



# Enrolment Form

## 1. Child's Details

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Child's other name or previous name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Child's CRN (issued by the Family Assistance Office): \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Please Circle): **Male** **Female**

Is your child of Aboriginal or Torres Strait Islander origin? **No** **Yes- Aboriginal** **Yes- Torres Strait Islander**

## 2. Attendance Details

Date of Commencement \_\_\_\_\_ approximate hours of attendance: \_\_\_\_\_ am to \_\_\_\_\_ pm

Age Group: (Please Tick)  0 - 15 mths  15mths- 2 yrs  2 - 3 yrs  3 - 5 yrs

Days of Attendance: (Please circle)

**Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

## 3. Parent/Guardian Details

**Parent One/Guardian**

Last Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Other name or previous names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Days of employment: (Please Circle) **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Ethnic origin: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Corporate Partner Employee Number (If applicable): \_\_\_\_\_

Parent's CRN (issued by the Family Assistance Office): \_\_\_\_\_

**Parent Two/Guardian**

Last Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Other name or previous names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Days of employment: (Please Circle)    Monday    Tuesday    Wednesday    Thursday    Friday

Ethnic origin: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Corporate Partner Employee Number (If applicable): \_\_\_\_\_

Parent's CRN (issued by the Family Assistance Office): \_\_\_\_\_

**4. Emergency contact and Collection Authorisation**

In the event of an emergency, I/we give permission for my/our child to be released into the care of one of the following people.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

First Contact	Second Contact
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Suburb: _____ Postcode: _____	Suburb: _____ Postcode: _____
E-mail Address: _____	E-mail Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile: _____	Mobile: _____
Relationship to child: _____	Relationship to child: _____

## 5. Custody Details

Is there any person who is restricted from having contact with your child? (Please Circle) **Yes** **No**

Limited access      Supervised access      Nil Access

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

If 'Yes' Please attach a copy of relevant custody documents

## 6. Medical Contacts

Child's Family Doctor	Child's Family Dentist
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Suburb: _____ Postcode: _____	Suburb: _____ Postcode: _____
Phone Number: _____	Phone Number: _____
Medicare No: _____ Ambulance Membership No: _____	
Private Health Fund Name: _____ Membership No: _____	

## 7. Medical History

Has the child ever had:	Yes	No	Has the child ever had:	Yes	No
German Measles (Rubella)	Yes	No	Chicken Pox	Yes	No
Measles	Yes	No	Mumps	Yes	No
Epilepsy	Yes	No	Convulsion with high temperature	Yes	No
Other serious illnesses or hospitalisation	Yes	No	Does your child require additional assistance relating to an underlying long term (longer than 6 months) health condition or disability?	Yes	No
If yes, provide details: _____					
_____					

Any known allergies:	Yes	No	Shellfish	Yes	No
Nuts					
Milk or Dairy products	Yes	No	Hay fever	Yes	No
Insect bites	Yes	No	Dust	Yes	No
Other serious allergies	Yes	No	Asthma	Yes	No
If yes, provide details: _____ _____					
Does the child have any eating problems? _____					
<p><b>NOTE: Children with mild/moderate and severe allergies (anaphylaxis) or medical conditions, including asthma and eczema, must provide a Management Action Plan which is completed and signed by a Medical Practitioner, prior to enrolment. Management plans are available from the Centre.</b></p> <p><b>Management Plans completed, signed and attached?: Yes No Refer to Page 8 (Attachments)</b></p>					
<p>Is the child taking medication on a regular basis? Yes No</p> <p>Name of medication: _____</p> <p>Dosage: _____</p> <p>Frequency: _____</p> <p>Reason why medication is taken: _____</p> <p>Note: Medication Form to be completed as required.</p>					

## 8. Immunisation

Your child's immunisation details are required for enrolment. Please bring in your child's record of Immunisation to your orientation for photocopying and verification. Alternatively, you can supply a copy that is certified by a Justice of the Peace or medical practitioner.

If you have chosen not to have your child immunised, please sign the agreement below. All details of a child's immunisation status will remain confidential

**Declaration: Only sign if your child is NOT immunised**

I/We have a personal, philosophical, religious or medical belief involving a conviction that vaccination under the latest edition of the standard Vaccination Schedule should not take place. On this basis, I/We choose not to have my child immunised. I/We understand that my child will be excluded for the prescribed period during any outbreak of a vaccine preventable disease within the centre.

Signature One \_\_\_\_\_ Signature Two \_\_\_\_\_  
Parent/Guardian Parent/Guardian

**Sydney Cove Children's Centre**

Phone: (02) 92705000 Fax: (02) 9270 5099 Email: admin@sydneycovechildren.com.au

## 9. Parent/Guardian Consent

Name of Child concerned: \_\_\_\_\_

In consideration of Sydney Cove Children's Centre accepting the above named child into our centre, I/We the undersigned hereby acknowledge that:-

