



ENROLMENT FORM

Child's Given Name:.....**Preferred Name:**.....

Child's Family Name:.....**Male/Female:**.....

D.O.B:.....**Address:**.....**Postcode:**.....

Home Phone:.....**Religion:**.....**Primary Language:**.....

Cultural Background:.....**Legal Guardian:**.....

Are there any Court Orders prohibiting anyone from having contact with or collecting the child? (a photocopy must be attached and the Director needs to be notified if circumstances change) YES/NO

Information required to claim Child Care Benefit/ Child Care Rebate:

Child's CRN: _____ **CCB Eligible Hours:**

Parent/Guardian/Claimant Name:

Parent/ Guardian/Claimant Date of Birth: **CRN:** _____

Important: Please make sure that the Parent/ Guardian/Claimant Date of Birth, and the Parent/Guardian/Claimant CRN are for the person claiming CCB.

Mother's Given Name:.....**Mother's Family Name:**.....

Home Phone:..... **Mobile:**.....

Address: ('as above').....**Postcode:**.....

Email Address:

Work Details:

Employer:.....**Phone:**.....**Occupation:**.....

Father's Given Name:.....**Father's Family Name:**.....

Home Phone:.....**Mobile:**.....

Address: ('as above').....**Postcode:**.....

Work Details:

Employer:.....**Phone:**.....**Occupation:**.....

Email Address:

Immunisation Details:

It is the Policy of the NSW Department of Health that all children enrolling in Childcare/Preschool must provide **written proof of immunisation**. Failure to provide this proof may mean that your child will not be able to attend SOCCS should there be an outbreak of a vaccine-preventable disease. Please supply evidence of immunisation – either their blue book or a letter from your doctor.

In addition, if you have chosen not to have your child immunised this means that your child will not be able to attend SOCCS should there be an outbreak of a vaccine-preventable disease

If your child's immunisation status changes throughout your child's time at SOCCS you will be required to provide an updated record as soon as possible.

ONLY COMPLETE THE FOLLOWING SECTION IF YOUR CHILD IS NOT IMMUNISED.

Child Immunisation

I have chosen not to have my child immunised and understand that my child will be excluded from Strathfield One Stop Child Care Service for the prescribed period during any outbreak of a vaccine-preventable disease at SOCCS. I also understand that fees for my child will still be payable during this time.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

Emergency / daily drop off and collection of child details:

Using the boxes below list at least two people authorised to collect your child and at least two people that we may call if we cannot contact you in an emergency. These may be the same people for both situations.

Please Note: Staff will not allow anyone apart from those listed below to collect your child.

Person's Name	Relationship to child	Phone (H)	Phone (W)	Phone (mobile)	Emerg. Release Y/N	Daily Pick Up Y/N
1.						
Home Address:						
2.						
Home Address:						
3.						
Home Address:						
4.						
Home Address:						

Authorisation for:

- administering medication to my child,
- my child to leave SOCCS in the care of someone other than parent/guardian or people listed on my child's emergency list
- my child to be taken on an excursion (out of the centre)

Using the boxes below list a person or two who can authorise: for a staff member to administer medication, for my child to be taken on an excursions and / or can authorise my child to leave SOCCS in the care of someone other than parent/guardian or people listed in the emergency list above.

Name and Number	Can they authorise for a staff member to administer medication? (Yes/No)	Can they authorise for my child to be taken on an excursion? (Yes/No)	Can they authorise for my child to leave SOCCS with someone other than their parent/guardian or someone on the emergency list? (Yes/No)

In the event of an emergency, illness, or accident concerning my child and the staff being unable to contact me or other persons so authorised by me, I consent to the centre seeking on my behalf medical, dental, hospital and ambulance attention for my child. I accept liability for medical, dental, hospital and ambulance as may be incurred.

Parent Signature.....Date.....

Emergency Details:

It is important to keep this information current at all times. Special medical needs will not affect your child's acceptance into the centre.

- **Family Doctor:**.....Phone:.....Contact Doctor: Yes/No
 Address:.....Postcode:.....
 Medicare Number (for emergency use only):.....
- **Family Dentist:**.....Phone:.....Contact Dentist: Yes/No
- Do you have a Health Care Card? YES / NO If yes, please write the:
 Health Care Card Number Date of issue
- Does your child have any continuing, serious illness? If yes, please give details:.....

- Does your child have Asthma? Yes / No
If yes, you will be required to provide the centre with an Asthma Management Plan for your child from your Family Doctor prior to commencing care.
- Does your child need regular medications? Yes/No
If yes, please give details:
.....
- Does your child have any allergies? Yes/No Does your child have a epipen for an allergy? Yes/No
If yes, please list below:
.....
- Does your child have any particular dietary requirements? Yes/No
If yes, give details, e.g.: Vegetarian, medical or religious. Example: Does your child require a Halal meal?
.....
- Has your child ever experienced any language, speech, hearing, vision, physical or other health related difficulties? Yes/No
If yes, please details:.....
- Is there any other health information you would like to tell us about your child? Yes/No
.....
- Religious Requirements in case of Accident (if any):.....

Daily Routine Information:

Sleeping / Resting

- Does your child need a sleep or rest during the day? Yes / No
What time?.....How long?
- Does your child need a nappy/dummy/bottle for sleep/rest time? Yes/No
- Does your child have any special toys or objects for sleep/rest time? Yes/No
If yes, give details
- Does your child prefer to be patted or left alone to fall asleep?

