SUDBURY HOUSE

Care and Development Centre

ENROLMENT FORM - 2016

STARTING DATE: _____/_____/_____ **END DATE *(if applicable)*:** _____/_____/_____

DAYS OF ATTENDANCE: **MON** ☐ **TUE** ☐ **WED** ☐ **THU** ☐ **FRI** ☐

CHILD'S DETAILS **Child's CRN: _____**	
SURNAME	
GIVEN NAMES	MALE/FEMALE
Date of Birth:	
ADDRESS	
TOTAL CHILDREN IN CARE:	
NAME OF OTHER SERVICE *(if applicable):*	

PARENT/GUARDIAN 1 DETAILS

***MOTHER'S* CRN: _____**

ELIGIBLE FOR CCB Yes / No ***ELIGIBLE FOR CCR Yes / No***

PERSON LIABLE FOR THE COST OF CARE ☐ ***Father*** ☐ ***Mother*** ☐ ***Other (please specify)***

SURNAME			
GIVEN NAMES	DATE OF BIRTH: ____/____/_____		
TELEPHONE	HOME: WORK:		
MOBILE NUMBER:		**Email:**	
ADDRESS			
OCCUPATION			
PLACE OF WORK/STUDY			
ADDRESS OF WORK/STUDY			

Phone: 08 93448011
Fax: 08 93452621
Email: admin@sudburyhouse.org.au
Web: www.sudburyhouse.org.au
28 - 30 Chesterfield Road, Mirrabooka 6061

PARENT/GUARDIAN 2 DETAILS

***FATHER'S* CRN #:_____**

ELIGIBLE FOR CCB Yes / No ***ELIGIBLE FOR CCR Yes / No***

SURNAME			
GIVEN NAMES	DATE OF BIRTH:		
TELEPHONE	HOME: WORK:		
MOBILE NUMBER:		**Email:**	
ADDRESS			
OCCUPATION			
PLACE OF WORK/STUDY			
ADDRESS OF WORK/STUDY			

LIFESTYLE / ROUTINE AT HOME

ANY SPECIAL BEDTIME ROUTINES (INDICATE HOW CHILD IS PUT TO SLEEP)
WHAT DOES YOUR CHILD TAKE TO BED:
USUAL EVENING BED TIME: USUAL WAKING TIME:
DAY SLEEP (APPROX TIME): LENGTH:
ON WAKING MY CHILD IS OFTEN: HAPPY CUDDLY SAD
COUNTRY OF BIRTH: MOTHER FATHER CHILD
LANGUAGES SPOKEN BY CHILD:
LANGUAGES SPOKEN AT HOME:
CHILDS CULTURAL BACKGROUND:
DO YOU NEED A BI-LINGUAL WORKER: **YES** **NO**
IF YES, WHY?
OTHER RELATIVES LIVING WITH YOU:
HAS YOUR CHILD BEEN REFERED TO AN AGENCY? **YES / NO** IF YES PLEASE PROVIDE DETAILS, INCLUDING ANY DOCUMENTATION

CHILDS SIBLINGS

NAME:	DATE OF BIRTH:	SEX: MALE/FEMALE
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NAME:	DATE OF BIRTH:	SEX: MALE/FEMALE

IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

- NO
- YES, ABORIGINAL
- YES, TORRES STRAIT ISLANDER

DOES YOUR CHILD NEED ADDITIONAL SUPPORT WITH ANY OF THE FOLLOWING: IF YES PLEASE PROVIDE DETAILS:

- COMMUNICATION NO YES _____
- MOBILITY NO YES _____
- SELF CARE NO YES _____
- BEHAVOIOUR NO YES _____

CUSTODY OF CHILD

HAVE ANY ORDERS BEEN MADE BY THE COURT REGARDING YOUR CHILD? YES / NO

IF YES, PLEASE PROVIDE DETAILS OF GUARDIANSHIP AND CUSTODY, TERMS OF ANY SPECIFIC CUSTODY OR ACCESS PROVISION ***(if applicable)***

PLEASE PROVIDE COPIES OF RELEVANT COURT DOCUMENTATION

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PERSONS AUTHORISED TO DROP OFF AND PICK UP A CHILD
OTHER THAN PARENTS
MUST BE OVER 18

NAME:

RELATIONSHIP TO CHILD:

TELEPHONE: WORK HOME MOBILE

ADDRESS:

NAME:

RELATIONSHIP TO CHILD:

TELEPHONE: WORK HOME MOBILE

ADDRESS:

FURTHER PERSONS TO BE CONTACTED IN CASE OF EMERGENCY

NAME:

RELATIONSHIP TO CHILD:

TELEPHONE: WORK HOME MOBILE

ADDRESS:

NAME:

RELATIONSHIP TO CHILD:

TELEPHONE: WORK HOME MOBILE

ADDRESS:

MEDICAL HISTORY

HAS YOUR CHILD EXPERIENCED ANY OF THE FOLLOWING:

ASTHMA **If YES, please attach Asthma Plan**	**YES/NO**	MEASLES	**YES/NO**
CHICKENPOX	**YES/NO**	MUMPS	**YES/NO**
GERMAN MEASLES	**YES/NO**	CONVULSIONS	**YES/NO**
BREATH HOLDING	**YES/NO**	GROMMETS	**YES/NO**

OTHER (PLEASE SPECIFY):

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DOES YOUR CHILD RECEIVE REGULAR MEDICAL ATTENTION? YES / NO

IF YES, PLEASE GIVE DETAILS:_____

_____

ANY ADDITIONAL INFORMATION THE CENTRE SHOULD BE AWARE OF:

ALLERGIES

DOES YOUR CHILD HAVE ANY ALLERGIES? **YES / NO**

IF YES, PLEASE GIVE DETAILS:_____

_____

DOES YOUR CHILD HAVE AN ACTION PLAN IN RELATION TO THEIR ALLERGIES: YES/NO

IF YES, PLEASE ATTACH A COPY OF THIS AND DISCUSS WITH THE MANAGER AND QUALIFIED WORKER ASSIGNED TO YOUR CHILDS ROOM

BIRTH CERTIFICATE AND IMMUNISATION RECORDS

PLEASE PRESENT YOUR CHILDS BIRTH CERTIFICATE AND IMMUNISATION RECORDS SO THAT A COPY MAY BE ATTACHED TO YOUR CHILDS RECORDS

DOCTOR DETAILS

DOCTORS NAME:

CLINIC ADDRESS:

TELEPHONE:

PARENTS/GUARDIANS ARE RESPONSIBLE FOR ALL COSTS INCURRED IN MEDICAL EXPENSES

PERMISSIONS		INITIAL
DO YOU GIVE PERMISSION TO APPLY SUNSCREEN? *(IF NO, PLEASE PROVIDE A LETTER ABSOLVING THE CENTRE OF ANY LIABILITY)*	**YES / NO**	
DO YOU GIVE PERMISSION TO APPLY BANDAIDS OR STICKING PLASTER WHERE APPLICABLE?	**YES / NO**	

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DO YOU GIVE PERMISSION FOR YOUR CHILD TO PARTICIPATE IN OUTINGS TO PLACES OF INTEREST IN CLOSE PROXIMITY TO THE CENTRE; NOTIFICATION OF THIS EVENT MAY NOT BE GIVEN?	**YES / NO**	
DO YOU GIVE PERMISSION FOR THE STAFF AT THE CENTRE TO TAKE PHOTOGRAPHS OF YOUR CHILD FOR DISPLAY PURPOSES AT THE CENTRE?	**YES / NO**	
I HAVE RECEIVED A COPY OF THE CENTRES PARENT HANDBOOK; I HAVE READ AND UNDERSTOOD ALL THE INFORMATION PROVIDED AND I WILL ABIDE BY ALL THE CENTRES REQUIREMENTS.	**YES / NO**	
DO YOU GIVE PERMISSION FOR FACE PAINT TO BE USED ON YOUR CHILD FOR PROGRAMMED ACTIVITIES AT THE CENTRE	**YES / NO**	

In what form would you like to receive information. Please tick the following boxes:

☐ **Newsletter** ☐ **Email** ☐ **Phone** ☐ **Letter** ☐ **Verbal**

Email Address (*if applicable*):_____

PARENTS STATEMENT AND AUTHORISATION

PARENTS INITIALS

☐ All information supplied in this form is true and correct.

☐ I will provide any further written evidence as required to the Centre upon request.

☐ I will make sure that my contact details are updated as soon as any changes occur.

☐ I will notify the Centre if there is any changes in my circumstances.

☐ I will advise the Centre of any changes to my circumstances that may affect my fees.

☐ I understand that I must notify the Centre in writing should I wish my child to be collected by any other person.

☐ I hereby authorise the staff at Sudbury Community House Childcare Centre to care for my child. I give permission in the case of emergency or accident for Sudbury Community House Childcare Centre to call an ambulance. I further authorise Medical treatment to be carried out where necessary for my child. **I also agree to pay any expenses that occur as a result of an emergency or accident happening to my child.**

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☐ **I agree to pay my fees one week in advance**. I agree to pay for all days that my child is absent or on holidays, I will notify the centre and pay the appropriate fees to ensure my place at the Centre.

☐ I agree that if I do not pick my child up before the closing time of the centre that I will pay the appropriate late fees that are charged by the centre.

☐ If at any stage a Debt Collector is required to recover fees that I have not paid I agree to pay all fees associated with the collection of money.

☐ I agree to provide in writing 2 weeks' notice for termination of care as per Centre Fee Policy

I HAVE READ AND WILL ABIDE BY THE CENTRE'S HANDBOOK AND POLICIES

SIGNATURE OF PARENT/GUARDIAN: _____
(*person liable for the cost of care*)

DATE: _____/_____/_____

☐ Copy of child's Immunisation Records ☐ Copy of child's Birth Certificate

Updated February 2014

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