

Application for Enrolment

Educator (if known) **Date Care to start**

Child One

Given Names

Family Name

Male Female

Date of Birth

Place of Birth/Language Spoken

Preschool/School (if attending other service)

Aboriginal/Torres Strait Islander
 Yes No

Childs CRN

Immunisation Up to date Yes No
 Copy Provided Yes No

Health Care Card Yes No
 Copy Provided Yes No

Medicare Card Number

Special Requirments (Diet, Cultural)

Health Fund

Health Issues Yes No
 If Yes, complete below

Allergies

Disabilities/Special Needs

Medications

Doctors Name

Clinic Address

Contact Number

Days & Hours required for Care

M	T	W	T	F	S	S
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child Two

Given Names

Family Name

Male Female

Date of Birth

Place of Birth/Language Spoken

Preschool/School (if attending other service)

Aboriginal/Torres Strait Islander
 Yes No

Childs CRN

Immunisation Up to date Yes No
 Copy Provided Yes No

Health Care Card Yes No
 Copy Provided Yes No

Medicare Card Number

Special Requirments (Diet, Cultural)

Health Fund

Health Issues Yes No
 If Yes, complete below

Allergies

Disabilities/Special Needs

Medications

Doctors Name

Clinic Address

Contact Number

Days & Hours required for Care

M	T	W	T	F	S	S
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child Three

Given Names

Family Name

Male Female

Date of Birth

Place of Birth/Language Spoken

Preschool/School (if attending other service)

Aboriginal/Torres Strait Islander
 Yes No

Childs CRN

Immunisation Up to date Yes No
 Copy Provided Yes No

Health Care Card Yes No
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Application for Enrolment

Marital Status Partner Single **Court Order** Yes No **Copy Supplied** Yes No

CCB Recipient Parent/Guardian 1 Parent/Guardian 2

Priority of Access C.A.R Work Study Respite Other

Parent/Guardian 1

Child Resides with P/G 1 Yes No

Relationship to child

Family Name

Given Names

Former Name

Date of Birth

Place of Birth/Language Spoken

Residential Address

Postal Address

Phone

Mobile

Email

Occupation Full Time Part Time Casual

Employers Name

Employers Address

Employers Phone

Centrelink Reference No (CRN) If P/G 1 applying for CCB)

Authorised to

- Collect/Deliver Child Give Excursion Permissions
 Give Medical Consent Permit Ambulance Transportation
 Request/Permit Medication Be Notified of Emergency

Are you or your partner currently providing care to children as a Family Day Care Educator? Yes No

Parent/Guardian 2

Child Resides with P/G 2 Yes No

Relationship to child

Family Name

Given Names

Former Names

Date of Birth

Place of Birth/Language Spoken

Residential Address

Postal Address

Phone

Mobile

Email

Occupation Full Time Part Time Casual

Employers Name

Employers Address

Employers Phone

Centrelink Reference No (CRN) If P/G 2 applying for CCB)

Authorised to

- Collect/Deliver Child Give Excursion Permissions
 Give Medical Consent Permit Ambulance Transportation
 Request/Permit Medication Be Notified of Emergency

Emergency Contact One

Full Name

Relationship to Child

Residential Address

Phone

Email

Place of Employment

Work Phone

Authorised to

- Collect/Deliver Child Give Excursion Permissions
 Give Medical Consent Permit Ambulance Transportation
 Request/Permit Medication Be Notified of Emergency

Emergency Contact Two

Full Name

Relationship to Child

Residential Address

Phone

Email

Place of Employment

Work Phone

Authorised to

- Collect/Deliver Child Give Excursion Permissions
 Give Medical Consent Permit Ambulance Transportation
 Request/Permit Medication Be Notified of Emergency

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Parent Authorisations Please check each box and options where applicable

- Should my child/ren develop asthma, allergies, anaphylaxis, epilepsy or any other medical condition I agree to notify my Educator and/or the Service Coordination Unit as soon as becoming aware of the diagnosis and agree to supply my Educator with a medical action plan and medication if my child is diagnosed with any medical condition.
- I authorise for photographs and /or videos of my child to be taken (by Educators and/or CFDC staff) to be used for learning stories and programming purposes when appropriate. Restrictions (if any) attached
- I authorise for photographs of my child and documentation about my child's activities and development to be added to my Educators Facebook page and Services page when appropriate. Restrictions (if any) attached
- I authorise for photographs of my child to be included in displays within the care area and to be used in Newspaper articles relating to Community and Service celebrations.
- I authorise my educator to apply Sunscreen to my child/ren as required. Please check appropriate box.
 - Only Sunscreen supplied by parent/guardian to be applied to my child/ren
 - The educator may supply sunscreen to be used on my child/ren
- I authorise my educator to apply Insect Repellant to my child/ren as required. Please check appropriate box.
 - Only Insect Repellant supplied by parent/guardian to be applied to my child/ren
 - The educator may supply Insect Repellant to be used on my child/ren
- I authorise my educator to apply Face Paint to my child/ren. Please check appropriate box.
 - Only my child/rens educator may apply Face Paint to my child/ren.
 - Face Paint can be applied by service staff or others under the supervision of my child/rens educator.

I have read and understood Parent/Guardian Authorisations Yes No

Parent /Guardian Agreement

- I agree to notify my Educator if my child has had medication within 24hours prior to attending care.
- I am aware that a copy of this enrolment form will be given to the educator providing care to my child/ren
- I agree to advise the Educator if my child/ren is absent or will be late in arrival or collection.
- I agree to record and initial the exact arrival and departure times of my child each day on the attendance record provided by your educator.
- I agree to provide written permission/authorisation for any medications.
- I agree to keep my child home if he/she is suffering an infectious disease or illness.
- I agree that should my Educator have a medical emergency, a coordinator from our service can provide emergency care for my child/ren. I understand that the service will notify me as soon as possible should this happen.
- I agree to abide by service policies and procedures.
- I agree to notify the service of any changes regarding my or my child/ren's personal details.
- I agree to pay all fees relating to my child care including the service levy. I give permission for the parent levy to be deducted from my child care benefit/rebate.
- I agree to the above conditions and understand that my child/ren will be placed with an educator with Clarence Family Day Care.

I have read and understood Parent/Guardian Agreements Yes No

I declare that the information provided is true and correct. I understand that confidentiality of information will be maintained except where there are Child Protection concerns.

Print Name (Parent/Guardian)

Signed Date