



Blinky Bill

Pre School & Long Day Care Centre

Child Enrolment Form

Child Details

Given names: _____ Last name: _____

Address: _____

_____ Postcode: _____

Date of birth: _____ Place of birth: _____

Sex: Male Female Language spoken at home: _____

Ethnicity: _____ Religion: _____

Court orders, sighted and signed by JP

Birth Certificate Sighted

Days/Times required

Mon Tues Wed Thurs Fri

Intended start date: _____

Arrival time: _____

Departure time: _____

Is the child attending another service in the same week? Yes No

Siblings

Does your child have any brother or sisters? Yes No

Please provide their names below.

Sibling Name: _____

Sibling Name: _____

Sibling Name: _____

Sibling Name: _____

Eating

Any special dietary needs e.g. vegetarian, religious beliefs, gluten free etc.? (Please note we require a recent doctor's certificate noting a child is gluten free) Yes No

Details: _____

Favourite foods: _____

Dislikes: _____

Health

Has your child been immunised? Yes No

Please provide evidence e.g. blue book or immunisation record sheet

Child's present health status: _____

Does your child: (please provide details)

- Have allergic reactions e.g. food, medicine, grass, bees, faces paint etc.?
- Have any behaviour difficulties we should know about?
- Regularly visit a specialist e.g. speech, etc.?
- Have any special medical condition?
- Take any regular medication?

Details: _____

General needs

Does your child participate in festivals/celebrations? Yes No

If no, please provide information concerning the child's religion and cultural background and any practice that is to be observed at the service in respect of the child because of that religion or background.

Details: _____

Are there any words we need to know in any language to help make your child's day smoother?

Details: _____

Does your child have any special comforter? _____

Fears e.g. mowers, plug holes, thunder etc. _____

Any other special needs: _____

Parent Enrolment Form

Parent 1

First name/Title: _____ Last name: _____

Date of birth: _____

Drivers licence number: _____

Any other names by which the parent is known: _____

Home Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Home phone: _____ Mobile: _____

Email address: _____

Language spoken: _____ Ethnicity: _____

Marital status: _____

Employment details

Occupation: _____

Work name: _____

Work address: _____

Postcode: _____

Home phone: _____ Mobile: _____

Medical details

Doctor: _____ Surgery Name: _____

Phone: _____

Medicare number: _____

Health Care Fund and No.: _____

Parent Enrolment Form

Parent 2

First name/Title: _____ Last name: _____

Date of birth: _____

Drivers licence number: _____

Any other names by which the parent is known: _____

Home Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Home phone: _____ Mobile: _____

Email address: _____

Language spoken: _____ Ethnicity: _____

Marital status: _____

Employment details

Occupation: _____

Work name: _____

Work address: _____

Postcode: _____

Home phone: _____ Mobile: _____

Medical details

Doctor: _____ Surgery Name: _____

Phone: _____

Medicare number: _____

Health Care Fund and No.: _____

Emergency Contacts (Do not include parent's names)

I authorise the staff of this service to give the following emergency contact names access to my child/ren: (Note must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

Emergency Contact 1

First name: _____ Last name: _____

Relationship to the child: _____

Home phone: _____ Mobile: _____

Work phone: _____

Address: _____

_____ Postcode: _____

Emergency Contact 2

First name: _____ Last name: _____

Relationship to the child: _____

Home phone: _____ Mobile: _____

Work phone: _____

Address: _____

_____ Postcode: _____

Emergency Contact 3

First name: _____ Last name: _____

Relationship to the child: _____

Home phone: _____ Mobile: _____

Work phone: _____

Address: _____

_____ Postcode: _____

IMPORTANT: The staff will not allow your child/ren to go with adults unless names are written on this form.

Authority to collect (Do not include parent's names)

I authorise the staff of this service to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these contact persons are willing and able to collect your child/ren in the event of any emergency. At least 2 contact names must be completed before enrolment commences.

Collect/Pickup/Contact Person 1

First name: _____ Last name: _____

Relationship to the child: _____

Home phone: _____ Mobile: _____

Work phone: _____

Address: _____

_____ Postcode: _____

Collect/Pickup/Contact Person 1

First name: _____ Last name: _____

Relationship to the child: _____

Home phone: _____ Mobile: _____

Work phone: _____

Address: _____

_____ Postcode: _____

Collect/Pickup/Contact Person 1

First name: _____ Last name: _____

Relationship to the child: _____

Home phone: _____ Mobile: _____

Work phone: _____

Address: _____

_____ Postcode: _____

IMPORTANT: The staff will not allow your child/ren to go with adults unless names are written on this form

Permission

- I give permission for my child’s photograph and name to be used within Blinky Bill Pre-School. I consent to my child being the subject of observations, however, if questioning or testing of my child is to be undertaken, my permission will be sought beforehand.
- I understand the importance of family cooperation and agree to participate in the activities of the pre-school.
- I agree to keep my child at home while they are suffering from a cold or other infectious or contagious illness.
- I will ensure that the child is brought to the service by a responsible person (18 year or over) and taken to appropriate staff.

Policy and Enrolment Information

- I have read the service’s policies, discussed these with the Director/Authorised Supervisor and agree to abide by them. I am also aware that the policies will change from time to time due to review by the service. I understand that I have read and understand the contents of the information booklet issued by the service and agree to abide by the conditions and policies state herein.

Fees

- Fees must be paid on the due date and always 1 week in advance upon enrolment and that fees will be payable for public holidays, personal holidays and absences due to sickness. I agree to give 2 weeks notice in writing of withdrawal of my child.

Medication

I authorise any member of staff to seek urgent attention if:

- Medical or dental treatment (from either a doctor or dentist nominated by me or another doctor or dentist) or hospital treatment or ambulance service, Or:
- Assistance from some other person or body nominated by me, if the member of staff is of the opinion it is necessary to do so because the child has been injured, or is ill, while being under the care of the service. I understand that every reasonable attempt will be made by the service to notify me of the accident or illness as soon as practically possible.
- Panadol authorisation: I give permission for Panadol liquid to be administered to my child when presenting a temperature above 38 degrees Celsius if parent or emergency contact cannot be contacted.
- I give permission for my child to apply sunscreen/paw paw ointment (under supervision) while at pre-school

Easter and Christmas

- I give permission for my child to participate in Easter and Christmas craft and celebrations.

Name: _____ Signature: _____ Date _____

Witness: _____ Signature: _____ Date _____

IMPORTANT: Completing this application does not guarantee your enrolment. We recommend first coming in and taking a tour of our service.