

ENROLMENT FORM

Starting Date: _____ Ending Date: _____

Days of Attendance: MON TUE WED THU FRI

Person Claiming Child Care Subsidy

Mother Father Other (please specify) _____

Total Children in Care (including other services): _____

Name of other service (if applicable): _____

CHILD'S DETAILS

Customer Ref No.: _____

First Name: _____ Surname: _____

Date of Birth: _____ Male Female

Country of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Is your Child of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Child's Cultural Background: _____

Languages spoken by Child: _____

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 _____

Behaviour No Yes _____

Childs Siblings

Does your child have any siblings?

Yes (If yes please state below)

No

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

Name: _____

Date of birth: _____

Sex: M F

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 provisions (if applicable). Please provide copies of relevant court documentation

CHILD'S MEDICAL HISTORY

Parents/Guardians are responsible for all costs incurred in Medical Expenses

Birth Certificate and Immunisation Records

Please **present your child's Birth Certificate and Immunisation Records** so that a copy can be attached to your child's records.

Doctors Details

Doctors Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Contact Number: _____

Does your child receive regular medical attention? Yes (If yes please specify) No

Allergies

Does your child have any allergies? Yes (If yes please specify) No

Does your child have an action plan in relation to their allergies: Yes No

If yes, please attach a copy and discuss with the Centre Director and the Educators assigned to your child's room

Has your child been diagnosed with any of the following?

Asthma Yes No

If yes, please attach Asthma Plan

Chickenpox Yes No

Measles Yes No

Mumps Yes No

German Measles Yes No

Anaphylaxis Yes No

Has your child experienced any of the following?

Breath Holding Yes No

Convulsions Yes No

Has your child got grommets? Yes No

If your child has any other medical conditions, please specify:

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: _____

Approximate time of day sleep: _____ Approximate length of sleep: _____

On waking my child is often: Happy Cuddly Sad

PARENTS DETAILS (1)

Customer Ref No.: _____

Are you eligible for the Child Care Subsidy

Yes

No

First Name: _____

Surname: _____

Date of Birth: _____

Country of Birth: _____

Mobile No.: _____

Work No.: _____

Home No.: _____

Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Occupation: _____

Place of Employment/Study: _____

Address of Employment/Study: _____

Do you need a Bi-Lingual Worker: Yes

No

Languages Spoken at Home: _____

Do you have other relatives living with you: Yes (If yes please specify including relationship to child)

No

Has your child been referred to an agency: Yes

No

If yes please provide details, including any documentation

PARENTS DETAILS (2)

Customer Ref No.: _____

Are you eligible for the Child Care Subsidy

Yes

No

First Name: _____

Surname: _____

Date of Birth: _____

Country of Birth: _____

Mobile No.: _____

Work No.: _____

Home No.: _____

Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Occupation: _____

Place of Employment/Study: _____

Address of Employment/Study: _____

Do you need a Bi-Lingual Worker: Yes

No

Languages Spoken at Home: _____

Do you have other relatives living with you: Yes (If yes please specify including relationship to child)

No

PERSONS AUTHORISED TO DROP OFF AND PICK UP A CHILD

OTHER THAN PARENTS

PERSONS MUST BE OVER 18

First Name: _____ Surname: _____

Relationship to Child: _____

Date of Birth: _____ Mobile No.: _____

Work No.: _____ Home No.: _____

Address: _____

First Name: _____ Surname: _____

Relationship to Child: _____

Date of Birth: _____ Mobile No.: _____

Work No.: _____ Home No.: _____

Address: _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY

IF PARENTS CANNOT BE CONTACTED

PERSONS MUST BE OVER 18

First Name: _____ Surname: _____

Relationship to Child: _____

Date of Birth: _____ Mobile No.: _____

Work No.: _____ Home No.: _____

Address: _____

First Name: _____ Surname: _____

Relationship to Child: _____

Date of Birth: _____ Mobile No.: _____

Work No.: _____ Home No.: _____

Address: _____

Photo/Recording Consent Form

Consent

I give consent to Sudbury Community House Association Incorporated to make, use and/or retain an image/s and/or recording as detailed below that may identify me, my child or an Individual for whom I have authorised decision-making responsibility.

Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, you should list them here (eg cultural considerations, usage restrictions, expiry of consent, etc)

Undertakings

I understand that by giving consent, Sudbury Community House Association Incorporated can use the image/s and/or recording to promote their organisation, which is inclusive of Sudbury Community House and Sudbury House Care & Development Centre.

Sudbury Community House Association Incorporated may reproduce the image/s and/or recording in any form, in whole or in part, and distribute the works by any medium including the Internet, Brochure, Signage, Social Media (specifically Facebook), CD-ROM or other multimedia.

I understand that Sudbury Community House Association Incorporated:

- will not pay me for giving this consent or for the use of my image/s and/or recording;
- may keep the image/s and/or recording on record;
- may use the image/s and/or recording in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its right given in this consent.

Participant Details

For the purposes of this consent form, the person whose image/s and/or recording is used, is known as “the Participant”.

Full name of Participant:		D.O.B:	
Telephone:		Email:	
Address:			
Full name of guardian (if consenting for a minor or a person with a decision-making disability):			
Signature:		Date:	

OFFICE USE ONLY

Description of image/s and/or recording. Please specify as much detail as possible:

PERMISSIONS

		Parent Initial
Do you give permission to apply sunscreen? (If No, please provide a letter absolving the Centre of any Liability)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission to apply Band-aids or sticking plaster where applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for your child to participate in outings to places of interest in close proximity to the Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for face paint to be used on your child for programmed activities at the Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Centre's requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

In what form would you like to receive information? Please tick the relevant boxes:

Newsletter Email Letter Verbal

Email address (if applicable): _____

PARENTS STATEMENT AND AUTHORISATION

		Parent Signature
I hereby authorise the staff at Sudbury Community House Care and Development Centre to care for my child. I give permission in the case of emergency or accident for Sudbury Community House Care and Development Centre staff 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All information supplied in this form is true and correct	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I will make sure that my contact details are updated as soon as any changes occur.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I will provide any further written evidence as required to the Centre upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I will notify the Centre if there are any changes in my circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I will advise the Centre if there are any changes to my circumstances that may affect my fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that I must notify the Centre in writing should I wish my child to be collected by any other person.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree that I will pay the appropriate late fees that are charged by the Centre if I do not pick my child up before the closing time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to provide in writing 2 weeks' notice for termination of care as per Centre Fee Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that I am liable for the payment of full fees if my child/children do not attend during the two weeks' notice period.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I have read and will abide by Sudbury Community House Care and Development Centre's Handbook and Policies

Name: _____ (Person Claiming Child Care Subsidy)

Signature: _____ (Person Claiming Child Care Subsidy)

Date: _____