



### 3. CHILD'S SIBLINGS

Please list below all children in the family currently attending pre-school or school

Birth order	Full child name	School or pre-school they attend (current year)	Date of birth	Year Level
Child 1				
Child 2				
Child 2				
Child 4				

Does your child attend another education and care service?      Yes      No

If yes, details of days and total hours:

School where enrolled/registered (OOSHC only)

Does your child have any allergies?      Yes      No

If yes, please specify:

Days

## 5. FAMILY AND RELATIONSHIPS

**Parent 1:**

Title:	Last name:	D.O.B:
First name:		Middle name/s:
Relationship to child:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
Email:		Mobile:
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> face to face <input type="checkbox"/> Newsletter <input type="checkbox"/> Other _____		Work Phone:
Residential address:		
Suburb:		Postcode:
Employment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Studying <input type="checkbox"/> Part-Time		
Occupation:		
Employer:		
Employers address:		
Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, other language/s spoken at home:		
Country of birth:	Nationality:	Religion:
Does the parent/guardian reside at the child's home address? If no, give reason <input type="checkbox"/> Yes <input type="checkbox"/> No If no, does the Early Learning Centre have your permission to communicate <input type="checkbox"/> Yes <input type="checkbox"/> No And/or send correspondence to the non-residential parent/guardian?		
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolled child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CRN:		Signature:

## 6. FAMILY AND RELATIONSHIPS

## 7. EMERGENCY CONTACTS

Emergency Contact 1:

Parent Signature:

First name:

Last name:

Relationship to child:

Phone number:

Mobile:

Residential address:

Suburb:

Postcode:

Permission for your child to be picked up by this contact:  Yes  No

Authorise an educator to take your child on excursions and regular outings from the service:  Yes  No

Consent to medical treatment by a medical practitioner, hospital or ambulance service  Yes  No  
and/or transportation by ambulance service for your child:

Consent to medication being given to your child?  Yes  No

Be notified in an emergency involving your child if you cannot be contacted  Yes  No

Authorise the Service to transport or arrange transportation of your child. Yes  No

## 8. EMERGENCY CONTACTS

Emergency Contact 2:	Parent Signature:
First name:	Last name:
Relationship to child:	
Phone number:	Mobile:
Residential address:	
Suburb:	Postcode:
Permission for your child to be picked up by this contact:      Yes      No	
Authorise an educator to take your child on excursions and regular outings from the service:      Yes      No	
Consent to medical treatment by a medical practitioner, hospital or ambulance service and/or transportation by ambulance service for your child:      Yes      No	
Consent to medication being given to your child?      Yes      No	
Be notified in an emergency involving your child if you cannot be contacted      Yes      No	
Authorise the Service to transport or arrange transportation of your child.      Yes      No	

## 9. MEDICAL DETAILS

Child's Medicare number: Position on the card:		Private Health Insurer:	
Family Doctor's name:		Doctor's phone number:	
Doctor's address:	Suburb:	Postcode:	
Family Dentist's name:		Dentist's Phone number:	
Dentist's address:	Suburb:	Postcode:	
Does your child have any distinguished birth marks or recurring skin condition? If yes, please specify:		Yes	No
Does your child have any medical or developmental conditions that the centre should be aware of? If yes, please specify:		Yes	No
Does your child require medication?	Yes	No	If yes, please specify:
Has your child ever been hospitalised?	Yes	No	If yes, please specify:
Do your child have any ongoing medical conditions? If yes, Please specify & attach management plan:		Yes	No
Is your child receiving any special needs treatment?		Yes	No
If yes, please specify:			

## 10. SPECIAL NEEDS

## 11. IMMUNISATION



## 13. AGREEMENT

**6. Child observation.**

I consent to my child being the subject of observations for training purposes. However, if questioning or testing of my child is to be undertaken then I give my:

Consent       Non-Consent

**7. Centre surveys and questionnaires.**

I agree to complete and return any surveys or questionnaires that the Centre asks me to complete in relation to the service at the centre

Consent       Non-Consent

**8. Authorisation for emergency contact.**

I hereby authorise the staff at St Hurmizd Early Learning Centre to contact the people on the Emergency Contact List, if I cannot be contacted, in case of an emergency.

Consent       Non-Consent

**9. Late collection fees.**

I understand that I will be charged extra fees if my child is provided with care outside my nominated sessions as outlined in the Parent's Handbook.

Consent       Non-Consent

**10. Child absence.**

I agree to notify the centre if my child is absent on a day they are in attendance.

Consent       Non-Consent

**11. Bond.**

I agree to pay \$200 Bond upon enrolment of my child.

Consent       Non-Consent

**12. Enrolment fee.**

I agree to pay \$50 enrolment fee when returning the enrolment form back to the Centre. This fee is a non-refundable fee

Consent       Non-Consent

**13. Payment of fees.**

I understand that I must pay my fees weekly/fortnightly, if not my child's enrolment from the centre may be revoked.

Consent       Non-Consent

1. All information given on this Enrolment Form is . I/we will inform the service immediately of any changes to this information. I understand that my/our child's enrolment will not be valid unless this enrolment form is completed in its entirety.
2. I/We will abide by the policies and procedure of St. Hurmizd Early Learning Centre presently enforced and others introduced as the needs arise. I/we understand that policies and procedures will be reviewed on regular basis and that I/we will be given notice before any significant change to a policy or

## 14. OFFICE USE ONLY

Commencement date		Room			
Orientation visit date/s:					
Standard attendance	Mon	Tue	Wed	Thurs	Fri
Responsibility for payment:		Parent/ Guardian		Other	
Paid by:		Eftpos	Credit	Direct debit	
Enrolment Bond: Paid \$		Date:			
Childcare subsidy	1. At Risk	2. Single Parent	3. Other		
Evidence of Priority:	Yes	No			
Eligible hours:	24	50	50+	JETCCFA approval sighted: Yes No	
Low Income Health Care Card Number:			Expiry date:		
Evidence of birth date	Yes	No		Immunisation record provided: Yes No	
Court order, parenting order/plans:		Yes	No		Evidence of medical requirements: Yes No
Medical management & risk minimization plan:		Yes	No	Authorisation for routine	