes / No

Does the Child have any dietary restrictions? Yes / No **If yes, please attach relevant details.**

Has the Child been diagnosed as someone who is at risk
Of anaphylaxis? Yes / No

Does your child need regular medicine? Yes / No

Has your child ever been in hospital? Yes / No

Does your child have any specific health care needs or conditions? Yes / No

Does your child have any problems with hearing, sight, speech,
growth or development that you are aware of? Yes / No

***If yes, to any information above, Please attach relevant details.
This includes a medical management plan, anaphylaxis medical management plan
or risk minimisation plan.***

Please provide the immunisation History Statement for your child.

Child's Registered Medical Practitioner or Service Details:

.....

Practitioner's Name:

Address:

Phone:

Child's Registered Dental Practitioner or Service Details:

.....

Practitioner's Name:

Address:

Phone:

FEEDING:

Does your child have any special feeding requirements? Yes / No

If Yes: Please provide Details and attach relevant details:

.....

.....

.....

INDIVIDUAL INFORMATION

Does your child sleep during the day? Yes / No / Sometimes

Approximately what time? How long?

Does your child need a security toy/dummy etc? Yes / No

Other:

.....

Is your child In Nappies? Yes / No

Being toilet trained? Yes / No

Needs reminding? Yes / No

Going to the toilet independently? Yes / No

Has your child been in care before? Yes / No

- Pre-school
- Long day Care
- Family Day Care
- Baby Sitter
- None

Is your child attending another Centre at the moment? Yes / No

If yes, name of Centre:

How do you think your child will react when you leave him/her at the centre?

.....

Is there anything else you feel we need to know about your child?

.....

EMERGENCY CONTACTS:

(Details of Other People who can Collect the Child)

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator.

Education and Care Services National Regulations – Part 4.7, Regulation 161

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year.

Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1

Name: Address:

Phone (home): Phone (work):

Mobile:

Relationship to child: Other:.....

- Authority to Daily Pick up
- Authority to Pick up in Emergencies
- Authority to Sign for Excursions
- Authority to Sign for medication

Person 2

Name: Address:
Phone (home): Phone (work):
Mobile:
Relationship to child: Other:

- Authority to Daily Pick up
- Authority to Pick up in Emergencies
- Authority to Sign for Excursions
- Authority to Sign for medication

Person 3

Name: Address:
Phone (home): Phone (work):
Mobile:
Relationship to child: Other:

- Authority to Daily Pick up
- Authority to Pick up in Emergencies
- Authority to Sign for Excursions
- Authority to Sign for medication

Please read and sign the statements below:

Medication

Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date, from its original container, bearing the original label and instructions and before the expiry or use by date; and the medication must be administered in accordance with any instructions attached to the medication; or any written or verbal instructions provided by a registered medical practitioner. – *Education and Care Services National Regulations. Part 4.2, Regulation 95*

Mother Sign:

Father Sign:.....

Asthma or Anaphylaxis

Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. – *Education and Care Services National Regulations, Part 4.2, Regulation 94.*

Mother Sign:

Father Sign:.....

Fever

In the event of my child’s temperature being 38.5°C or above, I hereby authorise the Authorised Supervisor or other educators of Lane Cove Occasional Child Care Inc. to administer one (1) dose of paracetamol-based medication (eg: Panadol) in accordance with the manufacturer’s instructions for age and/or weight. My child has previously tolerated paracetamol-based medication. Once Administered your child will need to be picked up as soon as possible. Within the first hour.

Mother Sign:

Father Sign:

Application of Sunscreen

Sunscreen should be applied prior to your arrival at the Centre. Sunscreen is available at the Centre for parents to apply to their child. I agree that my child will have sunscreen applied by staff in the afternoon as per the Centre’s Weather Protection Policy.

Mother Sign:

Father Sign:

Dental/Hospital/Ambulance Service

In the event of an injury or illness to my child, in my absence, I hereby authorise any member of the primary contact staff of Lane Cove Occasional Child Care Inc to seek urgent medical, dental, hospital treatment or ambulance service. I agree to meet any costs incurred with such emergency treatment.

In the event of an injury or illness to my child, in my absence, I hereby consent to carrying out any urgent medical, dental, hospital treatment or ambulance treatment/transport. I agree to meet any costs incurred with such emergency treatment.

Mother Sign:

Father Sign:

General First Aid

Do you authorise for the Nominated Supervisor or other educator at the service to administer general first aid products as per the manufacturer’s recommendations (some e.g. paw paw creams, Sorbolene cream or other nappy creams, Stingoes Hirudoid cream, Savlon or First aid Strips).

Mother Sign:

Father Sign:

Excursion Statement

I give consent for my child to be taken on excursions within the general locality of the Centre provided it is: **within walking distance, neither public nor private transport is involved. All regulations covering excursions in the Centre Based and Mobile Child Centre Services Regulations 2012 as amended are observed.**

Mother Sign:

Father Sign:

Fire and safety Drills

I give consent for my child to be taken off the premises to the local oval (Pottery green Oval) on our regular fire drills practices. **Within walking distance, neither public nor private transport is involved. Ratio will not be followed but all safety precaution will be taken.**

Mother Sign:

Father Sign:

Photographs:

I give permission for my child’s photograph to be taken whilst at Lane Cove Occasional Child Care Inc.

These photos may be displayed at the service and used throughout the enrolled children’s portfolio documentation or may be used to promote the service within the community. Our Photography Policy is available to view at any time, please ask educators for a copy. No outside agency or individual will be allowed to photograph the children without parental consent.

Mother Sign:

Father Sign:

Medical Photographs to be used:

If the Child has a specific medical requirement, the Child’s photo will be displayed on a sheet that details how to respond to the Child’s medical requirements. This will be displayed in the office. Please consent to your child’s photo being displayed for this purpose.

Mother Sign:

Father Sign:

Kindyhub:

I give permission for my child's observations and records to be recorded on a digital communication tool send to you by email or internet whilst at Lane Cove Occasional Child Care Inc.

This digital communication tool, allows us to easily share your child's daycare experience with you at the end of each day. Our Educators capture your child's achievements throughout the day via Kindyhub with photos, notes and stories. Kindyhub saves us time, in-turn allowing us to spend more time with your child.

As a parent you will have a secure and private login to access a snapshot of what your child does throughout the day. Or the snapshots will be sent to you via email with photos, a daily overview from your child's group and the learning outcomes they met. In future the snapshot will be sent to an app you can install on your smartphone.

In signing below you also agree to keep all records emailed to you, or you access yourselves, confidential and not place anything on the website or social media sites. (Such as facebook).

Mother Sign:

Father Sign:

I agree to abide by the Policies of Lane Cove Occasional Child Care Inc.

Mother Sign:

Father Sign: