

# SUDBURY HOUSE



Care and Development Centre

## ENROLMENT FORM - 2018

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

<b>PARENT/GUARDIAN 2 DETAILS</b>			
<b>FATHER'S CRN #:</b> _____			
<b>ELIGIBLE FOR CCB</b> Yes / No		<b>ELIGIBLE FOR CCR</b> Yes / No	
SURNAME			
GIVEN NAMES	DATE OF BIRTH:		
TELEPHONE	HOME:	WORK:	
<b>MOBILE NUMBER:</b>		<b>Email:</b>	
ADDRESS			
OCCUPATION			
PLACE OF WORK/STUDY			
ADDRESS OF WORK/STUDY			

<b>LIFESTYLE / ROUTINE AT HOME</b>			
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:	<b>YES</b>	<b>NO</b>	
IF YES, WHY?			
OTHER RELATIVES LIVING WITH YOU:			
HAS YOUR CHILD BEEN REFERED TO AN AGENCY?			<b>YES / NO</b>
IF YES PLEASE PROVIDE DETAILS, INCLUDING ANY DOCUMENTATION			
<b>CHILDS SIBLINGS</b>			
NAME:	DATE OF BIRTH:	SEX: MALE/FEMALE	
NAME:	DATE OF BIRTH:	SEX: MALE/FEMALE	
NAME:	DATE OF BIRTH:	SEX: MALE/FEMALE	
NAME:	DATE OF BIRTH:	SEX: MALE/FEMALE	

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

**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):

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	

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.**

**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