Toileting

- Is your child toileting independently? Yes / No
- Does your child wear nappies? Yes / No
- Is there a special word that means 'toilet' to your child?.....

Parent Input:

- How may we help your child whilst in care at SOCCS?
- What do you most want for your child at SOCCS?

- Is there any further information that you feel may assist us in providing the service best suited to your needs and the needs of your child? Example: religious beliefs, family situations:
- What information do you consider important to know each day and what is the best means of communication for you?.....
- Are there any special occasions your family celebrates that we can incorporate into our program?
- Are there any skills you would like to contribute to the centre's program and management?

Social and Emotional Needs:

- Does your child have a special toy or object during the day (apart from sleep time)?.....
- Does your child have deep fears about anything in particular? Example: storms, noise, dogs.....
- Has your child attended any other children's services? Playgroup, Family Day Care
- How would you best describe your child? Please circle

Confident	Anxious	Shy	Trusting	Solitary
Insecure	Fearful	Loving	Independent	Hostile
Cooperative	Leader	Rebellious	Follower	Onlooker
Active	Passive	Sociable	Trusting	Other -----

Communication with Children:

At SOCCS, we always aim to communicate with children from non-English speaking backgrounds using some words from their language in order to make them feel as comfortable as possible.

If your child speaks a language other than English, could you please write the following words (or equivalent) in your home language?

Language Spoken:

English	Language spoken at home e.g: Hindi, Chinese	Pronunciation - How do we say it?
Hello		
Goodbye		
Yes		
No		
Please		
Thank you		
Mummy		
Daddy		
Toilet		
Food		
Drink		
Sleep		
Play		
Come here		
Other special words e.g. Dummy, Bottle (detail below)		

Parent Permission Form:

1. *Permission for staff to act in case of an emergency or an accident*

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents and emergency contacts prior to such treatment being sought. However, should this prove impossible, it will be necessary for authority to be given for such treatment to be undertaken.

I _____ authorise the staff of Strathfield One Stop Child Care Service to seek emergency medical, hospital, dental and ambulance services for my child should this be necessary. In the event that this should be necessary, Strathfield One Stop Child Care Service will use the services of:

Westmead Children's Hospital
Darcy Road (Corner of Hawkesbury Road)
Westmead
Ph. 9845 5555

Signed: _____

Witnessed: _____

Date: _____

Date: _____

2. *Permission to administer Paracetamol.*

I _____ authorise the staff of Strathfield One Stop Child Care Service to administer Paracetamol in the form of "Panadol" in the recommended dosage when my child's temperature is above 37.5 degrees Celsius. I understand I will be immediately informed should this be necessary.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

3. *Permission for Strathfield One Stop Child Care Service to remove my child from the centre to participate in Emergency drills.*

I give permission for my child to participate in Emergency drills in the centre. I understand that this means that my child may be outside of centre grounds for a short period of time ie: 5 - 10 minutes. I understand that my child will be walking when participating in these drills; he/she will never be in a vehicle.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

4. *Permission for observations by student teachers.*

I consent to my child being the subject of observations, for training purposes. However, if questioning or testing of the child is to be undertaken, my permission will be sought beforehand.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

5. *Permission for photograph to be taken.*

I consent to my child's photo being taken by the centre for display purposes in the centre **ONLY**.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

6. *Permission to celebrate all religious, festive and cultural celebrations.*

I consent to my child celebrating and participating in activities that are seen by the staff of Strathfield One Stop Child Care Service to be educational, learning experiences, joyous occasions and most of all, fun. Example: Christmas, Easter, Chinese New Year, etc.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

7. Permission to apply sunscreen.

I authorise the staff of Strathfield One Stop Child Care Service to apply and reapply sunscreen lotion, of not less than 15+ to my child when it is deemed necessary.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

8. Permission to apply 'stingose'

A authorise the staff of Strathfield One Stop Child Care Service to apply 'stingose' (gel that calms & soothes the pain, itch & swelling of stings and bites) on my child if necessary.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

9. Policy acceptance.

I accept all the centre policies in the Parent Handbook. I have read and understand the conditions outlined in the Parent Handbook.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

10. Priority of access.

I understand the **Priority of Access** conditions and agree to notify SOCCS should my circumstances change. I also am aware that my position may be reviewed due to the conditions outlined in the **Priority of Access guidelines** in the **Priority of Access** policy.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

11. Payment of Fees.

Annual Membership and **Parent Levy** must be paid before commencement.

A **Bond of 2 weeks** worth of fees and 2 weeks fees in advance must be paid before commencement at SOCCS.

Fees must always be kept 2 weeks in advance at all times.

Two weeks notice must be given on termination.

If your child is enrolled in the Wombats room (the Preschool room) for the 4th term of the year, fees are payable until the end of that term. When you enroll your child for the 4th term, the 2 week notification of termination does not apply. This is centre Policy.

Signed: _____

Witnessed: _____

Date: _____

Date: _____

Inability to Pay Fees

To prevent situations where fees become in arrears the following procedures have been put in place :

- a) Payment of fees 2 weeks in advance at all times.

- b) Upon notification of inability to pay fees, the Director will use their discretion in granting an extension for a short term eg one week.
- c) Long term inability to pay fees will be reviewed by the Parent Committee.

Fees not paid 2 weeks in advance could result in termination, unless prior arrangement with the Director has occurred.

Signed: _____

Witnessed: _____

Date: _____

Witnessed: _____

Reviewed Date: September 2012
Date to be Reviewed: September 2013