- a) I/We agree to abide by the Centre policies and procedures. A complete list of centre policies is available at the centre. The centre reserves the right to make reasonable changes to these policies.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- b) I/We give permission for the designated emergency contact person/s (listed on this form) to act on my behalf in the event of an emergency.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- c) I/We give permission for the centre (including all personnel employed by the centre) to remove the child from the premises in case of an emergency arising (such as a fire) and relocate them to the designated evacuation assembly point/s and for my child to participate in monthly fire drill procedures.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- d) I/We give permission for the centre in the event of an emergency, to seek urgent medical, dental or hospital treatment or ambulance service.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- e) I/We give permission for sunscreen protection to be applied to our child.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- f) I/We agree that this offer of care is valid for the age group that the child will be commencing care in. Care will generally be available as the child reaches an older age group but is subject to confirmation of the same from Sydney Cove prior to entering the new age group. If you are an employee of a company that has an agreement with Sydney Cove, your offer of care is generally subject to your continued employment with that employer.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- g) I/We agree that in the event of a child's temperature rising to and over 38.0°C, the parents/guardian will be contacted and the child will be collected from the centre as soon as possible. The child must not return to the centre for a period of 24 hours (minimum) from the time their temperature returns to 'normal'.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- h) I/We agree to the Centre personnel administering one dosage only of Children's Paracetamol in the event of the Child/Children's body temperature rising above 37.5°C. Paracetamol will only be administered as a last measure to reduce temperature and with the parent/guardian's signed authorisation below or permission granted by telephone. No other unprescribed medication will be administered by centre staff.

Weight of child \_\_\_\_\_ kgs

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- i) I/We agree that all exclusion periods relating to contagious illnesses and centre health policies must be adhered to. A medical certificate is required in most cases, prior to a child re-entering the centre. The Director or Centre Co-ordinator is authorised to make a final determination as to the child's well-being for re-entering the centre.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- j) I/We give permission for my child to participate in celebrations and events that will be implemented into the centre's program during the year. Specific celebrations that I/we do not wish my child to participate in due to cultural and/or religious beliefs are: \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- k) I/We give permission for my child to move between the adjoining Eastern and Western Centres to enable them to use different playgrounds and fixed equipment.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- l) I/We give permission for my child to participate in excursions subject to written parental permission and information relating to each event.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- m) I/We agree that my child may be photographed during centre experiences by the centre staff. Photos may be displayed within the centre and or centre newsletter to families.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- n) I/We agree that full fees apply to any days of absence including sick days, personal holidays and public holidays. Sydney Cove is closed on the business days between Christmas and New Year's Day.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- o) I/We agree that our account needs to be paid Two (2) weeks in advance. If our account falls two weeks in arrears then the centre may deduct outstanding fees from the following credit card:

Name \_\_\_\_\_ Type of card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- p) I/We agree that Ten (10) weeks notice in writing is required to reduce days of care or terminate care at the centre.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- q) I/We agree that if an employer has negotiated priority access to the centre for our family we consent to the centre advising the employer of such usage information as is necessary to comply with the priority agreement.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- r) I/We agree that we will notify the centre immediately of any changes of address or contact phone numbers for parents/guardians and emergency contact persons. We understand that this information is vital in the event of an emergency of illness.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

- s) I/We agree that a late fee applies for our child/ren who remains at the centre after 6pm (closing time). A late fee applies of \$30 per 15 minute increment. I/We understand that we are the contact the centre as soon as possible to notify of lateness. I/We understand that alternative arrangements for collection of our child should be made to avoid lateness.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

## General Information

Does your child attend any other forms of care? Yes  No

Family Day Care  Long Day Care  Preschool  Occasional Care  Nanny

How did you hear about our centre?

Friend  Work colleague  Employer  Sydney cove website  Care for kids website

## Attachments

(Please circle relevant attachments to be completed and attach)

- |  |     |    |
|--|-----|----|
| 1. Child's current Immunisation Record (copy)  | Yes | No |
| 2. Child's birth Certificate/passport (copy)   | Yes | No |
| 3. Asthma Management Plan (3)                  | Yes | No |
| 4. Action Plan for Allergic Reactions Plan (2) | Yes | No |
| 5. Action Plan for Anaphylaxis (3)             | Yes | No |
| 6. Action Plan for Eczema (2)                  | Yes | No |
| 7. Custody Documentation (copy) if relevant    | Yes | No |

All Medical Management Plans to be provided in multiples as stipulated above prior to enrolment and signed/completed by a Medical Practitioner (original colour versions required- request from centre.)

## Questions

Enrolment queries please call the Administrator, Jo Gilmore on 02 9270 5050 or email [admin@sydneycovechildren.com.au](mailto:admin@sydneycovechildren.com.au)

General queries call Centre Coordinators, Kelly Gibson (Sydney Cove West) and Katie Simcoe (Sydney Cove East) on 02 9270 5000 or email [coordinators@sydneycovechildren.com.au](mailto:coordinators@sydneycovechildren.com.au)

Nursery queries call Nursery Coordinator, Jacinta Murphy (Mon – Thur) 02 9270040 or email [nurserycoordinator@sydneycovechildren.com.au](mailto:nurserycoordinator@sydneycovechildren.com.au)

## Completed Forms

Please bring your completed forms and attachments with you on your child's orientation or by their first day of care at the centre. Note: Care cannot commence without your completed and signed enrolment forms and attachments.

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Office use only: Deposit Paid  Immunisation/Birth  Corporate form  Scanned

**Sydney Cove Children's Centre**

Phone: (02) 92705000 Fax: (02) 9270 5099 Email: [admin@sydneycovechildren.com.au](mailto:admin@sydneycovechildren.com.au)