

ENROLMENT INFORMATION FORM

REQUIRED DAYS FOR ATTENDANCE

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1. CHILD'S INFORMATION

Child's Family Name: _____

Child's Name/s: _____

Child's Preferred Name: _____

Date of Birth: _____ Sex: _____

Orientation Visit Dates: _____

Commencement Date: _____

2. FAMILY DETAILS

Parent/Guardian 1

Family Name: _____ First Name: _____

Relationship to Child: _____

Home Address: _____

Post Code: _____

Phone Number (Home): _____ Mobile: _____

Work Number: _____

Occupation: _____

Parent/Guardian 2

Family Name: _____ First Name: _____

Relationship to Child: _____

Home Address: _____

Post Code: _____

Phone Number (Home): _____ Mobile: _____

Work Number: _____

Occupation: _____

Name of parent or guardian with whom the child lives (if applicable):

Details of arrangements for contact with other parent or guardian (if applicable):

Custody Orders: If there are any court orders affecting the custody of your child, the center requires a copy of the original court order to be placed with your child's record. Please notify the Director in writing immediately if any circumstances change.

3. AUTHORISATION FOR OTHERS TO COLLECT CHILD & EMERGENCY CONTACTS

PERSON'S NAME	RELATIONSHIP TO CHILD	PHONE NO HOME	PHONE MOBILE	EMERGENCY CONTACT	AUTHORISED TO COLLECT CHILD
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address:	Post Code:				
Signature of Contact:	Date:				

PERSON'S NAME	RELATIONSHIP TO CHILD	PHONE NO HOME	PHONE MOBILE	EMERGENCY CONTACT	AUTHORISED TO COLLECT CHILD
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address:	Post Code:				
Signature of Contact:	Date:				

* If you wish to add or remove a person from the list, you MUST amend the form yourself and sign, date the changes.

4. CULTURAL INFORMATION

Playhouse Children's Centre aims to create an environment in which each child's cultural background is respected and each child's individual identity can be nurtured. To assist us to achieve this aim, we ask that you answer the following questions.

Country of birth:

Child

Parent 1

Parent 2

Primary Language Spoken

Child

Parent 1

Parent 2

Other Language Spoken at home:

Child

Parent 1

Parent 2

Number of children in the family

Number of other adults living with the family:

Religious beliefs important to your family

Do you have any cultural practices you would like the center to follow? e.g. dietary requirements, celebrations etc.

Please provide details

Is there any other information regarding your families culture that you would like to share with the center?

If yes please provide further information

Do you have any skills you would like to contribute to the centre's programme?

Routines

Toileting

Please indicate which ones apply to your child:

- In nappies
- Being toilet trained
- Needs reminding
- Independent in toileting

What words does your child use when asked to go to the toilet? _____

Sleeping/Rest

Does your child need a sleep or rest during the day? If yes, at what time/s does your child go down and how long do they usually sleep for?

Does your child need a nappy, dummy or bottle at sleep/rest time?

Does your child have a special toy or object for sleep?

What is your child's routine when going to bed?

Diet and Food Requirements

Please indicate which ones apply to your child:

- Breast-feed Bottle-feed Being introduced to food Eating solid food

Is there any food/s your child particularly likes?

Is there any food/s your child particularly dislikes?

General Needs

Does your child have a special toy or object during the day (apart from at sleep/rest time)?

Does your child have any fears (e.g. loud noise, darkness etc)

What activities does your child like to participate in? Please list as many as you can

Are there any activities that your child may not want to participate in?

Are there any words that we need to know about that have special meaning for you child? (please translate if appropriate)

Has your child attended other children's services (e.g. playgroups) or been cared for outside the home before? If yes, please provide further information.

How would you describe your child's reactions to being left with other children?

Does your child get upset when left with other children?

What information do you consider important to know from us each day regarding your child's care?

Is there any other information you feel is important for the center to know?

5. MEDICAL/HEALTH INFORMATION

Please keep this information up-to-date at the center at all times. Special medical needs or disabilities WILL NOT affect your child's acceptance into the service.

Child's Medicare Number: _____

Doctor's Name and Address: _____

Phone Number: _____

Child's Dentist Name and Address: _____

Phone Number: _____

Religious/Cultural requirements in case of accident: _____

IMMUNISATION RECORD: Playhouse Children's Centre requires a copy of your child's immunization history to be kept on file at the center.

Does your child currently have any serious illness? Yes No

If yes:- _____

Has your child had an illness in the past? Yes No

If yes:- _____

Has your child ever been hospitalized? Yes No

If yes:- _____

Does your child have any ongoing disabilities? Yes No

If yes:- _____

Does your child have any allergies? Yes No

If yes:- _____

Does your child need or require any medical procedures on a regular basis? Yes No

If yes, please give details:- _____

Is your child receiving regular medication? Yes No

State Medication, side effects:- _____

Playhouse Children's Centre Inc. uses a children's sunscreen purchased from the Australian Cancer Council to protect the children. This is an SPF 30+ product. Do you give permission for the staff at Playhouse to apply this sunscreen to your child? Yes No

If no, please provide Playhouse with your preferred product. This will be labeled and stored appropriately for use by your child/ren only.

PERMISSION FOR:

Administration of Paracetamol

I agree that if my child has a temperature higher than 37.5oC whilst at the Centre, a staff member may administer a single dose of paracetamol mixture (such as Panadol) to my child.

Signed: _____ Witness: _____ Date: _____

Emergency Medical Assistance

I agree that if my child has been injured, or becomes ill whilst at the Centre, and the Director thinks it is necessary, he/she may arrange the following :-

- Urgent medical care
- An ambulance to be called
- For my child to be taken to hospital

Signed: _____ Witness: _____ Date: _____

Photos

I agree that my child may be photographed on special events, playtimes and excursions with the Centre. The photo's may be displayed within the Centre for children's and parent's view, special events and children's interests. Photo's will not be sold or giving to any other organization.

Signed: _____ Witness: _____ Date: _____

Observation

I agree that the caregivers at the Centre may observe my child, using different recording techniques, for the purpose of monitoring my child's development and identifying my child's interests and strengths. These observations will remain confidential and will only be used to programme experiences and activities to enhance development.

Signed: _____ Witness: _____ Date: _____

Payment

I agree to pay all set fees and payments under the conditions set out in the approved payment schedule provided.

Signed: _____ Witness: _____ Date: _____