



STUDENT ENROLMENT FORM

CONFIDENTIAL INFORMATION Student Personal Details

Interview Date: Date of Commencement:

Students Surname:

Given Name:

Preferred Name:

Sex: Male Female

Date of Birth:

Address:

Suburb: Postcode:

Telephone: Home Work Mobile

Cultural Background: Language/s Spoken:

Religion: (Optional)

Name of Siblings: Age:

Age:

Age:

Day/s Attending:
(please tick)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate times of Daily Attendance: to per day

(E.g. 9.00am – 4.00pm)

School Use Only

Immunisation:

Bond:

Registration Fee:

CCB%:

CCB-1 Child%:

CCB-2 Child%:

Parent Folder:

Birth Certificate:

Family Details

	Parent One	Parent Two
Name: (Inc name known by)		
Address:		
Home Phone:		
Date of Birth		
Mobile:		
Workplace:		
Work Phone:		
Occupation:		
Nationality:		
Email Address:		

Authorisation for the Collection of Child

I hereby authorise the staff at Imaginations ELC to give
access of my child: to the following people:

	Name/Relationship to child	Address	Contact Numbers
1			P: W: M;
2			P: W: M;
3			P: W: M;
4			P: W: M;

In the event of my wishing to change the above I agree to provide necessary documentation e.g. copies of any Court Order, changes.

Do Court Orders apply: Yes No

A copy of Court Orders must be provided for centre file.

Have you provided a copy of Family/Court Order for centre file: Yes No

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.

HEALTH & EMERGENCY DETAILS
(Please refer to *Centre Health Policy*)

Emergency Contact
(If we are unable to contact you)

Name: Contact Number/s:

Address: Post Code:

Relationship to Child:

Health Details

Family Doctor: Contact Number:

Address: Post Code:

Family Dentist: Contact Number:

Medicare Number:

Does this family have private health insurance?: Yes No

If Yes, with which private health insurance fund?:

Has your child been immunised: Yes No

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

Is your child currently under medication?: e.g. short term or long term, Yes No

If Yes, please specify reason why and medication details:

Please see Centre Health Policy & complete 'Medication Forms' found in Centre Adminsistration Folder located in Foyer.

Does your child have Asthma? Yes No

If Yes, please fill out the attached Asthma Record Card together with your doctor indicating Asthama Management Plan.

Is your child allergic to any foods?: Yes No

Please specify food allergies:

Does your child have any allergies?: Yes No

If Yes, please specify:

A management plan from your child's doctor/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.

Permission for Staff to Act in Case of Emergency or Accident

Every care will be taken of your child while at the Centre. In the event of an accident or illness requiring emergency medical/dental/Hospital/Ambulance treatment it is necessary for authority to be given for treatment to be undertaken. Parents will be informed immediately if emergency treatment is required. Parents are asked to complete the following:

I hereby authorise the staff at *Imaginations ELC* to seek urgent medical, Dental or hospital treatment or Ambulance Service/transportation of my child should this be considered necessary.

Signed: Dated: Witnessed:

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.

I hereby give permission for the staff at *Imaginations ELC* 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 for the use of Panadol Elixir for children. If I wish my child to have 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 my (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 give permission for the staff at *Imaginations ELC* to administer the correct dosage of Panadol if needed for my child:

Parents Name: Director's Name:

Signature: Signature:

Dated: Dated:

NB: Parents will be informed by staff if this procedure is to be taken or has taken place.

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 applied to your child.

Child's Name: D.O.B.: Current Date:

Basic First Aid Products O.H.S Regulation 2001 Standards			Additional Products	
1	Triangular bandages 110x110x155cm	21	Sun Cream 30+	
2	Roller bandages 50mm	22	Stingose	
3	Roller bandages 100mm	23		
4	Adhesive Strips	24		
5	Dressings non-adhesive 7.5 x 7.5cm	25		
6	Wound dressings – No.15	26		
7	Adhesive dressing tape roll 25mm X 5m	27		
8	Scissors- sharp/blunt 12.5cm	28		
9	Forceps – 110mm	29		
10	Antiseptic swabs	30		
11	Eye irrigation – sodium chloride 30ml	31		
12	Eye pads – sterile	32		
13	Safety pins assorted	33		
14	Emergency blanket 127 X 200cm	34		
15	Gloves – latex	35		
16	First aid booklet	36		
17	Plastic bag- Resealable (small)	37		
18	Plastic bag- Resealable (medium)	38		
19	Plastic bag- Resealable (large)	39		
20	Sorbolene, Zinc & Castor Oil Cream	40		

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

Parent's/Guardian's Signature:

Director's/Co-ordinators Signature:

Child's Routine

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

In Nappies

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 to be used at this time?:

Does your child have any particular dietary requirements?: Yes No

If Yes, please specify?:

Is there any food your child particularly likes?:

Or Dislikes?

Are there 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?:

Are there 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? Is there 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 are looking 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 feel free to approach the staff. We also hope that you will approach 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.

Photo Consent Form

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 and video. Please fill out the below form to give us permission to take pictures of your child. Photographs will only be used within the centre and/or in your child's portfolio observation records.

I hereby give permission for the staff to use camera or video equipment to capture special moments of my child . I understand that these photos will not be used in promotional advertisements regarding to childcare without my written consent.

Parents Signature:

Date:

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 \$2.00 per minute.

Parents Signature

Date:

Witnessed:

Date:

Acknowledgement Form

I the parent/guardian agree that the information provided in this application is true and correct and will be relied upon by the childcare service *Imaginations ELC, Mudgee*.

The parent/guardian agrees to notify the service immediately should there be 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/guardian agrees to keep their fees one (1) week in advance at all times. If your families' preschool fees fall two (2) weeks in arrears your child/ren's position will be taken as forfeited and your child/ren will no longer be able to attend the centre. All fees outstanding by more than one (1) week will incur a late fee charge of \$4.00 each week that your fees remain outstanding.

The parent/guardian 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 the childcare centre.

In the case of a default the parent/guardian 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 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/guardian acknowledges that care may be refused in the case of a default.

Parents Name:

Signature:

Witnessed:

Dated:



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Early Learning Centre

WE CARE, NURTURE, EDUCATE

Dear Parent,

To help us provide the best asthma care for your child, **if your child has ever been diagnosed with Asthma**, please complete the attached *Asthma Record Card*. This form should be completed in consultation with your family doctor and should be returned as soon as possible.

To keep our records up to date please send us written advice of any changes to your child's asthma management plan.

At the time you return the *Asthma Record Card*, please demonstrate how to administer your child's medication.

If your child has been known to have asthma or is having difficulty breathing, and if there is no Asthma Record provided for your child's asthma management, our staffs that have been trained in Emergency Asthma Management will use the standard Asthma First Aid plan as detailed in our Asthma Policy.

Our Centre has 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 interested in receiving more information about asthma management, please contact the Asthma Foundation of NSW on 1800 645 130, or www.asthmansw.org.au

If you have any questions regarding this matter, please contact me directly.

Meredith Cameron
Director, Imaginations Early Learning Centre

Reference: *Asthma Australia*.