

## ENROLMENT FORM

**The Hills District Childcare Centre**  
**1035 South Pine Road, Everton Hills 4053**  
**Provider Number:**

**Tel**                **07 3855 4445**  
**Fax**  
**Email**   [info@thehillschildcare.com.au](mailto:info@thehillschildcare.com.au)

### Child's Information

Start date: \_\_\_\_\_

Child's First Name/s: \_\_\_\_\_ Surname/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:    MALE / FEMALE                      Age: \_\_\_\_\_ years \_\_\_\_\_ months

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

### Parent / Guardian 1 Information

### Parent / Guardian 2 Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Does your child have disabilities or any other special needs? YES / NO

If YES please provide details: \_\_\_\_\_

Does your child have any religious or cultural requirements? YES / NO

Do you or your child speak any other language at home other than english? \_\_\_\_\_

If yes – do you require an interpreter? YES / NO

### Other Information

Days of Attendance: MON TUES WED THUR FRI

Approximate hours of attendance: \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

FamilyCRN: \_\_\_\_\_

ChildCRN: \_\_\_\_\_

CCB Percentage: \_\_\_\_\_

CCB Eligible Hours: 20hours 50hours other: \_\_\_\_\_

Do you have children attending another service? YES / NO

Registered (Centrelink) Parent Name \_\_\_\_\_

Registered (Centrelink) Parent DOB \_\_\_\_\_

### PERMISSIONS AND AGREEMENT DETAILS

#### Child's Information

Child's First Name/s: \_\_\_\_\_ Surname/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Permissions

I give the management / staff of The Hills District Childcare Centre the authority to:

Seek and provide medical treatment for my child in cases of emergency or sudden illness. YES / NO

To remove my child from the centre to safety in cases of emergency YES / NO

Use the name and/or photograph of my child for centre displays and / or promotional use including advertising YES / NO

Apply foreign substances such as sunscreen 15+, nappy change lotion, nappy powder or other substances required, onto my/our child's skin as the need arises YES / NO

To allow my child to be observed by students for developmental purposes YES / NO

### Policy and Enrolment Information

I have read the centre's policies, discussed these with the Director, and agree to abide by them. I am also aware that the policies will change from time to time due to review by the centre and by Licensees. I understand that the centre will keep me informed of any changes. I also acknowledge that I have read and understand the contents of the information booklet issued by the centre and agree to abide by the conditions and policies stated therein.

### Updating Information

I understand that I am responsible for ensuring that the centre is advised when any of the circumstances I have advised to the centre change. I understand that the centre will provide me with access to the records the centre holds so that I may check the accuracy of the information.

### Maintaining Fees

I agree to the centre's policy of maintaining fees one (1) week in advance. I also understand fees are to be paid for all days the child is absent or sick, public holidays and pupil-free days, and that if fees fall behind the one (1) week in advance my child's place at the centre might be jeopardised.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORISATION FOR THE COLLECTION OF CHILD / EMERGENCY CONTACTS FORM

### Child Information

Child's First Name/s: \_\_\_\_\_ Surname/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In accordance with the State law we must have, on file, the name and telephone numbers of the individuals permitted to drop off and collect your child/children from this centre. If someone arrives to collect your child and we have not been notified and their name is not on the list below we CANNOT allow your child to leave the centre with them. No child will be released into the care of a person under the age of eighteen (18) years. Any changes to the list below must be done personally by adding names to the list below, or by completing and Additional Child Collection Authorisation Form. Non-custodial parents will not be given access to children under any circumstances.

### Emergency Contacts

Please Note: These people must be made aware that they will be contacted if we are unable to contact parents/guardians. I give permission to the centre to release the enrolled child to the care of the following people:

Parent / Guardian 1: \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_

**Authorised Person 1:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
ID type of Contact: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Signature of Contact: \_\_\_\_\_

**Authorised Person 2:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
ID type of Contact: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Signature of Contact: \_\_\_\_\_

**Authorised Person 3:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
ID type of Contact: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Signature of Contact: \_\_\_\_\_

**Authorised Person 4:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
ID type of Contact: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Signature of Contact: \_\_\_\_\_

### **Court Order**

Are there any court orders pertaining to your child? YES / NO

If "YES", please provide a copy of this order to the centre for your child's file.

The centre MUST have a copy of the COURT ORDER to verify custody in the child's file, and all staff will be made aware of the existence of such documentation.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **CHILDREN'S MEDICAL INFORMATION DETAILS**

#### **Child Information**

Child's First Name/s: \_\_\_\_\_ Surname/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### **Your Child's Health**

Does your child have any known allergies or special needs? YES / NO

If "YES" please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any previous serious injuries or illnesses related to your child and give details:

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any LONG TERM medication (eg for Asthma)? YES / NO

If "YES" please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child been immunised? YES / NO

Family Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Do you have private health insurance? YES / NO

Fund Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Type and level of cover: \_\_\_\_\_

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

In case of an accident or illness requiring emergency treatment every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for transport by ambulance to the casualty department of the nearest suitable hospital and to be treated as per hospital protocol. Parents are asked to complete and sign the following:

I/We authorise the staff of the centre to seek emergency medical treatment for my child should this be considered necessary. Furthermore, I have read and agree to abide by the conditions of the use of the centre and accept such responsibility as enrolment at the centre imposes.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for staff to administer paracetamol (Panadol)**

I hereby give permission for the staff of the centre to administer paracetamol (Panadol or similar) to my child should he/she have a fever and all other methods used to lower the child's temperature have failed, such as tepid sponging, removal of excess clothing, increased intake of fluids. The centre provides for the use of paracetamol drops and paracetamol elixir for children four (4) years and under. If I wish to have my child have an alternative form or particular brand of paracetamol, then I will provide it for my child at the centre. I understand that an effort will be made to notify me (or another nominated responsible adult) at the time paracetamol needs to be administered, and that I (or another nominated responsible adult) may be required to collect my child immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, the paracetamol will be administered.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_