

Wandilla Magic

Childcare Centre

Enrolment Form

Child's Name		Date of Birth	
Place of Birth		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
		Start Date	
Address			
Phone		Age at start date	Years, Months
Religion		Primary Language Spoken at Home	
Is your child of Aboriginal or Torres Strait Islander origin?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent/ Guardian 1

Name		Date of Birth	
Relationship to Child		Home Phone	
Address			
Mobile		Work Phone	
Email		Work Name	
Work Address			

Parent/ Guardian 2

Name		Date of Birth	
Relationship to Child		Home Phone	
Address			
Mobile		Work Phone	
Email		Work Name	
Work Address			

Other children in the family

Name		Age		Name		Age	
Name		Age		Name		Age	

Medical Information

Does your child have any allergies? (Please specify and a letter from the doctor is required)	
Does your child have any ongoing illnesses? (Please specify and a letter from the doctor is required)	
Does your child have any disabilities or other special needs? (Please specify and a letter from the doctor is required)	
Does your child have any specific nutritional requirements? (Please specify and a letter from the doctor is required)	
Does your child suffer from asthma?	
If yes, please include a copy of your child's asthma Action Plan provided by your Doctor	
Has your child ever been hospitalised? (Please specify)	
Is your child on regular medication? (Please specify and a letter from the doctor is required)	
Doctor Name	Doctor Phone Number
Doctor Address	
Dentist Name	Dentist Phone Number
Dentist Address	
Medicare Number	Private Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fund Name	Member Number
Type and Level of Cover	
Has your child been immunised? Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of your child's immunisation history is required. If your child is not immunised and an infectious outbreak occurs at the centre your child will be required to remain at home until the exclusion period has passed.

Court Order

Are there any court orders in place relating to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please provide a certified copy of the court order for the centre. Court orders cannot be enforced in the centre without this copy. All staff will be made aware of Court order documentation.	
Parent/ Guardian Name (Printed)	
Signature	Date



Attendance and Centrelink Information

Days of Attendance (Please circle)		Mon	Tues	Wed	Thurs	Fri
Approximate Hours of Attendance		Am/Pm to			Am/Pm	
Family CRN				Child CRN		
CCB Percentage				CCB Eligible Hours		
Do you have children attending another service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so please provide details of the children and days of attendance				
Registered Parent Name (Centrelink)				Registered Parent Date of Birth (Centrelink)		

Updating Information

- ★ I/We understand that I am responsible for ensuring that the centre is advised if our circumstances change. I/We understand that the centre will provide me with access to the records the centre holds so that I/We may check the accuracy of the information. Yes / No
- I/We understand I/We must provide the centre updated immunisation information as I receive it

Maintaining Fees

- ★ I/We agree to the centre’s policy of maintaining my fees weekly .I /we also understand that fees are to be paid for every day that my child is booked in for. I/We understand I must pay for the booked days when my child is sick or absent and for public holidays. Yes / No
- I/We understand that if my child’s fees fall 1 week in arrears my child may lose their booking in the centre.
- ★ I/We agree to pay interest on any fees owing to Wandilla Magic from the date they become due until payment at the rate of 1.5% per Calendar month and I/We agree to pay all costs incurred by any recovery agent engaged by Wandilla Magic to recover any outstanding fees.

Parent/ Guardian Name (Printed)			
Signature		Date	



Permissions and Agreements

I/We give the management/ staff of the centre the authority to (please circle):

- ★ Use the name and/ or photograph of my child for centre displays Yes / No
- ★ Apply substances such as sunscreen, nappy change if required onto my child's skin if needed Yes / No
- ★ To allow my child to be observed by students for developmental purposes Yes / No
- ★ To remove my child from the centre in cases of emergency or training Yes / No

I/We agree/ understand that (please circle):

- ★ I/We have read the Centre's Policies and Parent Handbook and discussed these with the Director as required. I agree to abide by the contents of the policy and handbook information. I am also aware that the policies will change from time to time due to review and I am invited to participate in this process. Yes / No
- ★ In the case of accident or illness requiring emergency treatment every effort will be made to contact the parents/ legal guardians and those listed as emergency contact persons before treatment is sought. However, if required I/We give permission for the staff of the centre to provide emergency medical treatment for my child should this be considered necessary. Yes / No
- ★ I/We hereby give permission for the staff of the centre to administer Panadol to my child should he / she has a fever and all other methods to reduce my child's temperature have failed. If I/We wish for my child to have a different brand of paracetamol then I will provide it to the centre, with an appropriate chemists label attached. I /We understand that every effort will be made to contact me, and any other contacts, at the time Panadol needs to be administered and that I may be required to collect my child immediately. If contact is unable to be made then I/We agree that, for the best interest and comfort of my child, Panadol may be administered. Yes / No
- ★ I/We understand that Panadol, or an alternative brand, will only be administered once at the centre unless I have provided alternative written instructions from a Doctor. Should my child's fever fail to improve within 30 minutes of Panadol being administered I/We understand I must collect my child from the centre. Yes / No

Parent/ Guardian Name (Printed)			
Signature		Date	

Collection of Child/ Emergency Contacts

Child's Name		Date of Birth	
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In accordance with the law we must have on file the name and telephone numbers of persons permitted to drop off and collect your child from the centre. If someone arrives to collect your child and we have not been notified in writing and their name is not listed we cannot allow them to remove your child from the centre. No child will be released into the care of a person under the age of 18 years, unless the child's/children's parent is under the age of 18 years. Court orders preventing the collection of children from the centre will only be enforced if a certified copy has been supplied to the centre.

Authorised Person 1

Name		Relationship to child	
Address			
Home Phone		Work Phone	
Mobile		Email	
ID Type (eg: Licence)		ID Number	
Authority to drop off/ collect child?	Yes/ No		

Authorised Person 2

Name		Relationship to child	
Address			
Home Phone		Work Phone	
Mobile		Email	
ID Type (eg: Licence)		ID Number	
Authority to drop off/ collect child?	Yes/ No		

Authorised Person 3

Name		Relationship to child	
Address			
Home Phone		Work Phone	
Mobile		Email	
ID Type (eg: Licence)		ID Number	
Authority to drop off/ collect child?	Yes/ No		

Parent/ Guardian Name (Printed)			
Signature		Date	