

Clyde Fenton Long Day Care Child Enrolment Form



Child Name:

Child Date of Birth:

Attending Days:

Monday	Tuesday	Wednesday	Thursday	Friday
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CHILD DETAILS	
Child CRN:	<i>Please note parent and child have individual CRN</i>
First Name(s):	Middle Name/s:
Surname:	
Preferred Name:	
Date of Birth: / /	Gender: Female Male
Residential Address:	
Suburb:	Postcode:
Country of Birth:	
Language(s) spoken at home:	
Is your child:	Aboriginal Torres Strait Islander Neither

PARENT DETAILS – PARENT 1	
Parent CRN:	<i>Parent 1 is claiming CCB from Centrelink and child will come under Parent 1 CRN</i>
Title:	First Name:
Surname:	Relationship to Child:
Date of Birth:	Country of Birth:
Does the child live with you?	YES NO SHARED CARE
Contact this person in emergencies?	YES NO
Home Phone:	Mobile Phone:
Email:	
Work Phone:	Occupation:
Organisation Name:	
Residential Address:	
Suburb:	Postcode:

PARENT DETAILS – PARENT 2

Title:	First Name:
Surname:	Relationship to Child:
Date of Birth:	Country of Birth:
Does the child live with you?	YES NO SHARED CARE
Contact this person in emergencies?	YES NO
Home Phone:	Mobile Phone:
Email:	
Work Phone:	Occupation:
Organisation Name:	
Residential Address:	
Suburb:	Postcode:

SPECIAL FAMILY CIRCUMSTANCES

Please provide details of the circumstances. This may include details of any court orders, parenting orders or parenting plans relation to powers, duties and responsibilities or authorities of any person in relation to the child or access to the child.

Are supporting legal documents attached? YES NO

ADDITIONAL FAMILY DETAILS

Does your child have siblings? YES NO

Name: Age:

Name: Age:

Name: Age:

Name: Age:

EMERGENCY CONTACT DETAILS

In case of emergency, Clyde Fenton will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order they are listed. Please attach a copy of legal photo ID for each emergency contact.

EMERGENCY CONTACT 1

Title:	First Name:
Surname:	Relationship to Child:
Home Phone:	Mobile Phone:
Work Phone:	Email:
Home Address:	
Circle to authorise:	Pick-up Drop-off Emergency
Contact 1 Signature:	
I authorise the following individual to consent to medical treatment of, or administration of medication to, my child if parent or guardian cannot be contacted.	
Signed:	Date:
Name:	

EMERGENCY CONTACT 2

Title:	First Name:
Surname:	Relationship to Child:
Home Phone:	Mobile Phone:
Work Phone:	Email:
Home Address:	
Circle to authorise:	Pick-up Drop-off Emergency
Contact 2 Signature:	
I authorise the following individual to consent to medical treatment of, or administration of medication to, my child if parent or guardian cannot be contacted.	
Signed:	Date:
Name:	

MEDICAL INFORMATION	
Family Doctor:	Service Name:
Address:	
Contact Phone:	
MEDICARE AND PRIVATE HEALTH INFORMATION	
Medicare Number:	
Health Insurance: YES NO	Fund Name:
Insurance Number:	Ambulance Cover: YES NO

CHILD HEALTH INFORMATION	
Is your child fully immunized? YES NO	<i>Please note Clyde Fenton must sight Child's Health Record and obtain a copy.</i>
Has your child ever been diagnosed with the following?	
German Measles YES NO	Mumps YES NO
Whooping Cough YES NO	Measles YES NO
Seizures YES NO	Chicken Pox YES NO
Please provide dates and details to any YES selection:	
Does your child take prescribed medication or treatment on a regular basis? YES NO	
If YES, please provide details:	
Does your child have a diagnosed disability or specific health needs? YES NO	
If YES, please provide details:	

Does your child suffer from any allergies?	YES	NO
Does your child suffer from Anaphylaxis?	YES	NO
Has a doctor diagnosed this allergy?	YES	NO
<i>If your child has been diagnosed, you will need to provide a copy of any medical management plan, action plan or medical documentation.</i>		
Is there an Action Plan in place?	YES	NO
Has your child been prescribed an EpiPen/Anapen?	YES	NO
<i>If your child has been prescribed an EpiPen/Anapen, you will need to provide one to Clyde Fenton (and renew prior to expiry date)</i>		

MEDICAL AUTHORISATION AND CONSENT

I authorise Clyde Fenton Long Day Care approved provider, nominated supervisor or educators to seek:

- Medical treatment for my child from a registered practitioner, hospital or ambulance in an event that such action seems necessary
- Transportation of my child by ambulance in an event that such action seems necessary

Signed:

Date:

Name:

DIETARY AND CULTURAL INFORMATION

Does Clyde Fenton need to be aware of any cultural, religious or dietary requirements?

CULTURAL

RELIGIOUS

DIETARY

Please provide details:

What is the child's cultural background?

What is the cultural background of the child's parents?

GENERAL CONSENT

I/we give permission/authorisation for this child to:

Participate in regular outings with the service (excursion forms will follow)	YES	NO
Have SPF 50+ sunscreen applied	YES	NO
Have wound dressings applied	YES	NO
Have staff apply sorbolene cream, hair detangler and toothpaste	YES	NO
Have staff apply insect repellent	YES	NO
Have staff apply insect bite cream or spray	YES	NO

MEDIA CONSENT

I/we give permission/authorisation for this child to:

Have photos or video taken for use in learning stories and in centre use	YES	NO
Have photos or video taken for use in group learning stories and shared with other families	YES	NO
Have photos or video taken for use on the day care closed Facebook group	YES	NO
Have photos and videos of day care used for newsletter and promotional purposes	YES	NO

It is the requirement of the parent(s) or guardian to notify Clyde Fenton of any changes to the information provided on this enrolment form.

Name of Parent 1

Name of Parent 2

(please print)_____
(please print)

Signature

Signature

Date: / /_____
Date: / /

Signature of Educational Leader

Signature of Educational Leader

Date: / /_____
Date: / /